

# **Student Application Packet 2009**

**Look this over carefully. Note the due dates of forms and requirements for this experience.**

## **Criteria for Application**

**Students must complete and turn in all forms enclosed by the due dates and meet the following criteria:**

- 1. Hold a GPA of 2.5 or better**
- 2. Be free from disciplinary infractions at NDP**
- 3. Obtain one Teacher / Coach recommendation**
- 4. Be current with service hours requirements**

**HANDS ACROSS THE BORDER  
TIJUANA, MEXICO MISSION April 13-17, 2009**

Notre Dame Preparatory High School

**PAPERWORK AND REQUIREMENTS**

Note due dates and notary requirements

<b>Document /Items</b>	<b>Who fills it out</b>	<b>Notary</b>	<b>Date Due</b>
Parent and student application with deposit	Parent and student Separately	NO	March 2, 2009
Covenant /Code of Behavior	Student participant- and both student and parent sign	NO	March 30, 2009
Off Campus Permission form/Health and Medical Info-	Student/Parent  Parent signature required	<b>Yes if under 18 by April 12, 2009</b>	March 30, 2009
<b>PASSPORT</b> You keep it on you and provide a copy for our records	One copy for our records		March 30, 2009
Teacher Recommendation	Student	No	March 2, 2009
Health and Medical Information Form	Parent	No	March 30, 2009
World Wide Travel Insurance	Proof of purchase	No	Sr. Yolanda takes care of this
Deposit Balance: \$200	\$100.00 non-refundable unless your spot is filled	No	\$100 due March 2 with application Balance of \$200 Due March 30, 2009
Orientation	One parent and student	No	March 30, 2009

**Birth Certificate/Passport**

Mexico law requires a passport to enter the country. If you do not have one, you MUST apply for one and allow for the 8-12 weeks it takes to receive it. The fee is around \$100 . Check with your local post office for applications and don't delay..... Start now!

**Deposits:**

Checks payable to Notre Dame Preparatory High School.





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***CODE OF BEHAVIOR FOR MEXICO MISSION***

To promote respect and safety for each other and ourselves, to provide the ability to live within community and an environment conducive to the work of the spirit of mission, and to be models of Christian leadership within our group, the following articles will be adopted as the guidelines of behavior for the week.

**Clothing:** Dress shall be appropriate at all times, casual but modest. Choose clothing that does not expose skin. Choose T-Shirts without inappropriate language or pictures. No cutoffs, short shorts, belly shirts or sport bras. This is in order to be aware of the sun's strength as well as sensitivity to the culture to what is 'proper' attire.

**Couples:** Public display of affection will not be allowed. 'Couples' are encouraged to mingle and work with all participants. Hand holding, kissing, and the like are reserved for home. If the focus for the trip is to do it 'together' then you came for the wrong reasons.

**Socializing:** In public areas. Do not visit the sleeping areas. Allow those who need privacy to change clothes, to nap or rest to do so.

**Language:** Language should not be inappropriate at any time.

**Attendance:** There is no optional attendance for prayer services, evening group processes, and meals. Attendance is required.

**Lights Out:** Will be decided each day according to the needs of the community. They will be enforced and flexible according to staff. Each day is a busy one. Participants must be in their room and lights out and quiet 15 minutes after the deadline time.

**Alcohol and drugs:** You will not bring or use any illegal drugs, substances, or alcohol. In the event you should be involved in any illegal activity while on this trip, if any illegal substances are found in your possession, or if you appear to be under the influence of any illegal substances, or if you participate in any unacceptable behavior, you understand that your parents or legal guardians will be contacted immediately by phone and they will be responsible for your immediate transportation home at their expense.

**Student** \_\_\_\_\_

**Parent:** \_\_\_\_\_

**Date** \_\_\_\_\_

**HANDS ACROSS THE BORDER**  
**TIJUANA, MEXICO MISSION April 13-17, 2009**  
Notre Dame Preparatory High School  
**Off Campus Permission Form / Medical Form**  
Due March 30, 2009

Name of School: Notre Dame Preparatory High School, Scottsdale, Arizona

I/We the parent(s)/Guardian(s) of \_\_\_\_\_  
(Name of student)

request that the school allow my son/daughter to participate in the:

**TIJUANA, MEXICO MISSION TRIP departing April 13 and returning April 17, 2009 .**

The mode of transportation: Advantage Rentals – 7 passenger vans driven by NDP volunteers Chaperones; Sr. Yolanda Mendoza, Barb Stanley, Bill Stanley, and another faculty member from NDP.

Educational Objective: To expose the students to third world poverty and instill in them a sense of service and Christian responsibility to lifelong work for justice.

I UNDERSTAND THAT REASONABLE PRECAUTIONS WILL BE TAKEN TO SAFEGUARD THE HEALTH AND WELL BEING OF MY SON/DAUGHTER AND THAT I WILL BE NOTIFIED AS SOON AS POSSIBLE IN THE EVENT OF AN EMERGENCY. IN CASE OF ANY SICKNESS OR ACCIDENT, I AUTHORIZE AND CONSENT TO ANY X-RAY EXAM, ANESTHETIC, MEDICAL, DENTAL OR SURGICAL DIAGNOSIS OR TREATMENT AND HOSPITAL CARE TO BE RENDERED TO MY SON OR DAUGHTER UNDER THE GENERAL OR SPECIFIC SUPERVISION AND ON THE ADVICE OF ANY PHYSICIAN, DENTIST OR SURGEON LICENSED TO PRACTICE. I FURTHER UNDERSTAND AND AGREE TO BE RESPONSIBLE FOR ANY SUCH MEDICAL, DENTAL OR HOSPITAL EXPENSES INCURRED.

 **LIABILITY RELEASE:**

We hereby release and save harmless the school, Notre Dame Preparatory and any and all of its employees, from any and all liability for any and all harm arising to my son/daughter as a result of this trip.

 **PERMISSION TO TRAVEL IN A FOREIGN COUNTRY**

We the parents/guardians of the student named above hereby give permission for our child to travel in the state of Baja, the city of Tijuana in the country of Mexico with the Notre Dame Preparatory High School group.

**STUDENT SOCIAL SECURITY NUMBER** \_\_\_\_\_.

**Either parents or legal guardians must sign unless one parent has sole custody of the minor child. The parent with sole custody is the only required signature. Make sure you sign the form in front of a notary.**

**PARENT OR LEGAL GUARDIAN** \_\_\_\_\_ **DATE** \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

**PARENT OF LEGAL GUARDIAN** \_\_\_\_\_ **DATE** \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

**THIS FORM MUST BE NOTARIZED IF PARTICIPANT IS UNDER 18**

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**HANDS ACROSS THE BORDER**  
**TIJUANA, MEXICO MISSION April 13-17, 2009**  
Notre Dame Preparatory High School  
**HEALTH AND MEDICAL INFORMATION FORM**  
Due March 30, 2009

PARTICIPANT FULL NAME: \_\_\_\_\_ DOB \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: AZ ZIP: \_\_\_\_\_

PLACE OF BIRTH (City) \_\_\_\_\_ (State) \_\_\_\_\_ HOME PHONE (\_\_\_\_) \_\_\_\_\_

FATHER'S FULL NAME \_\_\_\_\_ WORK PHONE \_\_\_\_\_

MOTHER'S FULL NAME \_\_\_\_\_ WORK PHONE \_\_\_\_\_

Other numbers for emergencies: \_\_\_\_\_

DOCTOR: \_\_\_\_\_ OFFICE PHONE \_\_\_\_\_

INSURANCE CARRIER \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_  
(IF POSSIBLE, INCLUDE A COPY OF YOUR INSURANCE CARD WITH THIS APPLICATION)

ALTERNATE EMERGENCY NAME AND NUMBER \_\_\_\_\_

DATE OF LAST TETNUS SHOT \_\_\_\_\_

LIST ANY MEDICAL CONDITIONS, ALLERGIES OR ILLNESSES THAT WE SHOULD KNOW ABOUT:

I am hereby authorizing a responsible adult to dispense to my child, if needed, ONLY the following that are initiated by a parent or a guardian: PLEASE INITIAL ALL THAT APPLY.

TYLENOL     IBUPROFEN     ASPIRIN     IMODIUM AD     PEPTO BISMOL

ALKA SELTZER     BENADRYL     ADVIL     TOPICAL ANTICEPTIC

COLD MEDICATIONS

**NOTE:** Please understand that we are 3 miles from the US border. We will have access to American hospitals and medical staff should an emergency arise.

**NOTE:** Any and all prescription medications shall be turned into Sr. Yolanda upon arrival at the bus and shall be dispensed by her for the entire week. Please bring them in a zip lock bag and clearly marked. You are not allowed to keep prescription drugs on your person, except inhalers.

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

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**TIJUANA, MEXICO MISSION April 13-17, 2009**  
Notre Dame Preparatory High School  
**TEACHER/COACH/COUNSELOR RECOMMENDATION FOR**  
**MEXICO MISSION TIJUANA, MEXICO SPRING BREAK**  
**SISTERS OF ST. JOSEPH MISSION**  
**March 2, 2009**

*Please return this form to Barb Stanley's mailbox or desk and NOT to the student. Thank you!*

1. STUDENT NAME \_\_\_\_\_ Grade \_\_\_\_\_

Please check all that apply. The above named student is/does:

- Responsible with behavior when left alone
- Competent in their ability to relate to various people in various situations
- Flexible
- Reliable
- Trustworthy
- Dependable
- Possesses a desire to help others less fortunate
- Expresses compassion toward others
- Responsible with given tasks
- Shows great faith and maturity in class
- Sometimes not responsible with commitments
- Undependable
- Not mature enough to handle a trip out of the country
- Has behavior problems in class
- Struggles with follow through
- Could cause problems with the experience

Please give a short summary of your best opinion of how the experience could benefit/not benefit the student?

Closing comments about anything that might help us to know the student better?

Signature of teacher/counselor/Coach: \_\_\_\_\_ Date \_\_\_\_\_