



# Darrow School

A Coed, College-Preparatory, Boarding and Day School for Grades 9–12

## THE DARROW SCHOOL STUDY ABROAD INSTITUTE - GENERAL APPLICATION FORM The Arab-Israeli Neighborhood: June 1-15, 2020

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In a letter not exceeding one page, explain your motivation for participating in the Study Abroad Program. Elaborate upon goals or expectations you may have. Also, discuss past experiences with cross-cultural unfamiliarity and how you have navigated such contingencies. If no such experiences come to mind, imagine how you would fare.

Format: typed, single-spaced, 12pt. Times New Roman font, one-inch margins, stapled to this application so your letter is the last page of this application.

Parent/Legal Guardian initial here: \_\_\_\_\_

Student Applicant initial here: \_\_\_\_\_

THE DARROW SCHOOL STUDY ABROAD INSTITUTE - APPLICATION FORM  
**The Arab-Israeli Neighborhood: June 1-15, 2020**  
 TIMELINE

- December 1, 2019:     \$2,500 down payment  
                           Completed application  
                           3 color copies of passport
- January 7, 2020:     Remaining balance due
- April 7, 2020:        Passport submitted for safekeeping on campus  
                           Passports must be valid and not scheduled to expire until at least 30 days  
                           after the group’s scheduled return to the U.S.  
                           Proof of travel insurance and health insurance
- June 1, 2020            Departure

**Mail completed application and payments to:**  
 Darrow School Study Abroad Institute  
 110 Darrow Road  
 New Lebanon, NY 12125

All payments by credit card may be phoned to The Business Office: (518) 794-6001  
 There is a 3.5% fee for credit card payments.

**ELIGIBILITY** is for students who:

- Express interest in this program and in multicultural education.
- Maintain good academic standing at the discretion of the Director of Studies.
- Maintain good community standing at the discretion of the Dean of Students.
- Demonstrate ambassadorial qualities of maturity, open-mindedness, graciousness, sensitivity to other cultures, and participation in group work. Any behavior at any time deemed to be potentially and unreasonably compromising to the group may result in immediate ineligibility and a revoked application.

**PROGRAM COST:**

#Participants:	8-9	10-11	12-13	14-15	16-17
Cost:	\$4800	\$4300	\$3900	\$3700	\$3500

**INCLUDED:**

- Academic Program
- Airfare
- Housing and Meals
- Ground Transportation Abroad
- Guided Excursions
- Entrance Fees

The airline may impose baggage fees for checked bags over the weight limit. Participants are expected to pay this fee out of pocket at the airport.

Parent/Legal Guardian initial here: \_\_\_\_\_ Student Applicant initial here: \_\_\_\_\_

If for any reason travel is deemed unsafe for participants, the trip will be cancelled.

Travel insurance is required.

This application will not be considered complete until the down payment is received in full and all the application sections have been submitted.

### SCHOLARSHIPS (PENDING AVAILABILITY)

Scholarships will be announced as they become available. Scholarships, which may be full or partial, do not include a \$200 copay and will be vetted, processed and awarded by the Business Office on the basis of merit and financial need.

By signing below I declare application to the corresponding program and acknowledge that I have received, read, and agree to all the information pertaining to this application.

**Student Name** (print):

\_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent or Legal Guardian Name** (print): \_\_\_\_\_

**Parent/Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

THE DARROW SCHOOL STUDY ABROAD INSTITUTE  
PARTICIPATION AGREEMENT / RELEASE AND WAIVER FORM  
**The Arab-Israeli Neighborhood: June 1-15, 2020**

Please read through this agreement and initial each section to indicate that you understand and agree to the terms of the agreement and sign at the bottom.

I, \_\_\_\_\_ being a student at Darrow School  
(Print Name)

and participating in the Darrow Study Abroad Institute in Israel and the Palestinian Territories for the period beginning June 1, 2020 and ending June 15, 2020 understand and agree to the following:

A) \_\_\_\_\_ Program Policies

I have read Darrow School Student Handbook and agree to abide by all policies and guidelines set in the Darrow School Student Handbook.

B) \_\_\_\_\_ Obligation to Follow Rules and Regulations

I agree to abide by all applicable rules and regulations of Darrow School, all instructions of Darrow School or its staff representatives or designees while participating in the program, and the laws of the governmental jurisdictions at the place(s) of program offering. I understand that any alcohol or drug use, which is illegal in the United States, is strictly forbidden while I am traveling abroad. I understand that noncompliance with any of Darrow School's rules, regulations and instructions, may result in dismissal from the program, forfeiture of program fees and academic credits for the term, and disciplinary action when I return home pursuant to the terms and conditions set forth in the Darrow School Student Handbook.

C) \_\_\_\_\_ General Waiver and Release. This is your acknowledgement of risks inherent in travel abroad and a release to Darrow School for loss or injury. Please read carefully before initialing:

I acknowledge that I have voluntarily enrolled in a study abroad program offered by Darrow School. I understand that during the program in which I will participate, certain risks and dangers may arise which are beyond the control of Darrow School. Such risks include serious illness, injury, and even death, and property damage and loss due to, but not limited to, crimes committed by persons other than employees or agents of Darrow School; political unrest; use of various modes of transportation, housing and dining services or other goods and services in connection with the program; and other activities arising on the part of fellow participants, host family members, agencies, and organizations, persons, or groups with which Darrow School contracts or recommends for the provision of services for the Study Abroad Program. I voluntarily assume all such risk that may result from participation in the study abroad program

In consideration of the opportunity to participate in the study abroad program and by assuming the risks inherent in participating in the study abroad program, I do hereby release and forever discharge Darrow School, its trustees, officers, directors, faculty, agents, employees, legal representatives, agents and assigns of and from any and all loss and liability in connection with any personal injury, accident, illness, death, damage, claims, costs, expenses or other loss suffered or incurred by me during, arising out of, or in any way associated with my participation in the study abroad program, including, but not limited to, travel to and from and any and all other travel incident to my participation in such program, housing, dining or other goods and services, or arising out of any other activity related to my participation in the study abroad program. In addition, I hereby agree to release, indemnify and forever discharge Darrow School, its trustees, officers, employees, agents and assigns of and from contribution or indemnification with respect to any claim made against me by any person or entity in connection with or arising from my participation in the study abroad program. Furthermore, I agree to indemnify and hold harmless Darrow School, its trustees, officers, employees, agents and assigns of and from any actions brought against them in connection with my acts or omissions. This release does not apply to intentional, willful, or wanton acts of employees of Darrow School.

Parent/Legal Guardian initial here: \_\_\_\_\_ Student Applicant initial here: \_\_\_\_\_

D) \_\_\_\_ Medical Condition                      Darrow School Nurse Signature: \_\_\_\_\_

I declare that I am in good health and that, to the best of my knowledge, I have no medical condition which would prohibit me from participating in this study abroad program.

E) \_\_\_\_ Supplemental Guidelines

I understand that Darrow School faculty members or school officials organizing the specific study tour in which I am participating may require me to follow additional guidelines to which I agree to abide. I have carefully read this agreement and fully understand its contents. I sign it of my own free will.

**Student Name** (please print) \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Legal Guardian Name** (please print) \_\_\_\_\_

**Parent/Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

As the parent or legal guardian of the student whose signature appears above, I have read and understood the conditions outlined above and have given my child/ward permission to participate in Darrow School's study abroad program and agree to be bound by the conditions above as if I myself had signed above.

**Parent/Guardian Name** (please print) \_\_\_\_\_

**Parent/Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### SUPPLEMENTAL GUIDELINES

Please read and sign:

1. I understand that I am bound by all of the rules and policies of Darrow School while away from campus and abroad.
2. I understand that it is my responsibility to remain with the group and to participate in all planned classes and activities. I will inform the trip leader of my plans for free time. I will not separate myself from the group without explicit permission from the group leader.
3. I am responsible for my personal belongings and my travel documents.
4. I will bring a copy of the itinerary so that I know the schedule and will not be surprised by the assigned activities. I will follow the schedule.
5. I will be respectful to my hosts and peers in my homestay and not unduly disturb others.
6. I will be responsible for bringing money for my own out-of-pocket expenses not included in the program.
7. I will eat sufficiently, keeping mindful of nutrition. I will also keep myself hydrated.
8. I understand that the use of illegal drugs, misuse of prescribed drugs, and consumption of

Parent/Legal Guardian initial here: \_\_\_\_                      Student Applicant initial here: \_\_\_\_

any alcohol are forbidden. I further understand that violators will be sent home at their own expense and subject to corresponding disciplinary measures upon return to campus.

9. If I have any questions or problems, I will communicate with my group leader immediately.

I understand the above guidelines and will adhere to them. In signing this document, I further understand that I am expected to represent Darrow School in a positive, mature, and exemplary manner, and that I agree to do so.

**Student Printed Name:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### STUDENT'S AGREEMENT REGARDING CONDUCT AND ITINERARY CHANGE

As a student participant in the study abroad program to Israel and the Palestinian Territories to take place from June 1-15, 2020, I promise to conduct myself in accordance with the codes of conduct as set forth by the Darrow School Student Handbook.

I understand that the Darrow School, Board of Trustees, its officers, agents, and/or employees, reserve the right to terminate my participation in the study abroad program for failure to behave and act in accordance with the Regulations for conduct, for failure to follow the instructions and directions of the tour supervisors(s) and/or chaperones, or if my acts of conduct are deemed by said Darrow School, Board of Trustees, its officers, agents, and/or employees, to be detrimental to or incompatible with the interest, harmony, comfort, or welfare of the group as a whole. Such termination of participation in the study abroad program may occur between the submission of the initial deposit and date of group departure. If my participation is terminated, only the funds not actually used will be refunded, and I will be sent home at my own expense.

I agree that the Darrow School, Board of Trustees, its officers, agents, and/or employees, reserve the right at any time prior to or during said tour to make cancellations, changes, or substitutions in emergencies or changed conditions or in the interest of the group, and to alter, prior to tour departure, the cost in order to meet unexpected changes in airline fares, hotel rates, etc., as the announced fee is based on current tariffs, rates, and expenses which are subject to change.

**Student Printed Name:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

DARROW SCHOOL STUDY ABROAD INSTITUTE  
POWER OF ATTORNEY  
**The Arab-Israeli Neighborhood: June 1-15, 2020**

This undersigned certifies that he or she is the parent or legal guardian of \_\_\_\_\_;  
(Student's name) that the child is a student in Darrow School, New Lebanon, NY, and will be traveling in Israel and the Palestinian Territories on an educational tour sponsored by said school; that Edwin Hirschfeld & co-chaperone, who are members of the staff of Darrow School, are in charge of the student group during such program; and that the program will last from June 1, 2020 to June 15, 2020.

If the parents (or legal guardians) cannot be immediately contacted, the undersigned does hereby grant full power of attorney to Edwin Hirschfeld & co-chaperones, in the event of accident or illness to his or her child at any time from the commencement to the termination of such program, to do as follows;

- (1) To arrange for the transportation of \_\_\_\_\_  
(Student's Name)  
whether by ambulance or otherwise, to a proper facility where emergency medical treatment would normally be administered, including , but not limited to, hospital emergency room, doctor's office, or medical clinic; and
- (2) To sign such releases as may be required in order to obtain such immediate medical or surgical treatment as is required in the judgment of medical authorities at said facility.

**Parent/Legal Guardian Name:** (print) \_\_\_\_\_

**Parent/Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

DARROW SCHOOL STUDY ABROAD INSTITUTE – The Arab-Israeli Neighborhood: June 1-15, 2020 AFFIDAVIT OF INSURANCE COVERAGE, HOLD HARMLESS AGREEMENT, PARENTS' AGREEMENT REGARDING STUDENT'S CONDUCT AND CHANGE IN ITINERARY

We, \_\_\_\_\_, the parents (or legal guardians) of (student's name) \_\_\_\_\_, a minor who is a student of Darrow School, New Lebanon, NY, in consideration of the agreement by the Darrow School to permit the student to participate in the study abroad program to Israel & Palestinian Territories, to take place from June 1-15, 2020 do hereby state under oath, that there is accident and health insurance coverage for our son/daughter that will cover him/her while participating in said trip, and that we agree to maintain said coverage in full force and effect for the duration of the trip.

We do further agree to indemnify, protect, and hold harmless Darrow School, its officers, Board of Trustees, supervisors, agents, servants, employees, and all private persons or organizations providing services to supervise or chaperone students while on the excursion, from any claim or liability whatsoever, including, but not limited to, personal injury, property damage, court costs, attorney fees and interest, howsoever caused, as a result of said minor participating in the above described program.

We do further agree that the Darrow School, Board of Trustees, its officers, agents, and/or employees reserve the right to terminate the participation of (student's name) \_\_\_\_\_ for failure to behave and act in accordance with Darrow School's Regulations or Conduct, for failure to follow the instructions and direction of the program supervisor(s) and/or chaperones, or if (student's name) \_\_\_\_\_'s acts of conduct are deemed by said Darrow School's Board of Trustees, its officers, agents, and/or employees, to be detrimental to or incompatible with the interest, harmony, comfort, or welfare of the group as a whole. If the participation of (student's name) \_\_\_\_\_ is terminated, only the funds not actually used will be refunded, and (student's name) \_\_\_\_\_ will be sent home at our (parent/guardian) expense.

We agree that the Darrow School, Board of Trustees, its officers, agents, and/or employees reserve the right at any time prior to or during said tour to make cancellations, changes, or substitutions in emergencies or changed conditions or in the interest of the group, and to alter, prior to group departure, the cost in order to meet unexpected changes in airline fares, hotel rates, etc. as the announced fee is based on current tariffs, rates, and expenses which are subject to change or re-estimation.

this \_\_\_\_ ay) day of \_\_\_\_\_, (Year) \_\_\_\_.

**Parent/Legal Guardian Name:** (print) \_\_\_\_\_

**Parent/Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Legal Guardian Name:** (print) \_\_\_\_\_

**Parent/Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Parent/Legal Guardian initial here: \_\_\_\_\_

Student Applicant initial here: \_\_\_\_\_



DARROW SCHOOL STUDY ABROAD INSTITUTE  
**The Arab-Israeli Neighborhood: June 1-15, 2020**  
NOTARIZED PERMISSION FORM

Permission is granted to chaperones Edwin Hirschfeld & co-chaperones, employees of Darrow School, to have full responsibility for our son/daughter (student name):  
from June 1-15, 2020. During that period of time they will reside at the Alexander Muss High School in Israel in Hod HaSharon, Israel, and participate in our academic program and activities. The above chaperones also have our permission, in case of medical emergency, to secure proper attention for our child.

**Parent/Legal Guardian Name:** (print) \_\_\_\_\_

**Parent/Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Legal Guardian Name:** (print) \_\_\_\_\_

**Parent/Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_  
Notary Signature and Seal:

\_\_\_\_\_  
Date

THE DARROW SCHOOL STUDY ABROAD INSTITUTE  
**The Arab-Israeli Neighborhood: June 1-15, 2020**  
MEDICAL INFORMATION FORM

This important information will be kept CONFIDENTIAL and will be in the possession of the program staff. Should the need arise, this information will be given to the proper medical authorities.

**Student name:** (print) \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

Student's current physician: (name) \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any medical conditions we should be aware of (i.e. asthmatic, diabetic, epileptic, etc.)

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Please list any allergies or allergic reactions to medication:

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Please list any medications the above student is now taking:

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Date of most recent tetanus shot: \_\_\_\_\_

Other possible pertinent medical information:

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Parent/Legal Guardian initial here: \_\_\_\_\_

Student Applicant initial here: \_\_\_\_\_

THE DARROW SCHOOL STUDY ABROAD INSTITUTE  
**The Arab-Israeli Neighborhood: June 1-15, 2020**  
EMERGENCY CONTACTS

**Primary Emergency Contacts:** (please print legibly)

Mother's (Guardian) Full Name: \_\_\_\_\_  
Phone (Mobile): \_\_\_\_\_  
Phone (Work): \_\_\_\_\_  
Phone (Home): \_\_\_\_\_  
Email: \_\_\_\_\_

Father's (Guardian) Full Name: \_\_\_\_\_  
Phone (Mobile): \_\_\_\_\_  
Phone (Work): \_\_\_\_\_  
Phone (Home): \_\_\_\_\_  
Email: \_\_\_\_\_

**Alternate Emergency Contacts:** (please print legibly)

Full Name: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_  
Phone (Mobile): \_\_\_\_\_  
Phone (Work): \_\_\_\_\_  
Phone (Home): \_\_\_\_\_  
Email: \_\_\_\_\_

Full Name: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_  
Phone (Mobile): \_\_\_\_\_  
Phone (Work): \_\_\_\_\_  
Phone (Home): \_\_\_\_\_  
Email: \_\_\_\_\_

Full Name: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_  
Phone (Mobile): \_\_\_\_\_  
Phone (Work): \_\_\_\_\_  
Phone (Home): \_\_\_\_\_  
Email: \_\_\_\_\_