

**CULTURAL EXCHANGE PROGRAM – PROPOSAL**

(This form is to be submitted six months prior to scheduled departure).

To: \_\_\_\_\_ Date Submitted: \_\_\_\_\_  
Executive Director Special Programs

From: \_\_\_\_\_  
Sponsoring Principal/Office Head

School/Curriculum & Instruction (C&I) Office: \_\_\_\_\_

Student Group Traveling: \_\_\_\_\_

Destination (Country): \_\_\_\_\_

Inclusive Dates: \_\_\_\_\_

Name of Host Foreign School: \_\_\_\_\_

Address of School: \_\_\_\_\_

Foreign Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Purpose of Cultural Exchange: \_\_\_\_\_

Alignment with the *Blueprint for Progress*:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Assistant Superintendent, High Schools

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Executive Director, Special Programs

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Superintendent

Approval is \_\_\_ is not \_\_\_ granted for the trip as described.

**Summary**

- |                              |       |                      |             |
|------------------------------|-------|----------------------|-------------|
| 1. No. of school days missed | _____ | 5. No. of chaperones | ___M ___ F  |
| 2. No. of nights' lodging    | _____ | 6. No. of students   | ___ M ___ F |
| 3. Mode of transportation    | _____ | 7. Cost per student  | \$ _____    |
| 4. Cost of transportation    | _____ | 8. Total cost        | \$ _____    |

**Fund Raising Activities:**

Describe any fund raising activities which will be planned to underwrite cultural exchange expenses and attach to this form.

**Student Participation:**

What provisions have been made to assure that no eligible student will be excluded from the cultural exchange because of inability to pay an assigned portion of the costs?

**Chaperones:**

No. of Teachers	_____
No. of Administrators	_____
No. of Other Central Office staff	_____
Total:	_____

**Dates and Topics for Pre-Travel Orientation Sessions:**

**Class Coverage:** Needed \_\_\_\_\_ Not Needed \_\_\_\_\_

What provision has been made for hiring of long-term substitutes, if applicable?

**Supervision:**

**For the country to be visited, check the following:**

- \_\_\_ Conditions\*
- \_\_\_ Medical requirements
- \_\_\_ Passport and Visa requirements

\*Consult the Cultural Exchange Planning Timeline for additional provisions which must be made for the supervision, health, and safety of students. Upon approval of the cultural exchange, the sponsoring principal/office head must periodically consult the Executive Director, Special Programs, for the most recent U.S. Department of State's Public Announcements regarding foreign travel advisories.

**Provision for Travel Insurance and Trip Cancellation Insurance:** \_\_\_\_\_

**Educational Value: Please describe the anticipated educational value and options for the culminating project, and tentative schedule of activities.**

Outline the anticipated educational value and contribution to students as it relates to the curriculum. Emphasize the contribution to the education of the students that could not be achieved by other means.

Include a description of the options for the culminating project.

List a tentative schedule of activities:

Additional Information or Comments: