

**Hamilton-Wenham Regional High School
GCP Travel Experience Form**

Directions: Complete this form and submit to the GCP box in the main office. You must obtain approval PRIOR to beginning your travel program.

Travel Dates: _____ **Destination(s):** _____

Program name or host organization: _____

GCP Travel Partner (refer to the GCP Approved Travel Program List on the GCP website):

Yes _____

No _____

Student name: _____ **Current grade:** ____

Student signature: _____ **Date:** _____

Email: _____

Parent/guardian name: _____

Parent/guardian signature: _____ **Date:** _____

Program website: _____

Program description (mission and objectives):

How will you be challenging yourself to connect and interact directly with the culture and the people?

Check all that apply to your selected travel program:

- Homestay
- 30+ hours of community service
- Cultural study
- Political study
- Economic study
- Historical study
- Language immersion
- Pre-departure fundraising
- Pre-departure program requirements (please list):

If this trip/program is non-international, please explain how you feel it will increase your global awareness:

For GCP Review Committee use only

Program approval for GCP:

Yes

No

Date reviewed: _____

GCP Review Committee

Member signature: _____