



Nacel Open Door
 380 Jackson Street, Ste. 200 St. Paul, MN 55101
 Phone: 800-622-3553 Fax: 651-686-9601

Host Family Permission

This page must be completed by the Host Parent(s) if the student is traveling with a third party, including, but not limited to, natural parents, school, club, church. .

I (we), _____, the host parent(s) for
Host Parent Name(s)
 exchange student _____ have been consulted with
Exchange Student Name
 and agree to the independent travel that he/she proposes to _____,
Travel Destination
 starting date: _____, ending date: _____.

Please initial the statements listed below in agreement.

I (we) understand that this travel is independent from the Nacel Open Door program and that, during his/her time away, our student will be responsible for himself/herself. _____

I (we) have received a full description of the trip's itinerary and feel assured that our student will be in good hands during his/her time away. _____

Finally, I (we) will be happy to welcome this student back into our home when he/she returns from this experience. _____

Nacel Open Door reserves the right to reject and travel proposal.

 Host parent signature

 Date

 Host parent signature

 Date