

# Application Form

**Student's Name** \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_ Sex: M F Nationality: \_\_\_\_\_

School: \_\_\_\_\_ Dorm: \_\_\_\_\_

Phone Number: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ E-mail: \_\_\_\_\_

**Father's Name** \_\_\_\_\_

Father's Home Address: \_\_\_\_\_

Home Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Home Fax: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Work Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Work Fax: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Email: \_\_\_\_\_

**Mother's Name** \_\_\_\_\_

Mother's Home Address: \_\_\_\_\_

Home Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Home Fax: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_




Work Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Work Fax: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Email: \_\_\_\_\_

**Other Phone Numbers** (cell, other homes, etc.): \_\_\_\_\_

\_\_\_\_\_

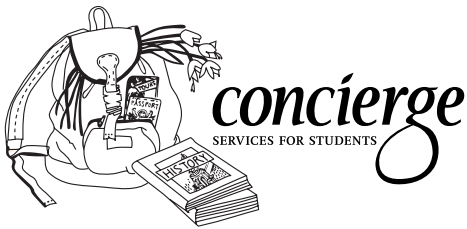
## Methods of Payment

**Credit Card**    Name on Card: \_\_\_\_\_

Number: \_\_\_\_\_ Exp. Date: \_\_\_\_ / \_\_\_\_

**Credit Card**  **Direct Transfer** (\$35 wire fee) from your bank to:  
BNY Mellon, One Boston Place, Boston, MA 02108, USA  
Account # 65-605-4 • Transit # 011-001234, Concierge Services for Students

**Credit Card**



# Emergency Form

## Local Emergency Contact

Home Phone: ( \_\_\_ ) \_\_\_ - \_\_\_\_\_ Home Fax: ( \_\_\_ ) \_\_\_ - \_\_\_\_\_

In the event that reasonable attempts to contact either me or the above named contact have proven unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by a licensed physician or dentist; and (2) the transfer of my child to the appropriate hospital/place of care.

Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

My son's/daughter's medical coverage is provided by: \_\_\_\_\_

The policy number is: \_\_\_\_\_

Physician's telephone number: \_\_\_\_\_

Student's allergies: \_\_\_\_\_

Student's allergies: \_\_\_\_\_

Student's medications: \_\_\_\_\_

Date of tetanus shot: \_\_\_\_\_

Other important information: \_\_\_\_\_

## Permission Form

### Please read the following and sign:

I give permission for \_\_\_\_\_ to be supervised by CSS. I understand that neither CSS nor anyone employed by CSS will be responsible for accident/injury to the above named minor, on any personal or property, injury or loss, or for expenses incurred as a result of using CSS's services or of engaging in CSS activities. I give permission for the above-named child to be placed with CSS host families. I give permission for CSS to select the host family and for the minor to participate in all host-family activities, as well as in outside activities/excursions arranged by CSS. This authorization also covers any purchased services, trips, and activities arranged through CSS.

Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_