

**STUDENT TRAVEL INFORMATION FORM**



Name: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_

**LOCAL ADDRESS & PHONE:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERMANENT ADDRESS & PHONE:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONTACTS IN CASE OF EMERGENCY**

**Contact 1**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

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

**Contact 2**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

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

**SPECIAL NEEDS (medical conditions you would like us to know about, etc.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_