

KROKA EXPEDITIONS SEMESTER PROGRAM APPLICATION FORM

Student Name _____ Gender _____ Age _____ Birthdate ___/___/___

STREET /PO BOX _____ CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

Circle the semester you are applying for: NH-Ecuador Semester 2010
NH-Vermont Semester 2011

How did you hear about Kroka Semester Programs? _____

FAMILY INFORMATION:

Parents and/or adults in Household 1 (where correspondence should be sent)

1. _____
Name _____ Employer/Position _____

Employer Address _____

Work Phone _____ Work E-mail _____ Home E-mail _____

2. _____
Name _____ Employer/Position _____

Employer Address _____

Work Phone _____ Work E-mail _____ Home E-mail _____

Other members of Household 1:

Name _____ Age _____ Relationship to applicant _____

Name _____ Age _____ Relationship to applicant _____

Name _____ Age _____ Relationship to applicant _____

Household 2 Address:

Street/PO Box _____ City _____ State _____ Zip _____

Phone _____ E-mail _____

Parent(s) and/or adult(s) in Household 2

1. _____
Name _____ Employer/Position _____

Employer Address _____

Work Phone _____ Work E-mail _____

2. _____
Name _____ Employer/Position _____

Employer Address _____

Work Phone

Work E-mail

Other members of Household 2:

Name	Age	Relationship to applicant
Name	Age	Relationship to applicant
Name	Age	Relationship to applicant

Please list any pertinent custody information on a separate piece of paper.

SCHOOL INFORMATION:

CURRENT SCHOOL: _____ **CURRENT GRADE:** _____

Address	City	State	Zip
Dates Attended	Boarder or Day Student		
Academic Advisor/Guidance Counselor	Phone		

PREVIOUS SCHOOL: _____ **GRADE COMPLETED:** _____

Address	City	State	Zip
Dates Attended	Boarder or Day Student		

PREVIOUS SCHOOL: _____ **GRADE COMPLETED:** _____

Address	City	State	Zip
Dates Attended	Boarder or Day Student		

Please list any other schools attended on a separate sheet.

Applicant's signature	Date	Parent or Guardian signature(s)
Date		

" CHECKLIST " (your application will be complete when we receive all of the following):

- Application Form
- Essay answers
- Medical Form
- Three recommendations: one from your parent/s, one from a teacher, and one from a person of your choice who knows you well outside of school. Please make copies of the enclosed form as needed.
- School transcripts, if applicable.
- \$ 100 Non-refundable application fee.

Thank you for applying. We will contact you for an interview after reviewing your application.

Please mail all of the above to:

Kroka Expeditions, attn. Lisl Hofer, Semester Programs Coordinator, 767 NH Rte 123, Marlow, NH 03456