

Student's Full Name: \_\_\_\_\_

**“Our Dreams Take Flight”**

5<sup>th</sup> Grade Cultural Exchange Trip to Japan 2020

Sponsored by Oya No Kai, Inc.

*Portland Public Schools does not fund, sponsor, or endorse this travel study program. The District is not responsible for conducting or supervising this trip. Portland Public School employees who participate in travel study programs are not acting in their capacity as District employees and do so at their own risk. Students participating in travel study programs do so at their own risk.*

**HOMESTAY and HOMESICKNESS AGREEMENT**

The experience of staying in a Japanese home provides a unique opportunity for cultural enrichment and is a fundamental piece of the Cultural Exchange experience. With this opportunity comes the risk of homesickness and other factors that fall beyond the scope of 5th Grade Cultural Exchange director and chaperone authority.

\_\_\_\_\_  
(initial) I/We understand that while participating in the 5th Grade Cultural Exchange my/our child will spend 2-6 days/nights with one or more Japanese families.

\_\_\_\_\_  
(initial) I/We understand that during my/our child's home stay, my/our child may interact with classmates who I/we have requested my/our child not to be partnered with or put in small groups with, and that ONK has no authority or control over this.

\_\_\_\_\_  
(initial) I/We understand that homesickness is a risk of participating in any exchange program and that children who have never demonstrated homesickness in the past may be susceptible to it during this exchange.

\_\_\_\_\_  
(initial) I/We acknowledge and agree to the ONK policy of not permitting children to contact their parents in the case of homesickness, even if my/our child makes this explicit request, unless trip directors determine contact is necessary.

\_\_\_\_\_  
(initial) I/We acknowledge and agree to the ONK policy of not informing parents of their child's homesickness, unless trip directors determine parental contact is necessary or other agreements have been placed in writing with my/our child's chaperone prior to travel.

\_\_\_\_\_  
(initial) I/We understand that ONK assists with the homestays only as a convenience to participants and that ONK has no control over families who participate in these homestays.

**By initialing above and signing below, I/we certify that I/we have read the foregoing and fully understand the meaning and effect. Each custodial parent or legal guardian of the Student Participant must sign below unless court documents proving sole custodianship are provided.**

**Traveling Student's Full Name:** \_\_\_\_\_

\_\_\_\_\_  
*Signature of Custodial Parent/ Guardian*

\_\_\_\_\_  
*Signature of Custodial Parent/ Guardian*

\_\_\_\_\_  
*Print Name of Custodial Parent/ Guardian*

\_\_\_\_\_  
*Print Name of Custodial Parent/ Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Date*