



**BAKERSFIELD SISTER CITY  
PROJECT CORPORATION**

**PART 1: APPLICATION FOR TRIP TO ST. JEAN-DE-LUZ, April 11-19, 2025**

- Application & parent consent form are due by Friday, September 13, 2024
- After you application has been received and approved a deposit of \$1000 will be needed by Friday, October 2, 2024.
- The rest of the payments will be determined on the amount of students attending the trip.

Legal name (*as shown on passport*):

\_\_\_\_\_

Passport expiration date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Age \_\_\_\_\_

School currently attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Work number: \_\_\_\_\_

Cell number \_\_\_\_\_ Email: \_\_\_\_\_

Father's name: \_\_\_\_\_ Work number: \_\_\_\_\_

Cell Number \_\_\_\_\_ Email: \_\_\_\_\_

Names & ages of brothers & sisters:

\_\_\_\_\_

Please list interests, school activities/involvement (information will be provided to host family who would like to know a little about you):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is student taking any medications? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please attach a list.

Does student have any allergies? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please attach a list.

Are you or your family a member of Bakersfield Sister City Yes \_\_\_\_\_ No \_\_\_\_\_

Has student been to Japan, Korea or France with the Sister Cities program before?

Yes \_\_\_\_\_ No \_\_\_\_\_

Has student traveled without parents before? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your family served as a host family to an international student?

Yes \_\_\_\_\_ No \_\_\_\_\_

Is your family willing to host a St. Jean student in your home in the future?

Yes \_\_\_\_\_ No \_\_\_\_\_ (NOTE: A "NO" answer may disqualify you from this trip.)

**PART 2: ACADEMIC RECOMMENDATION**

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her/Counselor Reference: Please have a current Teacher or Counselor attach a signed and dated recommendation of your ability to represent the City of Bakersfield and Bakersfield Sister City as a Bakersfield Sister City Youth Ambassador. An academic standing should be included in this recommendation.

Please list a contact number or email for Teacher/Counselor.

Teacher or Counselor (please print): \_\_\_\_\_

Subject & grade: \_\_\_\_\_ School: \_\_\_\_\_

Email or telephone: \_\_\_\_\_

**PART 3: STUDENT ACCEPTANCE**

- I understand that I am representing Bakersfield Sister City and the City of Bakersfield, as well as the United States of America. I realize my behavior reflects upon these groups and will do my best to behave in a manner that will make my parents, my school and my city proud.
- I will follow all rules of conduct set forth by Bakersfield Sister City.
- I agree to attend all orientations in preparation for the trip.
- I agree to help to host students from St. Jean de Luz, if they visit next year.
- I have attached a short essay of why I want to visit St. Jean-De-Luz, France as part of the REQUIRED documents necessary for consideration of my application.
- I agree to respect and mind the chaperones, my host family, and the people of St. Jean de Luz who organize this visit.
- I understand that any misconduct on my part will cause immediate notification of my parent/guardian at their expense. I will comply with any disciplinary action agreed upon by parent/guardian and chaperone.
- I have attached all necessary documents and have read and understand this application and my commitment as a Youth Ambassador.

Youth Ambassador Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Part 4: PARENT PERMISSION**

**RECOMMENDATION**

I understand my child will be traveling under the guidance of a chaperone(s) designated by Bakersfield Sister City Project Corporation.

I am confident my child will conduct himself/herself in a respectful manner and that I/we will be contacted immediately, at my/our expense, of any misconduct that is unbecoming of a Youth Ambassador and will abide by any actions necessary to amend the issue.

**PERMISSION AND RELEASE OF CLAIMS**

I, \_\_\_\_\_, legal parent or guardian of

\_\_\_\_\_, give my permission for him/her to go to Saint-Jean-de-Luz, France from April 11-19, 2025 and to participate in all activities. I hereby release Bakersfield Sister City Project Corporation and the City of Bakersfield, its staff and volunteers of any liability in the event of accident or injury.

**(NOTE: A MORE DETAILED RELEASE FORM AND MEDICAL INSURANCE INFORMATION WILL BE REQUIRED IF YOUR CHILD IS ACCEPTED TO PARTICIPATE IN THE TRIP).**

**Please return these completed forms to Mrs. Regina Pryor no later than September 13, 2024.**

**You may scan and email them to: [reginapryor78@gmail.com](mailto:reginapryor78@gmail.com)**

**Questions? Contact Mrs. Pryor by email or text/call at 661-332-9582**

