2019-20 ESSEX APPLICATION CHECK LIST DISTRICT 7____

LAST NAME:		FIRST NAM	E:	
Name of Outbound Chairm	an to Notify on the Cou	ntry Assignment:		
 downloaded at: <a <="" href="http://www.http://</td><td>an be downloaded at: <td>AGE TYPED and the yes with the District Character & Rules for Outboundaies not have a passport must be valid until</td><td><u>dent.org</u> e Guarantee Form Typed</td><td>t</td>	AGE TYPED and the yes with the District Character & Rules for Outboundaies not have a passport must be valid until	<u>dent.org</u> e Guarantee Form Typed	t	
Please check that the applicat	ion IS complete, includi	ng all required signatur	res.	
1YES	Student's information sheet (personal letter and parents letter) is typed.			
2YES	Color copies of photog (1) OFFICIAL HIGH S school of all courses, co	SCHOOL TRANSCR		
3.	CUM AVERAGE IS: Must match the figure CLASS RANK, IF AV	s on school Transcript.		
4YESNO	Are the Student's Parel If YES, signatures of application, or copies	both Legal parents o	r Guardians must appear on	
5YES		th both legal parents or	ARENTS BEEN ADVISED that a guardians signatures will be requir	
5. STUDENT'S AGE ON A	UGUST 1, 2019	YEARS	MONTHS	
DATE OF BIRTH _	ALPHABETIC MONTH	DAY	YEAR	
7YES Are al		ED with ORIGINAL I	egal signatures on the application,	
8 YES Our di	strict will host an inbour	nd in August 2019.		