

Travel for Credit Registration Form

Student Information

Student Name _____

Middle School _____

High School _____

Trip # _____ Trip dates _____

Trip Destination(s) _____

Student email: _____

Parent/Guardian Information

Parent/Guardian Name(s) _____

Address _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternate phone: _____

Parent email: _____

Please check here if you prefer **not** to receive information about your student's progress via email.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Please submit this form and a signed copy of the Honor Code to:
Educational Travel Services
Travel for Credit Program c/o Dennis Tichenor
P.O. Box 82605
Portland, OR 97282
Or email to: dennis@etsi.ws
Fax: 503-653-3990



Educational
Travel Services, Inc.

P.O. Box 82605 • Portland, OR 97282 • 503-653-3988 • 800-752-1296 • www.etsi.ws