

## **ICES USA EXCHANGE PROGRAM**

## Student Voluntary Withdrawal Form due to COVID-19 Pandemic

 $5556 \ Stage \ Road, \ Concord, \ VA\ 24538; \ Phone\ 800-344-3566; \ Fax\ 434-993-9129; \ studentservices@icesusa.org; \ www.icesusa.org$ 

STUDENT INFORMATION (As in passport)			
Student Last Name:		First Name:	
Current US Address:			
City:	State:		Zip Code:
Phone:	Email:		
Student ICES ID Number:	Home Country:		
NATURAL FAMILY OR GUARDIAN INFORMATION			
Natural Parent/Guardian 1 Last Name:		First Name:	
Natural Parent/Guardian 2 Last Name:		First Name:	
WITHDRAVAL INFORMATION			
Date I wish to withdraw from the ICES program:			
My reason for wishing to withdraw from the ICES program and return to my home country is:			
I am withdrawing from the ICES program at this time due to the cornoavirus outbreak.			
AGREEMENT & SIGNATURES			
I have asked to be released from the ICES academic program to return to my home country.			
My natural parents or guardians have agreed that I may voluntarily withdraw from the ICES program and return to my home country. I will pay any telephone charges and other debts that I may owe to the host family before departing my host community.			
I understand that I cannot make any flight arrangements to return until ICES informs me that they have received this form back from my natural parents. ICES will e-mail this form to the international agent for the natural parents'/guardians' signature.			
I also understand that I am expected to stay in school until ICES gets this form signed back from my natural parents or guardians.			
Natural Parent/Guardian 1 Signature:		Date:	
Natural Parent/Guardian 2 Signature:		Date:	

ICES Local Coordinator please submit completed form by email studentservices@icesusa.org or fax 434-993-9129.