

**Return
Travel
Itinerary
Form**



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During the ninth month of your program year you will be requested to fill out this form. Please print or type the information clearly. If the au pair is planning on staying for the 13th month grace period, purchasing insurance to cover this month is highly recommended.

Please include a copy of the Proof of Completion of Educational Component with this form.

Au Pair Name Date of Arrival in US

Date of Visa Termination Date of Contract Termination

Host Family Address

Phone Number

Airport of entry to the United States

Preferred date and departure Airport

Will you be traveling during the 13th month? Yes No

Complete the following only if you plan to stay during the 13th month.

Do you wish to purchase a one month extension of health insurance coverage? Yes No

If you indicate yes, \$50.00 will be deducted from your \$400.00 security deposit refund to cover the cost of one month of health insurance.

What is your planned travel itinerary during the 13th month? (Indicate dates and places)

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If you will be staying with friends, please indicate where you will be staying and contact numbers.

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I understand that Au Pair Foundation nor my host family is responsible for housing or paying a stipend beyond the 12 month commitment. I also understand that if I do not return before the termination of my visa, I will be in violation of United States immigration laws and subject to deportation at my own expense. I also understand that I am responsible for paying the cost of transportation from my host family city to the international gateway city.

Au Pair Signature

Date

Witness