

Payments Declaration

I, the undersigned, hereby declare that this is the amount of money I paid prior the arrival to Israel:

Issuing a new passport

Medical checkups

Flight ticket

Other

*Please write the exact amount

*In case you paid for other services please detail

Full name: _____

Passport number: _____

Nationality: _____

Student's Signature: _____

Date: _____

Participation in the program Declaration

The participation in the program is allowed only once to each student, therefore, students who have participated in the program, whether they have successfully graduated or left during the program for any circumstances, cannot participate or apply to the program once again.

I, the undersigned, hereby declare that I was not part of the Agrostudies program in the past

Passport number: _____

Full student's name: _____

Nationality: _____

Student's signature: _____

Date: _____