



STUDENT APPLICATION

Circle Program: **Academic Year** **Fall Sem.** **Spring Sem.** **Short Stay**

Directions: Print neatly in black ink or type. Return all forms together making certain signatures and dates are included. Incomplete applications cannot be processed.

Family Name: _____ First Name: _____ Middle Name: _____

Mailing Address: _____
Street Address City Country Zip Code

Telephone #: _____ Email: _____ Fax #: _____

Date of Birth: _____ Birthplace: (City, State) _____ (Country) _____
(Month / Day / Year)

Country of Legal Permanent Residence: _____ Country of Citizenship: _____

Sex: ☐ Male ☐ Female Religious Affiliation: _____ Program Destination: _____

Date of Application: _____ Passport Number: _____
(Month/Day/Year) (If Known)

FAMILY INFORMATION

Father's Name: _____

Address: _____

_____ Country: _____

Date of birth: _____

Business phone: _____

Employed by: _____

Occupation: _____

Mother's Name: _____

Address: _____

_____ Country: _____

Date of birth: _____

Business phone: _____

Employed by: _____

Occupation: _____

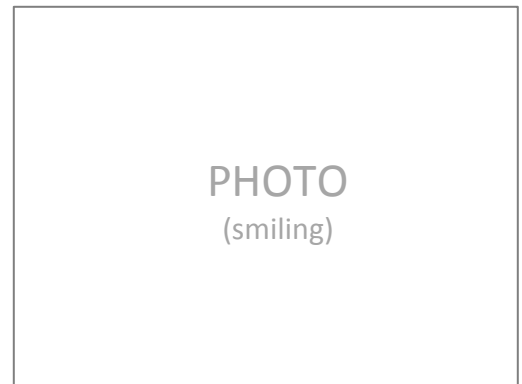
☐ Female

Emergency Contact #: _____

Name: _____

Address: _____

_____ Country: _____



Brothers and/or Sisters

Name: _____

Date of birth: _____ DOB: _____ Sex: ☐ Male ☐ Female

Business phone: _____ Living at Home?: ☐ YES ☐ NO

Employed by: _____ Name: _____

Occupation: _____ DOB: _____ Sex: ☐ Male

☐ Female

Emergency Contact #: _____ Living at Home?: ☐ YES ☐ NO

Name: _____ Name: _____

Address: _____ DOB: _____ Sex: ☐ Male ☐ Female

_____ Country: _____ Living at Home?: ☐ YES ☐ NO



PERSONAL DATA

Check any activity in which you are interested (check no more than six).

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> American Football | <input type="checkbox"/> Cooking | <input type="checkbox"/> Raising Animals | <input type="checkbox"/> Theatre |
| <input type="checkbox"/> Arts and crafts | <input type="checkbox"/> Family Activities | <input type="checkbox"/> Racquetball | <input type="checkbox"/> Track and Field |
| <input type="checkbox"/> Art/painting | <input type="checkbox"/> Fishing | <input type="checkbox"/> Reading | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Back packing | <input type="checkbox"/> Golf | <input type="checkbox"/> Riding Horses | <input type="checkbox"/> Visiting Relatives |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Hiking | <input type="checkbox"/> Sailing/Boating | <input type="checkbox"/> Walking |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> History | <input type="checkbox"/> School Activities | <input type="checkbox"/> Watching TV |
| <input type="checkbox"/> Biking | <input type="checkbox"/> Ice Hockey | <input type="checkbox"/> Sewing | <input type="checkbox"/> Water Skiing |
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Martial Arts | <input type="checkbox"/> Shopping | <input type="checkbox"/> Woodworking |
| <input type="checkbox"/> Camping | <input type="checkbox"/> Movies | <input type="checkbox"/> Snow Sports | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Church activities | <input type="checkbox"/> Museums | <input type="checkbox"/> Soccer | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Collecting | <input type="checkbox"/> Music | <input type="checkbox"/> Swimming | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Community work | <input type="checkbox"/> Photography | <input type="checkbox"/> Table Games | |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Picnics | <input type="checkbox"/> Tennis | |

Please list any other specific interests, hobbies, and activities and any awards or accommodations:

Do you play in a band? ☐ YES ☐ NO

Do you smoke? ☐ YES ☐ NO

Do you play in an orchestra? ☐ YES ☐ NO
If yes, what Instrument? _____

Are you allergic to animals? ☐ YES ☐ NO
If yes, what animals? _____

Do you participate in any competitive sports? _____

If you are allergic, is your allergy controlled by medicine? ☐ YES ☐ NO

How often do you attend church? _____

Are you allergic to medications? ☐ YES ☐ NO


Are you active in any church groups? ☐ YES ☐ NO If yes, What medications? _____

Would you be willing to attend church with your host family? ☐ YES ☐ NO

List the chores for which you are responsible at home? _____

What foreign language do you study and for how long? _____

Briefly give reasons for wanting to become an exchange student: _____





FAMILY ALBUM

FAMILY ALBUM



FAMILY ALBUM



STUDENT'S LETTER OF INTRODUCTION

Student's Name: _____

In your own words write a letter that will tell about your personal interests. Your letter should be **typed in a language of the country** you are planning to travel. Feel free to continue onto another page. Below are some suggestions of what to include.

1. Describe yourself. Tell about any extra special accomplishments or awards (Are you an expert soccer player, musician, computer whiz?)
2. Tell your future host family about your hopes and expectations for your stay.
3. Describe a typical school day and weekend and how you spend your time with friends away from school
4. Describe a particular experience in your life, which seems important to you.
5. Introduce members of your family and say a few words about them. Describe the responsibilities you have at home and how you feel about them. Discuss what you expect to gain for yourself, your family, and your country.
6. Describe how you will share your culture with your host family. Describe how and why you think your host community and family will benefit by welcoming YOU as an exchange student.



PARENTS LETTER OF INTRODUCTIONS

Parent's Name: _____

Please **type a letter in a language of the country your child is planning to travel** to the host parents who will share their home with your son or daughter in the space provided below. Describe your child's personality and interests, expectations and relationships. We ask that you be frank and honest in your letter, and you comment on your child's strengths and weaknesses. This will be very helpful to us in finding the best host family for your child. Please limit your letter this this page.



EDUCATIONAL INFORMATION

Transcript of Grades

This section is to be completed and signed by a School Administrator

School's Name: _____

Address: _____

Telephone: _____

Public or Private School: _____

Grade Conversion Chart (Please explain your grading system)

		YOUR GRADES	
		(number / letter)	(words)
SUPERIOR	A+		
EXCELLENT	A		
VERY GOOD	A- OR B+		
GOOD	B OR B-		
AVERAGE	C		
SUFFICIENT	C-		
POOR	D		
FAIL	F		

What grade level will student have completed upon arrival $9^{\text{th}} - 10^{\text{th}} - 11^{\text{th}} - 12^{\text{th}}$

Enrollment in the exchange program is primarily for cultural exchange. A high school diploma or graduation is not guaranteed to any student. Credit for academic achievements earned while abroad shall be determined solely by the student's native school upon the completion of the program. While the program cannot guarantee specific courses will be available for this student, please list any courses you recommend this student be enrolled in while participating in the exchange program _____

Administrator's Name: _____ Official School Stamp:

Administrator's Signature: _____

Date: _____



Transcript of Grades (CONTINUED)

Type English names, hours per week, and the final grade for the classes you attend in the 9th, 10th, 11th, and 12th grades. Indicate the grade in which you are presently enrolled. In addition to this translation, please also attach a copy of each year's transcript of grades issued by your school.

School Year _____ to _____

School Year _____ to _____

9th year classes Hours per week Final Grade

10th year classes Hours per week Final Grade

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

10th year classes Hours per week Final Grade

11th year classes Hours per week Final Grade

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please attach a copy each year's transcript of grades.

Students must bring and official transcript with them for scheduling purposes in a foreign school



FOREIGN LANGUAGE EVALUATION

Student's Name: _____

To be completed by Present Foreign Language teacher

The purpose of this form is to help us evaluate this student's reading, writing, and verbal Foreign language skills. It is crucial that your evaluation be as accurate as possible. Rating your student better than his or her actual ability may result in serious problems for the student and the host school. We trust you will be conscientious during this interview, and will complete our form carefully, accurately and honestly, Thank you!

READING: When asked to read aloud in a Foreign language from a book, magazine, or newspaper, the student is able to:
(Check only one from the list below)

- | | |
|-----------|--|
| Excellent | Read with few errors and can easily explain its meaning |
| Good | Reads well, except for has difficulty with terms but can explain most ideas |
| Fair | Can read most of the vocabulary and explain basic ideas |
| Poor | Can read and understand only the simplest words, and can explain little or none of the meaning |

WRITING: When asked to write a short essay in a foreign language stating what he or she hopes to gain from being an exchange student, the student: (Check only one from the list below)

- | | |
|-----------|--|
| Excellent | Writes fluently using lengthy sentences and abstract terms, with a good foreign language vocabulary and sentence structure |
| Good | May use irregular grammar, but uses a fair vocabulary in lengthy sentences |
| Fair | Writes only simple sentences with elementary vocabulary, Grammar is extremely irregular, but understandable |
| Poor | Uses very limited vocabulary and is difficult to understand |

VERBAL: Estimate the student's ability to understand and speak in a foreign language. After engaging the student in a foreign language – only conversation about current events. (Check only one from the list below)

- | | |
|-----------|--|
| Excellent | Student is nearly fluent and can understand and respond to difficult questions including abstract terms. Will have no problem communicating upon arrival. |
| Good | Student can understand most conversation. Responds slowly at times, but with appropriate answers. Is inquisitive and is able to pose necessary questions correctly. |
| Fair | Student can understand basic foreign language, but is translating. Makes mistakes, but can be understood. |
| Poor | Student's speaking ability is limited to a few basic words or phrases. Comprehension is limited. Student gets frustrated and easily reverts to his/her native language |



SOCIAL SKILLS

Student's Name: _____

	Excellent	Very Good	Good	Fair	Poor	Inadequate
Ability to express oneself	_____	_____	_____	_____	_____	_____
Emotional stability and maturity	_____	_____	_____	_____	_____	_____
Self-reliance and independence	_____	_____	_____	_____	_____	_____
Effectiveness with people	_____	_____	_____	_____	_____	_____
General knowledge	_____	_____	_____	_____	_____	_____
Impression he/she will make abroad	_____	_____	_____	_____	_____	_____

Please briefly comment about this student's motivation, reason for wanting to be an exchange student, potential for success, study habits, and any other information you think will assist us in evaluating this individual.



HEALTH QUESTIONNAIRE

Physician's Name: _____

Student's Name: _____

Address: _____

City: _____ Country: _____ Phone: _____

MEDICAL HISTORY – Have you had?

<input type="radio"/> YES <input type="radio"/> NO	Measles	<input type="radio"/> YES <input type="radio"/> NO	Rubella	<input type="radio"/> YES <input type="radio"/> NO	Sexually
Transmitted Disease					
<input type="radio"/> YES <input type="radio"/> NO	Mumps	<input type="radio"/> YES <input type="radio"/> NO	Stroke	<input type="radio"/> YES <input type="radio"/> NO	Rheumatic
Fever/ Heart Disease					
<input type="radio"/> YES <input type="radio"/> NO	Chickenpox	<input type="radio"/> YES <input type="radio"/> NO	Diabetes	<input type="radio"/> YES <input type="radio"/> NO	Tuberculosis
<input type="radio"/> YES <input type="radio"/> NO	Epilepsy	<input type="radio"/> YES <input type="radio"/> NO	Cancer	<input type="radio"/> YES <input type="radio"/> NO	Concussion
/Head Injuries					
<input type="radio"/> YES <input type="radio"/> NO	Broken Bones				
<input type="radio"/> YES <input type="radio"/> NO	Have you ever been hospitalized, had surgery, or been under extended medical care? If yes, what reason?				

SYSTEMIC REVIEW – Do you have the following?

Eyes-Ears-Nose Throat:

<input type="radio"/> YES <input type="radio"/> NO	Eye disease or injury
eczema	
<input type="radio"/> YES <input type="radio"/> NO	Do you wear glasses?
<input type="radio"/> YES <input type="radio"/> NO	Double vision
boils	
<input type="radio"/> YES <input type="radio"/> NO	Headaches
<input type="radio"/> YES <input type="radio"/> NO	Glaucoma
<input type="radio"/> YES <input type="radio"/> NO	Nosebleeds
<input type="radio"/> YES <input type="radio"/> NO	Chronic sinus trouble
<input type="radio"/> YES <input type="radio"/> NO	Ear Disease
<input type="radio"/> YES <input type="radio"/> NO	Impaired hearing
<input type="radio"/> YES <input type="radio"/> NO	Do you wear hearing aids?
<input type="radio"/> YES <input type="radio"/> NO	Dizziness
cough	
<input type="radio"/> YES <input type="radio"/> NO	Episodes of unconsciousness
<input type="radio"/> YES <input type="radio"/> NO	Have you been good general health most of your life? If not, please explain?

Skin:

<input type="radio"/> YES <input type="radio"/> NO	Skin disease, hives,
<input type="radio"/> YES <input type="radio"/> NO	Jaundice
<input type="radio"/> YES <input type="radio"/> NO	Frequent infection or
<input type="radio"/> YES <input type="radio"/> NO	Abnormal pigmentation
<u>Neck:</u>	
<input type="radio"/> YES <input type="radio"/> NO	Stiffness

<input type="radio"/> YES <input type="radio"/> NO	Thyroid trouble
<input type="radio"/> YES <input type="radio"/> NO	Enlarged glands

Respiratory:

<input type="radio"/> YES <input type="radio"/> NO	Spitting up blood
<input type="radio"/> YES <input type="radio"/> NO	Chronic or frequent
<input type="radio"/> YES <input type="radio"/> NO	Asthma



ALLERGIES AND SENSITIVITIES – Is there a history of skin reaction or other reaction to sickness following injections or oral administration of:

<input type="radio"/> YES <input type="radio"/> NO	Penicillin or other antibiotics	<input type="radio"/> YES <input type="radio"/> NO	Novocain or other anesthetics
<input type="radio"/> YES <input type="radio"/> NO	Morphine, Codeine, Demerol, other narcotics	<input type="radio"/> YES <input type="radio"/> NO	Sulfa drugs
<input type="radio"/> YES <input type="radio"/> NO	Aspirin, empirin or other pain remedies	<input type="radio"/> YES <input type="radio"/> NO	Adhesive tape or latex (circle)
<input type="radio"/> YES <input type="radio"/> NO	Tetanus, antitoxin, or other serums	<input type="radio"/> YES <input type="radio"/> NO	Iodine or merthiolate
<input type="radio"/> YES <input type="radio"/> NO	Any foods, such as eggs, milk or chocolate	<input type="radio"/> YES <input type="radio"/> NO	Any other drug or medication

List: _____ List: _____

<input type="radio"/> YES <input type="radio"/> NO	Pets/ Animals	Please Explain: _____	<input type="radio"/> YES <input type="radio"/> NO	Any other allergies? If yes explain: _____
--	---------------	-----------------------	--	--

Have you ever received any medical attention or counseling for?

<input type="radio"/> YES <input type="radio"/> NO	Depression	<input type="radio"/> YES <input type="radio"/> NO	Eating Disorders
--	------------	--	------------------

(Anorexia/bulimia)
Please Explain: _____

TO BE FILLED OUT BY FAMILY PHYSICIAN

Check each item	Normal	Abnormal	Check each item	Normal	Abnormal
Head, Face, Neck, Scalp			Anus and Rectum		
Nose			Endocrine System		
Sinuses			G–U System		
Mouth and Throat			Upper Extremities		
Ears – General (int. & ext)			Feet		
Drums (perforated)			Lower Extremities		
Eyes			Spine, other musculoskeletal		
Ophthalmoscopic			Body Marks, Scars, Tattoos		
Pupils			Skin, Lymphatics		
Ocular Motility			Neurologic		
Lungs and Chest			Physiocratic		
Heart			Pelvic (female Only)		
Vascular System			Check how done		
Abdomen and Viscera			<input type="radio"/> Vaginal <input type="radio"/> Rectal		

MEASUREMENTS AND OTHER FINDINGS

Height: _____ Weight: _____ Color Hair: _____
Color Eyes: _____ Build: ☐ Slender ☐ Medium ☐ Heavy

BLOOD PRESSURE

Sitting: _____ Recumbent: _____ Standing: _____

PULSE (arm at heart level)

Sitting: _____ After Exercise: _____ 2 Min After: _____
Recumbent: _____ After standing 3 minutes: _____



LABORATORY FINDINGS

Urinalysis (A. Specific Gravity): _____ Albumin: _____ Sugar: _____

Serology (Specify Test): _____ Blood Type & RH Factor: _____

Tuberculosis (Clearance must be within 6 months) BCG (TB Vaccine) Date: _____

Skin Test Date: _____ Positive or Negative: _____

Chest X-Ray Date: _____ Positive or Negative: _____

(NB if positive, chest x-rays information mandatory)

Type of Print Name of Physician: _____

Address: _____

Signature of Physician: _____ Date of Exam: _____

We certify that the information supplied is true and complete to the best of our knowledge. We authorize any of the doctors, hospitals, or clinics mentioned above to furnish a complete transcript of medical records for purposes of processing this application.

Signature of Student: _____ Date: _____

Signature of Parent: _____ Date: _____



IMMUNIZATION RECORD

Student's Name: _____

Minimum immunization requirements:

Five or more doses of DPT, DT(Pediatric), TD (Adult) vaccine or a combination there of.

Three more doses of trivalent oral polio vaccine (TOPV)

Two doses of measles vaccine

Two doses of mumps vaccine

Two doses of rubella vaccine

Three doses of Hepatitis B

If the final dose of any of the above vaccines occurs before the third birthday, a booster shot is required.

Two doses of Varicella (Two doses required if first dose issued after thirteenth birthday)

IMMUNIZATIONS

DPT/DT	1. _____ (MM/DD/YYYY)	2. _____ (MM/DD/YYYY)	3. _____ (MM/DD/YYYY)	4. _____ (MM/DD/YYYY)	5. _____ (MM/DD/YYYY)	6. _____ (MM/DD/YYYY)
TOPV	_____ (MM/DD/YYYY) (Date of Disease)	1. _____ (MM/DD/YYYY)	2. _____ (MM/DD/YYYY)	3. _____ (MM/DD/YYYY)	4. _____ (MM/DD/YYYY)	
Measles	_____ (MM/DD/YYYY) (Date of Disease)	1. _____ (MM/DD/YYYY)	2. _____ (MM/DD/YYYY)	3. _____ (MM/DD/YYYY)		
Mumps	_____ (MM/DD/YYYY) (Date of Disease)	1. _____ (MM/DD/YYYY)	2. _____ (MM/DD/YYYY)	3. _____ (MM/DD/YYYY)		
Rubella	_____ (MM/DD/YYYY) (Date of Disease)	1. _____ (MM/DD/YYYY)	2. _____ (MM/DD/YYYY)	3. _____ (MM/DD/YYYY)		
Varicella (chickenpox)	_____ (MM/DD/YYYY) (Date of Disease)	1. _____ (MM/DD/YYYY)	2. _____ (MM/DD/YYYY)	3. _____ (MM/DD/YYYY)		
Hepatitis B	1. _____ (MM/DD/YYYY)	2. _____ (MM/DD/YYYY)	3. _____ (MM/DD/YYYY)			

Signature of Physician: _____ Date: _____



AUTHORIZATION TO TREAT A MINOR

I, (We) the undersigned parent(s), or legal guardian of: _____, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, or medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act, or a dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital. It is understood that this authorization authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatments to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. Furthermore, we (parent/guardian) want to assure you that we will reimburse any expenditures not covered by the accident and sickness insurance policy of the exchange organization.

List any restrictions:

Allergies to Drugs or Foods:

List medications taken regularly:

Special medication or pertinent information:

Birthdate: _____ Date of last tetanus toxide booster: _____

Family Physician: _____ Phone: _____

Address: _____

City: _____ Country: _____

Parent/Guardian Signature: _____ Date: _____

Address: _____

City: _____ Country: _____

Telephone where Parent/Guardian may be reached:

Business: _____ Home: _____



AGREEMENT Please read carefully and sign and date where indicated

In the City of _____, country of _____, on the _____ day of _____ in the year of 20_____.

I/We, the undersigned parents of _____ my/our son/daughter, and I, the student applicant, agree to the following terms and conditions. The above named student is applying to participate in a cultural exchange program sponsored by the exchange organization and we give our son/daughter our permission to participate in this program.

1. We understand the program is designed to increase understanding among people of the world and it not to be used for the sole purpose of foreign language training. We have discussed the importance of good behavior with our son/daughter and he/ she understands the significance of acting in a manner, which will reflect well on our family and country.
2. We understand and agree the enrollment of our son/daughter in the exchange program is primarily for the cultural exchange and that a **diploma or graduation is not guaranteed to any student.**
3. Upon receipt of the Student Handbook, we all agree to read and discuss its contents. Should we not understand any part there of, we will contact our international representative for clarification before the program participant leaves the country. We understand that problems are to be resolved first by discussion between the host family and the program participant, then with the assistance of the exchange organization. The program participant is not to discuss problems of a personal nature with members of the community or school. We understand that the program participant will have responsibilities as a member of the family including attending religious services although not required; the exchange organization strongly recommends they do as part of family life.
4. We agree that the program participant will try to adjust, will obey the disciplinary rules of the host family and school, will give respect and obedience to the host family and school officials, and will keep communication open at all times.
5. We understand and agree that the program participant will not take any un-prescribed drugs, drink alcoholic beverages, poses false identification, drive any motorized vehicle, or participate in any dangerous sport such as hang gliding, bungee jumping, etc. If the program participant does any of the above, we understand he/she maybe immediately returned home at our family's expense, and we accept full responsibility for any situation arising his/hers involvement with the above.
6. We understand that prolonged or inappropriate use of the internet, including emails or chat rooms may result in a first warning and then result in program termination.
7. We agree the program participant may not take any action that may change the nature of his or her life, i.e. getting married, changing religion.
8. We understand and agree that the program participant will be subject to all of the laws of the host county. In the case of the serious infraction of the rules and requirements governing the conduct of the program participant, or in the case of extreme home sickness, or poor adjustment to the host family or school, the participant may be returned home immediately at the discretion of the exchange organization's Executive Community and at the expense of our family.
9. We understand that the program participant may not drive any motorized vehicle that requires an operator's license nor be a passenger in a private plane. A student is allowed to register for school-sponsored driver education classes. If a license is obtained through this program, the license must be immediately given to the exchange organization's local representative. It will be returned to the student on the day of departure for home.
10. We understand that as natural parents we are responsible for providing funds for the necessary day to day expenses for our son/daughter. The suggested amount is approximately \$300.00 a month.
11. We agree that the program participant are not allowed to go home during the program unless under emergency conditions and only with prior approval from the exchange organization's main office. Visits from the natural parents and friends during the program are strongly discouraged and must have prior approval from the main office. Independent travel is not allowed at anytime during the program without written approval for the exchange organization.
12. We agree that the program participant is to return home within 5 days after the last day of school.
13. We agree to pay the early return of our son/daughter if it is deemed necessary for medical reasons after consultation between ourselves, program personnel and the designated medical authorities.
14. We agree to pay for any medical and dental bills not covered by the accident and sickness insurance. We agree to pay for any deductible amount due that the insurance policy might not cover.
15. We agree that the program participant is to poses a return flight ticket from the airport located nearest the host family to the participant's country. This return ticket is to be carried to the foreign country by the participant and is to be kept in safe keeping by the participant until time for the participant to return home.
16. We agree to pay for any and all telephone calls made by the program participant including those calls made which might appear on the host family's telephone bill after the departure of the program participant.
17. We give the exchange organization the right to use the participant's name and photograph for reproduction in any medium for the purposes of publication, advertising, trade, display, or editorial use.
18. We agree to attend meetings that are schedule to prepare us for the exchange experience.
19. Should program participant require extra training in the language of the host country, we agree to pay for any additional fees incurred.

Signature of Parent

Date

Signature of Student

Date



LIABILITY OF RELEASE

Student's Name: _____

We hereby release the exchange organization and all of its employees. Field representatives and host families from all liability, damages or claims, which I have incurred after the termination of the program.

We understand that the participant will be subject to the authorities and teachers of the school where he/she may be assigned and that he/she will have to follow the rules given by the family with whom he/she may live. We also understand that the exchange organization reserves the right to terminate the participation in the program of any participant whose conduct maybe considered detrimental or incompatible wit the interest and security of the program. If this decision is ever taken, the participant and his/her parents or legal guardians will be formally warned and have no right to any refunds.

We accept the right of the exchange organization to directly or indirectly cancel change or substitute in emergencies, or whenever normal circumstances change, those part of the program whose alteration may be considered necessary. Should there be a geographic move of the student, the cost of transportation shall be decided by the exchange organization and the International Representative.

We also grant the exchange organization, the school where the participant maybe be assigned, and the family or families with whom he/she may live, all necessary permissions to act as legal guardians and "in loco parentis" in any situation especially in emergencies, whether medical or other, including the possibility of permission for surgical operations or any other treatment.

We guarantee the exchange organization that, although we may maintain in the future a friendly relationship with the school, local coordinator, and family, or families with whom we may establish contact though the exchange organization or its employees, we will not make0-use-of this knowledge to send in the future, directly or indirectly, students, relatives or friends to said school., local coordinators, or families, unless it is through the exchange organization.

The participant agrees to accept and uphold the standards of conduct set by the exchange organization, the school where he/she may be assigned, and the family or families with whom he/she may live for the duration of the program. He/she agrees to maintain friendly and respectful relations with his/her teachers, and classmates and, especially with all the members of the family with whom

he/she may be living, to accept the rules of conduct imposed by said family, to participated in the family life as much as possible, to try his/her best to adjust to the normal system of family life and treat all the members of the family with respect.

Signature of Parent: _____ Date: _____

Signature of Student: _____ Date: _____



TRAVEL AUTHORIZATION

We, as Parents of the Undersigned Student, do hereby authorize the exchange organization, the exchange organization's Academic Area Representative, and the Host Parents, as agents, to make the determination for student travel for the duration of student's participation in the Academic Year Program.

It is understood that this authorization is given in advance only when the student is traveling and supervised by an exchange program representative, host parent, or by a Representative of a school program, or with tours sponsored by the exchange organization. We understand that the student may not travel unsupervised.

Signature of Parent: _____ Date: _____

Signature of Student: _____ Date: _____

ISE OUTBOUND TRAVEL & STUDY ABROAD OUTBOUND EXPERIENCE

FINANCIAL AGREEMENT (Form I-1)

I hereby certify that I am the parent/legal guardian _____ (name),
of _____ (student name), and that I agree to take full
responsibility for all of my child's expenses while on the program which are not covered by the ISE OUTBOUND.

Parent/Legal Guardian Name (Print): _____

Parent/Legal Guardian Name (Signature): _____ Date: _____

Mailing Address: _____

City: _____ State: _____ Province: _____

Country: _____ Zip/Postal Code: _____



PERSONAL INTERVIEW AND FOREIGN LANGUAGE TEACHER FLUENCY ASSESSMENT

Note: The enclosed application will not be reviewed if this page is not completed

Student's Name: _____

In my estimation, this student understands and speaks a **foreign language** at the following level:

Excellent Advanced Intermediate Advanced Beginner Beginner

Please note student's strengths and weaknesses with speaking a **foreign language**:

Please note any other factors that could affect the student's ability to communicate in their **foreign language** after their arrival to his/her foreign country:

Interview conducted by:

Name: _____ Date: _____

School: _____

Signed: _____