

# OUTBOUND STUDENT EXCHANGE APPLICATION



## PROGRAM CHOICE

- ☐ School Year Program starting in August  
☐ First Semester Program starting in August  
☐ Second Semester Program starting in Jan.

## INTERNATIONAL STUDENT EXCHANGE

### STUDENT APPLICATION

**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 \_\_\_\_\_

Complete Mailing Address \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone No. \_\_\_\_\_ E-Mail \_\_\_\_\_ Fax No. \_\_\_\_\_

Date of Birth (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_ Place of Birth (City) \_\_\_\_\_ (Country) \_\_\_\_\_

Country of Legal Permanent Residence \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Sex: Male Female Religious Affiliation \_\_\_\_\_

Date of Application (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_ Passport Number (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: \_\_\_\_\_

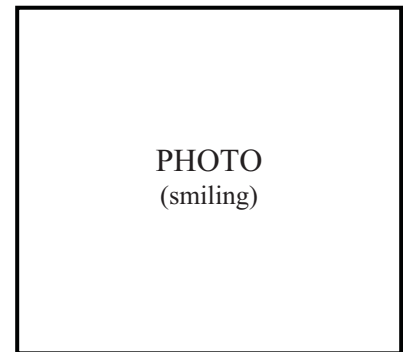
In emergency contact: (Phone number) \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Country: \_\_\_\_\_

Birthdate: \_\_\_\_\_



BROTHERS and/or SISTERS

Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Sex ( ) Living at home? \_\_\_\_\_

Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Sex ( ) Living at home? \_\_\_\_\_

Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Sex ( ) Living at home? \_\_\_\_\_

Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Sex ( ) Living at home? \_\_\_\_\_

Name: \_\_\_\_\_

Sex ( ) Living at home? \_\_\_\_\_

## PERSONAL DATA

SA2

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

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

Do you play in a band? Yes No

Do you play in an orchestra? Yes No  
If yes,  
what instrument? \_\_\_\_\_

Do you participate in any  
competitive sports? \_\_\_\_\_

How often do you attend church? \_\_\_\_\_

Are you active in any  
church groups? \_\_\_\_\_

Would you be willing to attend church with  
Your host family? Yes No

List the chores for which  
you are responsible at home \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you smoke? Yes No

Are you allergic to animals? Yes No  
If yes, what animals? \_\_\_\_\_

\_\_\_\_\_

If you are allergic, is your allergy  
controlled by medications? Yes No

Are you allergic to medications? Yes No  
If yes, what medication?

\_\_\_\_\_

What foreign language do you study and for how long? \_\_\_\_\_

\_\_\_\_\_

Briefly give reasons for wanting to become an exchange student.

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## FAMILY NAME

[illegible]



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\_\_\_\_\_

## 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. Some suggestions for what to include follow.

- Describe yourself. Tell about any extra special accomplishments or awards. (Are you an expert soccer player, musician, computer whiz?)
- Tell your future host family about your hopes and expectations for your stay.
- Describe a typical school day and weekend and how you spend your time with friends away from school.
- Describe a particular experience in your life which seems important to you.
- 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.
- 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.

## PARENT'S LETTER OF INTRODUCTION

Student's Name \_\_\_\_\_

Please **type a letter in a language of the country you are planning to travel** in the space below to the host parents who will share their home with your son or daughter. Describe your child's personality and interests, expectations and relationships. We ask that you be very frank and honest in your letter, and that 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 to this page.



# Educational Information

## TRANSCRIPT OF GRADES

This side is to be completed and signed by School Administrator.

SCHOOL'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

PUBLIC or PRIVATE \_\_\_\_\_

### 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<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup>

**Enrollment in the exchange program is primarily for a 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 been rolled in while participating in the exchange program.

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Administrator's Name: \_\_\_\_\_

Official School Stamp:

Administrator's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

School Year \_\_\_\_\_ to \_\_\_\_\_      School Year \_\_\_\_\_ to \_\_\_\_\_

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Students must bring an 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 a 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 one only)

- Excellent    Read with few errors and can easily explain its meaning.
- Good        Read well except for very difficult terms and can explain most of the ideas.
- Fair         Read most of the vocabulary and explain the basic idea.
- Poor         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 one only)

- 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 a Foreign language after engaging the student in a Foreign language —only conversation about current events. (Check one only)

- 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'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.
- Poor         Student can understand basic Foreign language, but is translating. Makes mistakes, but can be understood.

**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.

Foreign language Teacher's

Name \_\_\_\_\_ Signature \_\_\_\_\_

School \_\_\_\_\_

Address \_\_\_\_\_ Tel. number \_\_\_\_\_

Date of Interview \_\_\_\_\_ Date of Evaluation \_\_\_\_\_

# Health Questionnaire

Physician's Name: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone: \_\_\_\_\_

## MEDICAL HISTORY - Have you had?

|    |     |            |    |     |                                  |    |     |                              |
|----|-----|------------|----|-----|----------------------------------|----|-----|------------------------------|
| No | Yes | Measles    | No | Yes | Concussion or Head Injuries      | No | Yes | Sexually Transmitted Disease |
| No | Yes | Mumps      | No | Yes | Rheumatic Fever or Heart Disease | No | Yes | Strokes                      |
| No | Yes | Chickenpox | No | Yes | Diabetes                         | No | Yes | Tuberculosis                 |
| No | Yes | Epilepsy   | No | Yes | Cancer                           |    |     |                              |
| No | Yes | Rubella    | No | Yes | Broken bones                     |    |     |                              |

No Yes Have you ever been hospitalized, had surgery, or been under extended medical care? *If yes, for what reason?*

## SYSTEMIC REVIEW – Do you have the following?

|                               |     |                       |                  |              |                             |                             |                     |                           |     |                   |
|-------------------------------|-----|-----------------------|------------------|--------------|-----------------------------|-----------------------------|---------------------|---------------------------|-----|-------------------|
| <b>Eyes-Ears-Nose-Throat:</b> | No  | Yes                   | Impaired hearing | <b>Neck:</b> | No                          | Yes                         | Stiffness           |                           |     |                   |
| No                            | Yes | Eye disease or injury | No               | Yes          | Do you wear hearing aids?   | No                          | Yes                 | Thyroid trouble           |     |                   |
| No                            | Yes | Do you wear glasses ? | No               | Yes          | Dizziness                   | No                          | Yes                 | Enlarged glands           |     |                   |
| No                            | Yes | Double vision         | No               | Yes          | Episodes of unconsciousness |                             |                     |                           |     |                   |
| No                            | Yes | Headaches             | <b>Skin:</b>     | No           | Yes                         | Skin disease, hives, eczema | <b>Respiratory:</b> | No                        | Yes | Spitting up blood |
| No                            | Yes | Glaucoma              | No               | Yes          | Jaundice                    | No                          | Yes                 | Chronic or frequent cough |     |                   |
| No                            | Yes | Nosebleeds            | No               | Yes          | Frequent infection or boils | No                          | Yes                 | Asthma                    |     |                   |
| No                            | Yes | Chronic sinus trouble | No               | Yes          | Abnormal pigmentation       |                             |                     |                           |     |                   |
| No                            | Yes | Ear disease           |                  |              |                             |                             |                     |                           |     |                   |

No Yes Have you been in good general health most of your life? *If not, please explain.*

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

|       |     |   |       |     |                                 |
|-------|-----|---|-------|-----|---------------------------------|
| No    | Yes | Penicillin or other antibiotics             | No    | Yes | Novocaine or other anesthetics  |
| No    | Yes | Morphine, Codeine, Demerol, other narcotics | No    | Yes | Sulfa drugs                     |
| No    | Yes | Aspirin, empirin or other pain remedies     | No    | Yes | Adhesive tape or latex (circle) |
| No    | Yes | Tetanus, antitoxin or other serums          | No    | Yes | Iodine or merthiolate           |
| No    | Yes | Any foods, such as egg, milk or chocolate   | No    | Yes | Any other drug or medication    |
| List: |     |   | List: |     |                                 |

No Yes Pets/Animals Please explain.

No Yes Any other allergies? *If yes, please list.*

Have you ever received any medical attention or counseling for:

No Yes Depression  
No Yes Eating Disorders  
(Anorexia/bulimia)

*Please explain if yes.*

To Be Filled Out By Family Physician

| Check each item              | Normal | Abnormal |
|------------------------------|--------|----------|
| Head, Face, Neck, Scalp      |        |          |
| Nose                         |        |          |
| Sinuses                      |        |          |
| Mouth and Throat             |        |          |
| Ears – General (int. & ext.) |        |          |
| Drums (perforated)           |        |          |
| Eyes                         |        |          |
| Ophthalmoscopic              |        |          |
| Pupils                       |        |          |
| Ocular Motility              |        |          |
| Lungs and Chest              |        |          |
| Heart                        |        |          |
| Vascular System              |        |          |
| Abdomen and Viscera          |        |          |

| Check each item   | Normal | Abnormal |
|---|--------|----------|
| Anus and Rectum   |        |          |
| Endocrine System  |        |          |
| G – U System  |        |          |
| Upper Extremities   |        |          |
| Feet  |        |          |
| Lower Extremities   |        |          |
| Spine, other Musculoskeletal  |        |          |
| Body Marks, Scars, Tattoos  |        |          |
| Skin, Lymphatics  |        |          |
| Neurologic  |        |          |
| Psychiatric   |        |          |
| Pelvic (female only)<br><i>check how done</i><br><input type="checkbox"/> vaginal <input type="checkbox"/> 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 Minutes 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-ray information mandatory)

Type or 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: \_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_

**IMMUNIZATION RECORD****MINIMUM IMMUNIZATION REQUIREMENTS:**

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

Three or more doses of trivalent oral polio vaccine (TOPV).

Two doses measles vaccine.

Two doses mumps vaccine.

Two doses 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**

|                                  |                                       |                                  |                                  |  |  |  |
|----------------------------------|---------------------------------------|----------------------------------|----------------------------------|--|--|--|
| <b>DPT/DT</b>                    | 1. _____<br>date<br>(mm/dd/yyyy)      | 2. _____<br>date<br>(mm/dd/yyyy) | 3. _____<br>date<br>(mm/dd/yyyy) | 4. _____<br>date<br>(mm/dd/yyyy)                 | 5. _____<br>date<br>(mm/dd/yyyy)                 | 6. _____<br>Booster, if required<br>(mm/dd/yyyy) |
| <b>TOPV</b>                      | _____ date of disease<br>(mm/dd/yyyy) | 1. _____<br>date<br>(mm/dd/yyyy) | 2. _____<br>date<br>(mm/dd/yyyy) | 3. _____<br>date<br>(mm/dd/yyyy)                 | 4. _____<br>Booster, if required<br>(mm/dd/yyyy) |  |
| <b>Measles</b>                   | _____ date of disease<br>(mm/dd/yyyy) | 1. _____<br>date<br>(mm/dd/yyyy) | 2. _____<br>date<br>(mm/dd/yyyy) | 3. _____<br>Booster, if required<br>(mm/dd/yyyy) |  |  |
| <b>Mumps</b>                     | _____ date of disease<br>(mm/dd/yyyy) | 1. _____<br>date<br>(mm/dd/yyyy) | 2. _____<br>date<br>(mm/dd/yyyy) | 3. _____<br>Booster, if required<br>(mm/dd/yyyy) |  |  |
| <b>Rubella</b>                   | _____ date of disease<br>(mm/dd/yyyy) | 1. _____<br>date<br>(mm/dd/yyyy) | 2. _____<br>date<br>(mm/dd/yyyy) | 3. _____<br>Booster, if required<br>(mm/dd/yyyy) |  |  |
| <b>Varicella</b><br>(chickenpox) | _____ date of disease<br>(mm/dd/yyyy) | 1. _____<br>date<br>(mm/dd/yyyy) | 2. _____<br>date<br>(mm/dd/yyyy) | 3. _____<br>date<br>(mm/dd/yyyy)                 |  |  |
| <b>Hepatitis B</b>               | 1. _____<br>date<br>(mm/dd/yyyy)      | 2. _____<br>date<br>(mm/dd/yyyy) | 3. _____<br>date<br>(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 is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgement may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. Furthermore, we (parents/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 medications or pertinent information:**

Birthdate:

Date of last tetanus toxoid booster:

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone where Parent/Guardian may be reached:

Business: \_\_\_\_\_ Home: \_\_\_\_\_ e: \_\_\_\_\_



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 is 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 our country.
2. We understand and agree that 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 thereof, we will contact our international representative for clarification before the program participant leaves our 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 communications open at all times.
5. We understand and agree that the program participant will not take any unprescribed drugs, drink alcoholic beverages, possess 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 that he/she may be immediately returned home at our family's expense, and we accept full responsibility for any situation arising from his/her involvement with the above.
6. We understand that prolonged or inappropriate use of the internet, including e-mail or chat rooms may result in a first warning and then program termination.
7. We agree that the program participant may not take any action that may change the nature of his/her life, i.e. getting married, changing religions.
8. We understand and agree that the program participant will be subject to all of the laws of the host country. In the case of serious infraction of the rules and requirements governing the conduct of the program participant, or in the case of extreme homesickness, 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 Committee 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 participants 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 any time during the program without written approval from 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 possess 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 safekeeping 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 scheduled to prepare us for the exchange experience.

Signature of Parent

Date

Signature of Student

Date

## LIABILITY 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 may be considered detrimental or incompatible with 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 parts of the program whose alteration may be considered necessary. Should there be a geographic move of the student, the cost of transportation shall be mutually decided by the exchange organization and the International Representative.

We also grant the exchange organization, the school where the participant may 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 through the exchange organization or its employees, we will not make-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 participate in the family life as much as possible, to try his/her best to adjust to the normal system of family life and to 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 \_\_\_\_\_

**INTERNATIONAL STUDENT EXCHANGE  
TRAVEL & STUDY ABROAD OUTBOUND EXPERIENCE**

**FINANCIAL AGREEMENT (Form I-1)**

I hereby certify that I am the parent/ legal guardian \_\_\_\_\_,  
Name

of \_\_\_\_\_, and that I agree to take full responsibility  
Name of Student

for all my child's expenses while on the program which are not covered by the INTERNATIONAL STUDENT EXCHANGE.

\_\_\_\_\_  
Parent/ Legal Guardian Name (Print)

\_\_\_\_\_  
Parent/ Legal Guardian Signature

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State/

\_\_\_\_\_  
Province

\_\_\_\_\_  
Country

\_\_\_\_\_  
Zip/Postal

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**PERSONAL INTERVIEW AND FOREIGN LANGUAGE  
TEACHER FLUENCY ASSESSMENT**

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**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 spoken a **Foreign Language**:

Please note any other factors that could affect student's ability to communicate in a **Foreign Language** after their arrival to his/her Foreign Country:

Interview conducted by:

Name \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_

Signed \_\_\_\_\_