

# BOARDING SCHOOL APPLICATION

Please fill out this application completely by typing or using black ink.

Application For:  10 month program  5 month program  
 Entry Date:  August  January  
 Student Name

\_\_\_\_\_  
*Last First Middle*  
 Permanent address:

\_\_\_\_\_  
*Street address*

\_\_\_\_\_  
*City Country Postal Zone*

Telephone: \_\_\_\_\_  
*Country Code City Code Home Number*

Please enclose  
 2 passport-size  
smiling  
 color pictures.

Birthplace: \_\_\_\_\_ Date of Birth    /   /     
*City Country Month/Date/Year*

Citizenship: \_\_\_\_\_ Nationality \_\_\_\_\_ Age     Gender  F  M

Height \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Country issuing passport \_\_\_\_\_ Passport number \_\_\_\_\_ Expires    /     
*Month/Year*

Please check in the answer applies:

I live with:

Mother	Father	Parents	_____ Mother	_____ Father
_____ Living	_____ Living	_____ Separated	_____ Grandmother	_____ Grandfather
_____ Deceased	_____ Deceased	_____ Divorced	_____ Other please explain	_____

Father \_\_\_\_\_  
*Last Name First Name Occupation*

\_\_\_\_\_  
*Address Postal Zone City Country*

\_\_\_\_\_  
*Home Telephone Business Telephone/Fax* Speaks English:  Yes  No

Mother \_\_\_\_\_  
*Last Name First Name Occupation*

\_\_\_\_\_  
*Address Postal Zone City Country*

\_\_\_\_\_  
*Home Telephone Business Telephone/Fax* Speaks English:  Yes  No

Please list any other members of your household

Name	Age	Gender	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## YOUR INTERESTS

Please tell us about yourself:

What is your religious affiliation? \_\_\_\_\_

When do you participate? \_\_\_ Weekly \_\_\_ Montly \_\_\_ Holidays \_\_\_ Never

Do you ever smoke? \_\_\_ Yes \_\_\_ No Can you adjust to a home where other smoke? \_\_\_ Yes \_\_\_ No

Do you like animals? \_\_\_ Yes \_\_\_ No List any pets you have at home \_\_\_\_\_

Indicate your 5 favorite sports:

<input type="checkbox"/> Aerobics	<input type="checkbox"/> American Football	<input type="checkbox"/> Archery	<input type="checkbox"/> Badminton	<input type="checkbox"/> Baseball
<input type="checkbox"/> Basketball	<input type="checkbox"/> Bicycling	<input type="checkbox"/> Camping	<input type="checkbox"/> Field Hockey	<input type="checkbox"/> Fishing ___ Golf
<input type="checkbox"/> Gymnastics	<input type="checkbox"/> Hiking/Backpack	<input type="checkbox"/> Horseback Riding	<input type="checkbox"/> Hunting	
<input type="checkbox"/> Ice Hockey	<input type="checkbox"/> Ice Skating	<input type="checkbox"/> Martial Arts	<input type="checkbox"/> Roller-skating	<input type="checkbox"/> Sailing ___ Skating
<input type="checkbox"/> Skiing-Snow	<input type="checkbox"/> Skiing-Water	<input type="checkbox"/> Soccer	<input type="checkbox"/> Swimming ___ Tennis	
<input type="checkbox"/> Track/running	<input type="checkbox"/> Volleyball	<input type="checkbox"/> Windsurfing		

Indicate your 5 favorite interests

<input type="checkbox"/> Attending Sporting Events	<input type="checkbox"/> Chess	<input type="checkbox"/> Computers	<input type="checkbox"/> Cooking
<input type="checkbox"/> Dancing-Ballet, Classical	<input type="checkbox"/> Debating	<input type="checkbox"/> Drama-Theater	<input type="checkbox"/> Flower Arrangement
<input type="checkbox"/> Gardening	<input type="checkbox"/> Going to the Movies	<input type="checkbox"/> Handicrafts	<input type="checkbox"/> Knitting
<input type="checkbox"/> Listening to Popular Music	<input type="checkbox"/> Listening to Classical Music	<input type="checkbox"/> Painting-Drawing	
<input type="checkbox"/> Photography	<input type="checkbox"/> Playing Indoor Games/Cards	<input type="checkbox"/> Playing Musical Instruments	
<input type="checkbox"/> Playing Team Sports	<input type="checkbox"/> Playing Individual Sports	<input type="checkbox"/> Reading	<input type="checkbox"/> Scouts ___ Sewing
<input type="checkbox"/> Singing	<input type="checkbox"/> Social Dancing	<input type="checkbox"/> Visiting Museums	<input type="checkbox"/> Watching Television

Indicate your 5 personality traits which best describe you.

<input type="checkbox"/> Active	<input type="checkbox"/> Adaptable	<input type="checkbox"/> Bright	<input type="checkbox"/> Charming	<input type="checkbox"/> Calm	<input type="checkbox"/> Cheerful
<input type="checkbox"/> Communicative	<input type="checkbox"/> Considerable	<input type="checkbox"/> Curious	<input type="checkbox"/> Emotional	<input type="checkbox"/> Enthusiastic	
<input type="checkbox"/> Extroverted	<input type="checkbox"/> Flexible	<input type="checkbox"/> Formal	<input type="checkbox"/> Friendly	<input type="checkbox"/> Humorous	<input type="checkbox"/> Independent
<input type="checkbox"/> Informal	<input type="checkbox"/> Intellectual	<input type="checkbox"/> Intelligent	<input type="checkbox"/> Introverted	<input type="checkbox"/> Intuitive	<input type="checkbox"/> Kind
<input type="checkbox"/> Mature	<input type="checkbox"/> Motivated	<input type="checkbox"/> Natural	<input type="checkbox"/> Neat	<input type="checkbox"/> Open	<input type="checkbox"/> Optimistic
<input type="checkbox"/> Organized	<input type="checkbox"/> Patient	<input type="checkbox"/> Pessimistic	<input type="checkbox"/> Polite	<input type="checkbox"/> Quiet	<input type="checkbox"/> Realistic
Relaxed	<input type="checkbox"/> Reliable	<input type="checkbox"/> Reserved	<input type="checkbox"/> Respectful	<input type="checkbox"/> Responsible	<input type="checkbox"/> Sense of Humor
<input type="checkbox"/> Sensitive	<input type="checkbox"/> Serious	<input type="checkbox"/> Shy	<input type="checkbox"/> Sincere	<input type="checkbox"/> Smiling	<input type="checkbox"/> Spontaneous ___ Stable
<input type="checkbox"/> Stubborn	<input type="checkbox"/> Studious	<input type="checkbox"/> Talkative	<input type="checkbox"/> Tolerant	<input type="checkbox"/> Traditional	<input type="checkbox"/> Well-Mannered

Unique interests and skills:

List musical instruments you play \_\_\_\_\_

List Foreign Languages you speak

<i>Language</i>	<i>Years of Study</i>	<i>Proficiency</i>
English	_____	_____
_____	_____	_____
_____	_____	_____

What grade in school are you currently attending? \_\_\_\_\_ Next year? \_\_\_\_\_

## QUESTIONNAIRE

1. Give at least two reasons why you want to study in the United States (besides the benefits of improving your English).

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2. List at least two aspects about your own culture that you want to share with your friends in the USA.

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3. Describe your career goals and how you plan to achieve them.

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4. Describe a personal achievement of which you are particularly proud.

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5. What do you think will be three most difficult problems you will encounter? How you will deal with them?

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## STANDARDS OF CONDUCT

**I. DANGEROUS ACTIVITIES. DRIVING.** Skydiving, hang gliding, glider riding, parachute jumping, parasailing, jet skiing, and riding in hot air balloons are prohibited. Student will not be allowed to drive a motorized vehicle for which an operator's license is required

**II. DRINKING. DRUGS. SMOKING..** The drinking of alcoholic beverages, including beer and wine, is against program regulations.. Failure to obey this regulation may result in dismissal from the program and the student being returned to his/her home country. Student will not be permitted to smoke while on the program The student is required to refrain from using drugs of any kind (other than prescribed drugs for health purposes). Further, no association is to be maintained with anyone involved with drugs or drug use in any way. Any student who breaks this rule will be returned to his/her home country immediately.

**III. EXTENSIONS.** A student may extend his/her program by applying and paying the difference in fees plus the established surcharge. Any student extending his/her stay beyond the scheduled return will be considered terminated from the program and the Immigration and Naturalization Service will be notified that Sponsor is no longer responsible for the student.

**IV. FINAL AUTHORITY.** Students must respect all decisions made by the Sponsor, its representatives or staff and the School. Sponsor reserves the right to dismiss a student from the program should the student violate the Standards of Conduct or for other disciplinary problem.

**V. HITCH-HIKING.** Hitch-Hiking is extremely dangerous. Students are not permitted to hitch-hike, either alone or with friends.

**VI. LAW VIOLATIONS.** If a student admits to a criminal law violation, or is arrested and charged, or if reliable information is received that the student will be arrested and charged, the student will be returned to his/her home country as soon as legally possible. Students are expected to obey all laws of the host country, state, city and community.

**VII. LEAVING THE PROGRAM.** A student may not leave the program at any time without the express written permission of Sponsor and School. Refunds will not be made except in cases of emergency. The student may leave the program due to death or serious illness in the immediate family or for other bona fide emergency situations as determined by Sponsor.

**VIII. SCHOOL.** The student must attend school regularly and obey all school rules.. The student is expected to show an interest in his/her school work and make an effort to do his/her best.. If, in the school's opinion, the student needs a language tutor to succeed in classes, Sponsor will arrange for such a tutor. The cost for tutoring will be sole responsibility of the student's natural parents. Dismissal from school due to lack of attendance or for disciplinary reasons, will also result in dismissal from the program.

**IX. SEX.** Student is to refrain from sexual behavior and activity. Student found to be pregnant or responsible for a pregnancy will be sent home immediately.

**X. TELEPHONE.** For the long distance telephone calls Student must use a telephone card.

**XI. TRAVEL.** Students must have a round trip ticket from his home country. Students will be permitted to travel while in the host country only according to the following conditions:. Only School and group--sponsored trips are permitted. School must approve all trips.. If independently to visit another family, the inviting family must confirm the invitation with the School. Unauthorized travel may be cause for dismissal from program.

**XII. WORK AND JOBS.** It is against the law for a student to hold a job or seek employment.

## *AGREEMENT*

**We, the student and parents, have read and understand all of the above. We agree to obey these rules and understand that disobeying them will result in the student's dismissal from the program and being returned to his/her home country.**

\_\_\_\_\_

*Signature of Student*

\_\_\_\_\_

*Date*

\_\_\_\_\_

*Signature of Father or Legal Guardian*

\_\_\_\_\_

*Date*

\_\_\_\_\_

*Signature of Mother or Legal Guardian*

\_\_\_\_\_

*Date*

## LIABILITY RELEASE

We, the undersigned, as the participant, and the parent(s) or legal guardian(s) of a participant in a program organized and directed by the Program Sponsor, its Officers, Board of Directors, Agents, Representatives and Schools where the participant may be assigned, from any and all current and future claims, charges, costs and/or causes of action for loss or property, personal injury, illness, accident or death sustained by the participant for the duration of the Sponsor program, whether covered by current insurance or not. We further understand and agree we are responsible for any loss, damage or injury caused by the participant in the Sponsor exchange program.

We understand and agree that the participant will be subject to the authorities and teachers of the school where he/she may be assigned and that he/she must follow the rules set forth by the Host Family with whom he/she may live.

We have read and understand the Standards of conduct and agree that the participant must follow and abide by these rules and regulations as outlined.

As the parent(s) or legal guardian(s) of the participant we agree to supply our child with sufficient spending money to cover his/her needs and expenses for the duration of his/her exchange program. We understand and agree that Sponsor is not responsible for my/our child's money or personal property, whether lost or stolen, while he/she is participating in the Sponsor exchange program. Further, we understand and agree that should there be a geographic move of my/our child, for any reason whatsoever, the cost of transportation shall be borne by the participant.

We grant Sponsor permission to use photographs, or any other materials in which the participant may appear, for promotion or publicity of the organization's future programs.

If we have personally misrepresented, or have knowledge of misrepresentation of any portion of this application, we understand and agree that the Sponsor program and repatriating the participant. In the event of repatriation, we shall bear all costs incurred and that any and all program fees are non-refundable.

\_\_\_\_\_  
*Signature of Student*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Father or Legal Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Mother or Legal Guardian*

\_\_\_\_\_  
*Date*

## TERMINATION OF PROGRAM

I/we understand that my/our child's Program Sponsor program terminates one week following the closure of school or at the time of his/her group departure and return to their home country. Sponsor does not accept any responsibility for students who remain within the USA as tourists for longer than the stipulated period of time.

\_\_\_\_\_  
*Signature of Father or Legal Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Mother or Legal Guardian*

\_\_\_\_\_  
*Date*

## MEDICAL INFORMATION

Student Name \_\_\_\_\_

Date of Birth    /   /         City and Country of Birth \_\_\_\_\_  
Month/Date/Year

### PHYSICAL EXAMINATION OF STUDENT

(This examination is to be done by a Medical Doctor)

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Pulse \_\_\_\_\_

Visual Acuity Without Correction R    /   /    L    /   /         Hearing R    /   /     
 With Correction    R    /   /    L    /   /         L    /   /   

Respiratory System \_\_\_\_\_

Cardiovascular System \_\_\_\_\_

Neurological system \_\_\_\_\_

Musculoskeletal System \_\_\_\_\_

Urinalysis S.B. \_\_\_\_\_ Alb \_\_\_\_\_ Sugar \_\_\_\_\_ Micro \_\_\_\_\_

E.N.T. \_\_\_\_\_ Liver \_\_\_\_\_ Spleen \_\_\_\_\_

Abdomen \_\_\_\_\_ Skin \_\_\_\_\_ Genitals \_\_\_\_\_

Comment regarding abnormalities \_\_\_\_\_

Significant past illness or injury \_\_\_\_\_

Please specify any allergies \_\_\_\_\_

Medication currently being taken \_\_\_\_\_

Additional comments \_\_\_\_\_

### STUDENT'S MEDICAL HISTORY

Please state "yes" or "no" if any of the following relates to the student. If you answered "yes", please explain on a separate sheet.

	YES	NO		YES	NO
Measles	_____	_____	Chicken Pox	_____	_____
Rubella	_____	_____	Kidney disease	_____	_____
Mumps	_____	_____	Congenital anomalies	_____	_____
Allergies	_____	_____	Menstrual disorder	_____	_____
Eye problems	_____	_____	Orthopedic problems	_____	_____
Hospitalization	_____	_____	Convulsions	_____	_____
Pulmonary disease	_____	_____	Neurological disorders	_____	_____
Cardiac disease	_____	_____	Accidents	_____	_____
Endocrine disorder	_____	_____	Operations	_____	_____

# IMMUNIZATION RECORD

(This section is to be completed by a Medical Doctor)

**Student Name** \_\_\_\_\_

**Date of Birth**    /   /     
Month/Date/Year

VACCINE AND DATE OF DOSE	m/d/y	m/d/y	m/d/y	m/d/y	m/d/y
POLIO (Trivalent Oral -- TOPV)	/ /	/ /	/ /	/ /	/ /
DPT (Difteria, Tetanus & Pertussis or Whooping Cough)	/ /	/ /	/ /	/ /	/ /
or TD (Tetanus & Difteria)	/ /	/ /	/ /	/ /	/ /
MEASLES (Rubeola, 10-day measles)	/ /	/ /			
MUMPS	/ /	/ /			
RUBELLA (German Measles, 3 day measles)	/ /	/ /			
BACILLUS CALMETTE-GUERIN (BCG)	/ /		Comments:		
TB SKIN TEST (Mantoux)	/ /		Results: <input type="checkbox"/> Positive <input type="checkbox"/> Negative		
CHEST X-RAY (Radiograph)-- If TB Skin Test is positive, the student must have a chest X-ray.	/ /		Results:		

### IMMUNIZATION REQUIREMENTS.

POLIO	4 doses	3 doses by 1 year of age 4-th dose at 4 years of age
DPT	4 doses	before 7 years of age
or TD	4 doses	booster required within past 10 years
MEASLES -- MMR	MMR -- two doses	
MUMPS -- MMR	1st dose after 12 month of age	
RUBELLA -- MMR	2nd dose after age 10	
TB SKIN TEST (Mantoux)	negative result	If positive, clear chest x-ray required
CHEST X-RAY (Radiograph)	no evidence of TB	Required if TB skin test is positive

Please list any sports or physical activities in which this student should NOT participate:

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I, the undersigned physician, have given this student a thorough physician examination and reviewed the medical history of this student. I certify all important medical information has been included (attach separate sheets, if necessary) and the above information is complete and accurate.

Physician's full name (please print) \_\_\_\_\_ Telephone: \_\_\_\_\_

Complete address \_\_\_\_\_

Physician's signature: \_\_\_\_\_ Date: \_\_\_\_\_

## MEDICAL RELEASE

In case of illness, accident, or injury, I/we grant permission to Program Sponsor, its representatives, the school where my/our child is enrolled to authorize examination and treatment for my/our child, by qualified medical personnel.

I/we also grant Sponsor, the school where my/our child is enrolled all necessary permissions to act as legal guardians, especially in emergencies, whether medical or other, including surgical operations or any other treatment.

This authorization also grants permission to release information regarding my/our child in order to receive any and all inoculations or immunizations required by federal, state, local, and/or school authorities for participation in the Sponsor's program.

This Medical Release Authorization shall be valid for the entire duration of the Sponsor's program in which my/our child is participating.

\_\_\_\_\_  
*Signature of Father or Legal Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Mother or Legal Guardian*

\_\_\_\_\_  
*Date*

## TRAVEL AUTHORIZATION

I/we authorize Program Sponsor, its representatives, and the School to allow my/our child to travel, within the guidelines as established in the Sponsor's Standards of Conduct.

It is understood that this authorization is signed in advance and eliminates the necessary of obtaining our signature(s) at the time of any Sponsor approved travel for the duration of my/our child's participation in this program.

\_\_\_\_\_  
*Signature of Father or Legal Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Mother or Legal Guardian*

\_\_\_\_\_  
*Date*



## ACADEMIC HISTORY

Student Name \_\_\_\_\_ Country \_\_\_\_\_  
Last                      First                      Middle

Name of person completing form \_\_\_\_\_ Title \_\_\_\_\_

In English, please list grading scale next to the corresponding American grades listed on the left.

AMERICAN GRADING SCALE	FOREIGN GRADING SCALE	COMMENTS
Excellent      A	_____	_____
Above Average B	_____	_____
Average        C	_____	_____
Poor            D	_____	_____
Fail             E	_____	_____

**PLEASE ATTACH A COPY OF EACH SCHOOL REPORT MENTIONED ABOVE.**

Year 19__ / __ School Grade _____	Year 19__ / __ School Grade _____						
Courses		Hours/	Grade	Courses		Hours/	Grade
	Week				Week		
_____		_____	_____	_____		_____	_____
_____		_____	_____	_____		_____	_____
_____		_____	_____	_____		_____	_____
_____		_____	_____	_____		_____	_____
_____		_____	_____	_____		_____	_____
_____		_____	_____	_____		_____	_____
_____		_____	_____	_____		_____	_____
_____		_____	_____	_____		_____	_____

Year 19__ / __ School Grade _____	Year 19__ / __ School Grade _____						
Courses		Hours/	Grade	Courses		Hours/	Grade
	Week				Week		
_____		_____	_____	_____		_____	_____
_____		_____	_____	_____		_____	_____
_____		_____	_____	_____		_____	_____
_____		_____	_____	_____		_____	_____
_____		_____	_____	_____		_____	_____
_____		_____	_____	_____		_____	_____
_____		_____	_____	_____		_____	_____
_____		_____	_____	_____		_____	_____

Place Official

Signature

School Stamp Here

## LETTER OF RECOMMENDATION

(To be completed by student's teacher or counselor in English)

Thank you for completing this form for the below-named applicant, who wishes to spend an academic semester or a year, living with a family abroad and attending high school.

**Student Name** \_\_\_\_\_  
*Last*
*First*
*Middle*

Name of person completing form \_\_\_\_\_

Indicate your position at the school:    \_\_\_Principal    \_\_\_Counselor    \_\_\_Teacher(Subject) \_\_\_\_\_

Name and Address of School \_\_\_\_\_  
 \_\_\_\_\_

Type of School:    \_\_\_Private    \_\_\_Public    \_\_\_Religious    \_\_\_Boarding

Please rate the student in the following categories:

	EXCELLENT	GOOD	FAIR	POOR
Academic Ability _____	_____	_____	_____	_____
Academic Performance _____	_____	_____	_____	_____
Attitude toward school _____	_____	_____	_____	_____
Study habits _____	_____	_____	_____	_____
Initiative _____	_____	_____	_____	_____
Emotional stability _____	_____	_____	_____	_____
Maturity _____	_____	_____	_____	_____
Adaptability / Flexibility _____	_____	_____	_____	_____
Leadership capabilities _____	_____	_____	_____	_____
Cooperativeness _____	_____	_____	_____	_____
Friendliness _____	_____	_____	_____	_____
Relationship with teachers _____	_____	_____	_____	_____
Relationships with classmates _____	_____	_____	_____	_____

How many years have you known this student? \_\_\_\_\_

Does this student have a history of continuous absence from school?    \_\_\_Yes    \_\_\_No

Please elaborate your above ratings of the student. How would you evaluate his/her potential success as an exchange student? \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

## ENGLISH ORAL INTERVIEW

(To be completed by English teacher or Sponsor's Representative)

Please **circle** the score (1 to 10) which best describes the student's ability to understand and speak English. Use the guidelines next to each score for your evaluation.

Student Name \_\_\_\_\_  
*Last*
*First*
*Middle*

Name of Interviewer \_\_\_\_\_ Position \_\_\_\_\_

- 10**     **Absolute proficiency in English.** Student is able to both understand and converse, dealing with abstract terms. Thinks in English
- 9**     **Student possesses near fluency.** Sentence structured are near perfect. Can understand and respond to difficult questions. English knowledge includes abstract terms. Will have no problem at all in communication when he/she arrives in the USA.
- 8**     **English responses, although not perfect, come naturally.** In other words, student responds evidently in English. Has good vocabulary and understands almost everything. Can respond intelligently, but needs practice.
- 7**     **Student can understand most.** Speaking ability is good, but needs practice. Student can go beyond basic responses and elaborate thoughts. Knows many words, but needs to think before responding.
- 6**     **Student understands basic English.** Vocabulary deals with everyday common terms. Thinks quickly, but evident that he/she is translating. Gets lost when conversation departs from basics. makes mistakes, but is understandable. Can carry on conversation.
- 5**     **Student can understand much more than he/she can communicate, however makes an effort.** Can respond in some sentence forms even if grammar and structure are not perfect.
- 4**     **Student evidently understands basic English sentences and is able to respond even if only in words.** Grammar and sentence construction are poor but understandable. A few weeks of total immersion in English will improve his/her ability.
- 3**     **Student understands words, but not sentence thoughts.** Speaking ability is limited to a few words.
- 2**     **Student understands a few words, but has little or no ability to communicate.** Student may also refuse to use English
- 1**     **Student can not understand and knows little or no English.**

Please give your reasons for this score and any suggestions you may have for this student.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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