

STUDENT'S FULL NAME (FIRST/MIDDLE/LAST)		
NICKNAME/AMERICAN NAME	HEIGHT	WEIGHT
PROGRAM START DATE (MONTH/DAY/ YEAR)		
HOME ADDRESS (STREET)	POSTAL ZONE	
CITY	COUNTRY	
HOME TELEPHONE	EMAIL	
DATE OF BIRTH (MONTH/DAY/ YEAR)	AGE	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
CITY OF BIRTH	COUNTRY OF BIRTH	
PASSPORT NO.		
EXPIRATION DATE (MONTH/DAY/ YEAR)	COUNTRY ISSUING PASSPORT	

<input type="checkbox"/> 1 SEMESTER	<input type="checkbox"/> 1 SCHOOL YEAR STUDENT	<input type="checkbox"/> 2 YEARS OR MORE
<input type="checkbox"/> PUBLIC HIGH SCHOOL	<input type="checkbox"/> PRIVATE DAY SCHOOL	<input type="checkbox"/> PRIVATE BOARDING SCHOOL
		<input type="checkbox"/> COMMUNITY COLLEGE

CURRENT YEAR OF STUDY IN THE HOME COUNTRY	GRADE ENTERING IN THE US?	
DO YOU WANT TO GET A DIPLOMA? <input type="checkbox"/> YES <input type="checkbox"/> NO		
PLEASE LIST TOP THREE SCHOOL PREFERENCES:		
1ST	2ND	3RD

RELIGIOUS PREFERENCE
INTEREST AND INVOLVEMENT <input type="checkbox"/> ACTIVE <input type="checkbox"/> LITTLE <input type="checkbox"/> NONE

WHO DO YOU LIVE WITH
<input type="checkbox"/> MOTHER AND FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> OTHER (WHO) <input type="text"/>

PRINT STUDENT'S NAME (FIRST, LAST)

FATHER OR LEGAL GUARDIAN

NAME (FIRST/MIDDLE/LAST)	
STREET	POSTAL ZONE
CITY	COUNTRY
HOME TELEPHONE	EMAIL
OCCUPATION	WORK TELEPHONE
DATE OF BIRTH (MONTH/DAY/ YEAR)	CELL TELEPHONE

MOTHER OR LEGAL GUARDIAN

NAME (FIRST/MIDDLE/LAST)	
STREET	POSTAL ZONE
CITY	COUNTRY
HOME TELEPHONE	EMAIL
OCCUPATION	WORK TELEPHONE
DATE OF BIRTH (MONTH/DAY/ YEAR)	CELL TELEPHONE

BROTHERS AND SISTERS

NAME	AGE
SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	LIVE AT HOME <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME	AGE
SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	LIVE AT HOME <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME	AGE
SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	LIVE AT HOME <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME	AGE
SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	LIVE AT HOME <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME	AGE
SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	LIVE AT HOME <input type="checkbox"/> YES <input type="checkbox"/> NO

PRINT STUDENT'S NAME (FIRST, LAST)

CURRENT SCHOOL INFORMATION

CURRENT SCHOOL	<input type="checkbox"/> PUBLIC	<input type="checkbox"/> PAROCHIAL	<input type="checkbox"/> PRIVATE
XXXXX ATTENDED (MONTH/DAY/ YEAR) FROM	TO	PRESENT GRADE	
ADDRESS (STREET)	POSTAL CODE		
CITY	COUNTRY		
PRINCIPAL/COUNSELOR	E-MAIL		
PHONE	FAX		

OTHER INFORMATION

POSITION OF STUDENT IN CLASS	NUMBER OF STUDENTS IN CLASS			
FAVORITE SUBJECTS	LEAST FAVORITE SUBJECTS			
SUBJECT WHICH ACHIEVES BEST GRADES	SUBJECT WHICH ACHIEVES WORST GRADES			
WHAT ARE STUDENTS ASPIRATIONS?				
<input type="checkbox"/> SLEP	<input type="checkbox"/> TOEFL	<input type="checkbox"/> IELTS	<input type="checkbox"/> SSAT	<input type="checkbox"/> OTHER
CURRENT GRADE POINT AVERAGE				
FOREIGN COUNTRY STUDIED IN BEFORE	YEAR			
HOW LONG WAS THE PROGRAM?				
STUDENTS INTERESTS				
DOES THE STUDENT HAVE ANY SPECIFIC MEDICAL PROBLEMS/REQUIREMENTS?				

LIST FOREIGN LANGUAGES YOU SPEAK OR HAVE STUDIED

LANGUAGE	YEARS OF STUDY	PROFICIENCY		
English		<input type="checkbox"/> AVERAGE	<input type="checkbox"/> GOOD	<input type="checkbox"/> EXCELLENT
		<input type="checkbox"/> AVERAGE	<input type="checkbox"/> GOOD	<input type="checkbox"/> EXCELLENT
		<input type="checkbox"/> AVERAGE	<input type="checkbox"/> GOOD	<input type="checkbox"/> EXCELLENT
		<input type="checkbox"/> AVERAGE	<input type="checkbox"/> GOOD	<input type="checkbox"/> EXCELLENT

AGENT INFORMATION

AGENCY NAME	COUNTRY
CONTACT NAME	E-MAIL
MAILING ADDRESS	
TELEPHONE NUMBER	FAX NUMBER

PRINT STUDENT'S NAME (FIRST, LAST)

PERSONALITY TRAITS, CHECK THE FOLLOWING WORDS THAT BEST DESCRIBE YOU

<input type="checkbox"/> ACTIVE	<input type="checkbox"/> EMOTIONAL	<input type="checkbox"/> INSECURE	<input type="checkbox"/> PATIENT	<input type="checkbox"/> RESERVED	<input type="checkbox"/> SERIOUS
<input type="checkbox"/> ADAPTABLE	<input type="checkbox"/> FRIENDLY	<input type="checkbox"/> NEAT	<input type="checkbox"/> POLITE	<input type="checkbox"/> RESPONSIBLE	<input type="checkbox"/> SHY
<input type="checkbox"/> CALM	<input type="checkbox"/> INDEPENDENT	<input type="checkbox"/> OPEN	<input type="checkbox"/> QUICK-TEMPERED	<input type="checkbox"/> SENSITIVE	<input type="checkbox"/> SPONTANEOUS
<input type="checkbox"/> CASUAL	<input type="checkbox"/> INFORMAL	<input type="checkbox"/> OPTIMISTIC			

INTERESTS, CHECK ACTIVE INTERESTS WITH 1. IF YOU LIKE, BUT DO NOT PARTICIPATE CURRENTLY IN SOMETHING MARK WITH A 2. NOT INTERESTED = LEAVE BLANK

<input type="checkbox"/> AEROBIC EXERCISING	<input type="checkbox"/> COLLECTING STAMPS	<input type="checkbox"/> FISHING	<input type="checkbox"/> MOTOR VEHICLES	<input type="checkbox"/> SAILING	<input type="checkbox"/> TENNIS
<input type="checkbox"/> AMERICAN FOOTBALL	<input type="checkbox"/> COMPUTERS	<input type="checkbox"/> GOING TO MOVIES	<input type="checkbox"/> PAINTING/DRAWING	<input type="checkbox"/> SEWING	<input type="checkbox"/> VISITING MUSEUMS
<input type="checkbox"/> ATTENDING THEATER	<input type="checkbox"/> COOKING	<input type="checkbox"/> HIKING/BACKPACKING	<input type="checkbox"/> PHOTOGRAPHY	<input type="checkbox"/> SOAP OPERAS	<input type="checkbox"/> VOLLEYBALL
<input type="checkbox"/> BALLET DANCING	<input type="checkbox"/> CURRENT EVENTS	<input type="checkbox"/> HORSEBACK RIDING	<input type="checkbox"/> PLAY AN INSTRUMENT	<input type="checkbox"/> SOCCER	<input type="checkbox"/> WATCHING SPORTS
<input type="checkbox"/> BASEBALL	<input type="checkbox"/> CYCLING	<input type="checkbox"/> ICE SKATING	<input type="checkbox"/> PLAYING CARDS	<input type="checkbox"/> SOCIAL CLUBS	<input type="checkbox"/> WATCHING TV
<input type="checkbox"/> BASKETBALL	<input type="checkbox"/> DANCING	<input type="checkbox"/> INDIVIDUAL SPORTS	<input type="checkbox"/> POLITICAL GROUPS	<input type="checkbox"/> SOCIAL DANCING	<input type="checkbox"/> WINDSURFING
<input type="checkbox"/> CAMPING	<input type="checkbox"/> DEBATING	<input type="checkbox"/> INDOOR GAMES	<input type="checkbox"/> POPULAR MUSIC	<input type="checkbox"/> SKIING	<input type="checkbox"/> WRITING
<input type="checkbox"/> CHESS/BACKGAMMON	<input type="checkbox"/> DRAMA	<input type="checkbox"/> JOGGING	<input type="checkbox"/> READING	<input type="checkbox"/> SWIMMING	<input type="checkbox"/> OTHER
<input type="checkbox"/> CLASSICAL MUSIC	<input type="checkbox"/> FASHION	<input type="checkbox"/> MARTIAL ARTS	<input type="checkbox"/> RELIGIOUS ACTIVITIES	<input type="checkbox"/> SYMPHONY	

PRINT STUDENT'S NAME (FIRST, LAST)

IN A HAND WRITTEN DOCUMENT, PLEASE COMPLETE YOUR PERSONAL STATEMENT. INCLUDE DETAILS SUCH AS: LIFESTYLE, HOBBIES, INTERESTS, SCHOOL, FAMILY, ETC. BE SURE TO CLEARLY STATE YOUR MOTIVATION FOR STUDYING IN ANOTHER COUNTRY AND YOUR GOALS FOR THIS EXPERIENCE.

PRINT STUDENT'S NAME (FIRST, LAST)



PLEASE INCLUDE SEVERAL PHOTOS OF YOU AND YOUR FAMILY. YOU CAN ALSO INCLUDE PHOTOS THAT SHOW US SOMETHING ABOUT YOUR PERSONALITY AND INTERESTS.

PRINT STUDENT'S NAME (FIRST, LAST)

**PLEASE BE SURE THAT THIS IS A CLEAR COPY OF YOUR PASSPORT.
YOUR SCHOOL WILL USE THIS TO ISSUE THE I-20.**

PRINT STUDENT'S NAME (FIRST, LAST)

YOU **MUST INCLUDE TRANSCRIPTS FOR THE LAST 3 FULL YEARS OF SCHOOL, AND THEY **MUST** BE TRANSLATED. PLEASE ATTACH YOUR ENGLISH PROFICIENCY TEST (I.E. SLEP, TOEFL, SSAT) ALONG WITH YOUR TRANSCRIPTS.**

***** IF YOU WISH TO RECEIVE A DIPLOMA, YOU **MUST** PROVIDE OFFICIAL TRANSCRIPTS WITH A COURSE DESCRIPTION FOR THE US SCHOOL TO EVALUATE IF YOU ARE ELIGIBLE.**

RECOMMENDATION LETTER

PUBLIC SCHOOL APPLICANTS **ONLY NEED AN ENGLISH TEACHER RECOMMENDATION. ALL **PRIVATE DAY AND BOARDING SCHOOL** APPLICANTS **MUST** HAVE RECOMMENDATIONS FROM AN **ENGLISH TEACHER, MATH TEACHER, AND ONE ADDITIONAL** OF YOUR CHOICE. PLEASE COMPLETE THE FORMS REQUIRED FOR THE PROGRAM YOU ARE APPLYING FOR.**

PRINT STUDENT'S NAME (FIRST, LAST)

ENGLISH TEACHER RECOMMENDATION LETTER, *PRINT OR TYPE IN ENGLISH*

TO THE STUDENT: Please print your name and grade and sign below. Give a copy of this page to your teacher. Attach an addressed, stamped envelope for each of the schools you are applying.

STUDENT NAME

APPLYING FOR GRADE

DATE (MONTH/DAY/ YEAR)

SIGNATURE

TO THE PARENTS:

Please read and sign. I acknowledge that I waive my right to read the confidential teacher recommendation letter and report for my child listed above.

NAME OF PARENT OR GUARDIAN

RELATIONSHIP TO STUDENT

DATE (MONTH/DAY/ YEAR)

SIGNATURE

TO THE ENGLISH TEACHER: In order to gain a better assessment of the student's english language abilities, we require a recommendation letter from the applicant's english teacher. The letter should outline the student's abilities in the following areas: reading, writing, speaking and comprehension. It should also highlight the student's general attitude and whether or not the teacher recommends the student for studies in the us. This recommendation letter should include the teacher's name, school, address and contact information. Please complete the following and attach your recommendation letter. You may provide the student with a copy if you so wish. Otherwise your input will be kept confidential. Please mail in the attached envelope.

NAME OF STUDENT

HOW WELL DO YOU KNOW THIS STUDENT?

IN WHAT YEARS DID YOU TEACH THE STUDENT?

WHAT COURSE?

PLEASE DESCRIBE YOUR COURSE.

HOW IS THE STUDENT'S COMPREHENSION LEVEL?

HOW DOES THE STUDENT COMPARE TO OTHERS IN THE CLASS?

TEACHER'S NAME

NAME OF SCHOOL

SCHOOL ADDRESS

TELEPHONE NUMBER

E-MAIL ADDRESS

DATE (MONTH/DAY/ YEAR)

SIGNATURE

PRINT STUDENT'S NAME (FIRST, LAST)

MATH TEACHER RECOMMENDATION LETTER, PRINT OR TYPE IN ENGLISH

TO THE STUDENT: Please print your name and grade and sign below. Give a copy of this page to your teacher. Attach an addressed, stamped envelope for each of the schools you are applying.

STUDENT NAME

APPLYING FOR GRADE

DATE (MONTH/DAY/ YEAR)

SIGNATURE

TO THE PARENTS:

Please read and sign. I acknowledge that I waive my right to read the confidential teacher recommendation letter and report for my child listed above.

NAME OF PARENT OR GUARDIAN

RELATIONSHIP TO STUDENT

DATE (MONTH/DAY/ YEAR)

SIGNATURE

TO THE MATH TEACHER: In order to gain a better assessment of the student's math and analytical abilities, we require a recommendation letter from the applicant's math teacher. The letter should outline the student's abilities in mathematics. It should also highlight the student's general attitude and whether or not the teacher recommends the student for studies in the us. This recommendation letter should include the teacher's name, school, address and contact information. Please complete the following and attach your recommendation letter. You may provide the student with a copy if you so wish. Otherwise your input will be kept confidential. Please mail in the attached envelope.

NAME OF STUDENT

HOW WELL DO YOU KNOW THIS STUDENT?

IN WHAT YEARS DID YOU TEACH THE STUDENT?

WHAT COURSE?

PLEASE DESCRIBE YOUR COURSE.

HOW IS THE STUDENT'S KNOWLEDGE OF THE MATERIAL AND ANALYTICAL SKILLS?

HOW DOES THE STUDENT COMPARE TO OTHERS IN THE CLASS?

TEACHER'S NAME

NAME OF SCHOOL

SCHOOL ADDRESS

TELEPHONE NUMBER

E-MAIL ADDRESS

DATE (MONTH/DAY/ YEAR)

SIGNATURE

PRINT STUDENT'S NAME (FIRST, LAST)

OTHER RECOMMENDATION LETTER, PRINT OR TYPE IN ENGLISH

TO THE STUDENT: Please print your name and grade and sign below. Give a copy of this page to your teacher. Attach an addressed, stamped envelope for each of the schools you are applying.

STUDENT NAME	APPLYING FOR GRADE
_____	DATE (MONTH/DAY/ YEAR)

SIGNATURE

TO THE PARENTS:

Please read and sign. I acknowledge that I waive my right to read the confidential teacher recommendation letter and report for my child listed above.

NAME OF PARENT OR GUARDIAN	RELATIONSHIP TO STUDENT
_____	DATE (MONTH/DAY/ YEAR)

SIGNATURE

TO THE OTHER TEACHER, COACH OR FRIEND: In order to give the school a better understanding of the applicant, a third recommendation letter is required from another teacher, counselor, coach or close family friend. The letter should outline the student's attitude, talents and/or personality. This recommendation letter should include the name, relationship to the student, address and contact information. When completed, please sign and date and mail it in the attached envelope. You may provide the student with a copy if you so wish. Otherwise your input will be kept confidential.

NAME OF STUDENT	RELATIONSHIP TO THE STUDENT
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HOW WELL AND HOW LONG HAVE YOU KNOWN THE APPLICANT?

DO YOU KNOW OF ANY MEDICAL CONDITIONS THAT MIGHT PUT THIS APPLICANT'S HEALTH AT RISK?

PLEASE SELECT YOUR RECOMMENDATION OF THIS STUDENT AS A CANDIDATE FOR A US EXCHANGE

<input type="checkbox"/> I HIGHLY RECOMMEND THIS APPLICANT FOR THE PROGRAM WITHOUT ANY RESERVATION	<input type="checkbox"/> I HAVE SOME RESERVATIONS TO THIS APPLICANT'S READINESS FOR TIME AWAY FROM HOME COUNTRY/FAMILY
<input type="checkbox"/> I RECOMMEND THIS APPLICANT FOR THE PROGRAM, BUT THINK THEY NEED SOME HELP WITH: _____	<input type="checkbox"/> I DO NOT RECOMMEND THIS APPLICANT FOR THE PROGRAM

IF YOU ARE AWARE OF ANY REASON WHY THIS APPLICANT SHOULD NOT BE RECOMMENDED TO PARTICIPATE IN THIS EXCHANGE PROGRAM, PLEASE EXPLAIN BELOW.

ADDITIONAL COMMENTS

NAME

ADDRESS

TELEPHONE NUMBER	E-MAIL ADDRESS
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_____	DATE (MONTH/DAY/ YEAR)
-------	-------------------------------

SIGNATURE

PRINT STUDENT'S NAME (FIRST, LAST)

ABOUT YOU

WHAT QUALITY DO YOU VALUE MOST IN YOURSELF?

WHAT QUALITY DO YOU VALUE MOST IN OTHERS?

WHAT DOES YOUR FAMILY ENJOY DOING TOGETHER?

WHAT ARE THE RULES YOU MUST RESPECT IN YOUR FAMILY?

WHAT DUTIES DO YOU PERFORM AT HOME?

WHAT TIME DO YOU USUALLY GO TO BED?

YOU IN YOUR HOST COUNTRY

WHY DO YOU WANT TO LIVE WITH A HOST FAMILY ABROAD?

DO YOU HAVE A SPECIFIC REQUEST REGARDING THE HOST FAMILY ARRANGEMENTS?
PLEASE REMEMBER THAT WE WILL TAKE ALL REQUESTS INTO CONSIDERATION, BUT WE WILL NOT GUARANTEE THIS REQUEST WILL BE MET.

HOW DO YOU PLAN TO MAKE FRIENDS IN YOUR NEW ENVIRONMENT?

DO YOU HAVE REQUIREMENTS FOR SPORTS WHILE IN THE US? IF SO, ARE YOU WILLING TO PAY ANY ADDITIONAL FEES IF THIS SPORT IS NOT AVAILABLE IN THE SCHOOL?

DO YOU HAVE REQUIREMENTS FOR SPECIFIC CLASSES WHILE IN THE US?

IS THE LOCATION OF THE SCHOOL, OR THE TYPE OF PROGRAM (PUBLIC OR PRIVATE DAY SCHOOL) MORE IMPORTANT WHY?

DO YOU HAVE ANY DIETARY RESTRICIONS? (VEGETARIOAN, RELIGIOUS, ETC.) PLEASE DESCRIBE IN DETAIL.

SMOKING

I DO NOT SMOKE

I SMOKE OCCASIONALLY, BUT AGREE TO STOP SMOKING COMPLETELY WHILE IN THE US

I SMOKE AND WANT TO LIVE WITH A FAMILY THAT ALSO SMOKES

WOULD YOU LIVE WITH A FAMILY WHO SMOKES?

YES

NO

YES, BUT IF THEY ONLY SMOKE OUTSIDE

PRINT STUDENT'S NAME (FIRST, LAST)

NATURAL PARENTS CONSENT

I/We understand that while our child, _____,
(Print name of child)

is a participant in the Educatius International Select High School Program, he/she may not pilot any aircraft (including a hang glider) under any circumstances.

By signing below, I/we accept full responsibility for our child's participation in the recreational activities that we specify below; and in consideration of our child's participation in an Educatius International program, fully indemnify and hold harmless both the US Select High School attended and our child's host family from any and all liability, including liability to third parties, that may arise from our child's participation in the activities specified below.

I/we understand that these activities will NOT be covered under the insurance policy that Educatius International will enroll the participant in. I take full responsibility for the additional coverage, or any financial consequences of my child participating.

PLEASE CHECK AND LIST IN WRITING IN THE SPACE PROVIDED WHICH OF THE FOLLOWING ACTIVITIES YOU PERMIT YOUR SON OR DAUGHTER TO PARTICIPATE:

- | | | |
|---|--|---|
| <input type="checkbox"/> DRIVING A SNOWMOBILE
(ON PRIVATE LAND ONLY) | <input type="checkbox"/> WHITEWATER RAFTING OR KAYAKING | <input type="checkbox"/> SNOW SKIING OR SNOW BOARDING |
| <input type="checkbox"/> RIDING AS A PASSENGER IN A SMALL
PRIVATE AIRPLANE | <input type="checkbox"/> DRIVING A JET SKI OR MOTORIZED WATER BIKE | <input type="checkbox"/> HUNTING OR SHOOTING FIREARMS |
| <input type="checkbox"/> DRIVING A TRACTOR (ON PRIVATE LAND ONLY) | <input type="checkbox"/> WATER SKIING | <input type="checkbox"/> OTHER HIGH RISK ACTIVITY(IES) (SPECIFY): |
| <input type="checkbox"/> DRIVING A VEHICLE OR MOTORCYCLE
(ONLY AFTER ACQUIRING A VALID US DRIVERS LICENSE AND PROPER INSURANCE AT YOUR EXPENSE)) | | |

If your child wants to participate in high school sports, they may be requested to obtain an additional "sports physical" before they will be allowed to play. I/we understand that this physical is NOT covered under the insurance policy and will be paid for by the student at the time of the exam.

I/WE PERMIT OUR SON/DAUGHTER TO PARTICIPATE IN HIGH SCHOOL SPORTS ACTIVITIES. YES NO

PARENT OR LEGAL GUARDIAN

NAME OF STUDENT (FIRST/MIDDLE/LAST)	
DATE OF BIRTH (MONTH/DAY/ YEAR)	NATIONALITY
DATE SIGNED (MONTH/DAY/ YEAR)	

SIGNATURE

PRINT STUDENT'S NAME (FIRST, LAST)



MAKEUP OF HOST FAMILY:

The average makeup of a host family may vary. A host family could be, for example, a single mother/father with children at home, a single woman with no children at home, a younger couple with no children or a retired couple with no children. Other factors such as race and religion may also vary. The types of housing may differ depending on the location the student chooses to attend school. The student may be placed in an apartment building in the city, or a large home in a suburb. Please keep in mind that, although Educatius International will do their utmost to place all participants in the ideal host family situation, the placement process becomes more lengthy and difficult for those who have special wishes. If you have specific requests, Educatius will take them into consideration, however, we will not guarantee that we will be able to meet that request. We, the participant and the parent or legal guardian, agree to accept the host family, community and school that Educatius approves on our behalf. If we refuse a placement deemed suitable by an Educatius representative, or request a move that is not warranted, we understand that we could be charged an additional fee of USD 1000.

PARENT/GUARDIAN 1, NAME (TYPE OR PRINT)

DATE SIGNED (MONTH/DAY/YEAR)

PARENT/GUARDIAN 1, SIGNATURE

PARENT/GUARDIAN 2, NAME (TYPE OR PRINT)

DATE SIGNED (MONTH/DAY/YEAR)

PARENT/GUARDIAN 2, SIGNATURE

STUDENT NAME (TYPE OR PRINT)

DATE SIGNED (MONTH/DAY/YEAR)

STUDENT, SIGNATURE

PRINT STUDENT'S NAME (FIRST, LAST)

LIABILITY RELEASE AND FINANCIAL RESPONSIBILITY FORM

The participants, both student and parents, agree to accept and uphold the standards set forth by Educatius International, the school, and the host family, for the duration of the program. We understand that the family structure may be very different from our own, however, agree to maintain respectful relationships with all host family members. I, the participant, will accept the rules of conduct in my host family and make every effort to participate in the family as much as possible.

If there are any problems that arise, I, the participant, agree to contact the local International Coordinator (IC) first and attempt to resolve the problem on my own. If the results are not considered satisfactory, then I will contact my agent for assistance.

We, the natural parent/guardian and the participant, accept that Educatius International has the right to change the host family arrangements without prior notice, if they feel that the participant's safety is compromised. We also understand that Educatius International has the right to terminate the program of any participant whose attitude and behavior is deemed incompatible with the interest and security of the program. If the behavior is particularly damaging or if US laws are being violated, the student may be dismissed without probation. If there is damage, as a result of the participant's behavior, any monetary compensation will be paid by us, the natural parents, in full within a reasonable time frame of the event. Educatius International or any persons representing Educatius, the school, or the IC will, in no way at any point, be held liable for any portion of this financial responsibility. If the student is dismissed from the program, any transportation expenses will be paid for in full by us, the natural parents, and we guarantee that the return travel will be booked within the time frame given by Educatius. When the student leaves the program, either by dismissal or by choice, we understand that we will not receive a full refund. The refund will be based on the school policy and administrative costs. The amount will be determined within 30 days of departure from the program, and refunded only after the funds have been received from the school by Educatius.

I/We understand there may be additional fees associated with special classes, clubs or sports that my child wishes to enroll or participate in, and assume full responsibility for additional costs. These costs are NOT included in the price of the program.

I/We grant Educatius International and the school, the use of any photographic material in which the participant may appear, for the promotion and publicity of the organization's programs at no charge, now or in the future.

PARENT/GUARDIAN 1, NAME (TYPE OR PRINT)	
STREET/MAILING ADDRESS	ZIP/POSTAL CODE
CITY	STATE/PROVINCE
DATE SIGNED (MONTH/DAY/YEAR)	
PARENT/GUARDIAN 1, SIGNATURE	

PARENT/GUARDIAN 2, NAME (TYPE OR PRINT)	
STREET/MAILING ADDRESS	ZIP/POSTAL CODE
CITY	STATE/PROVINCE
DATE SIGNED (MONTH/DAY/YEAR)	
PARENT/GUARDIAN 2, SIGNATURE	

STUDENT NAME (TYPE OR PRINT)	
DATE SIGNED (MONTH/DAY/YEAR)	
STUDENT, SIGNATURE	

PRINT STUDENT'S NAME (FIRST, LAST)

PROGRAM RULES FOR EDUCATIUS INTERNATIONAL STUDENTS

- 1 There will be house rules in the home the student will be residing, and they are expected to follow the guidelines set forth by the host family.
 - 2 Any meals the students are not present in the host family home for, they are responsible for providing themselves. (School lunches, out with friends, home late due to extra-curricular activities)
 - 3 The use of drugs for non-medical reasons by Educatius International students under any circumstances is strictly forbidden. Students may not buy, sell, or possess any controlled and/or illegal drug, unless it is prescribed and approved by the student's physician.
 - 4 Students are not allowed to buy or use alcohol.
 - 5 The legal age for buying cigarettes and other tobacco products is 18. If you are 18 you can legally possess and use tobacco products, but MUST respect the host family's wishes on the indoor policy.
 - 6 Students on the Educatius International Program are not permitted to hitchhike under any circumstances.
 - 7 Students may not make any life-changing decisions while on the program. This includes marriage, changing religion, body piercing and tattoos.
 - 8 All Independent Travel must be approved by the Educatius International National Office 30 days in advance by submitting a Travel Release Form with signatures from the host family, student and coordinator. All contact information for the party the student will be staying with is required. The request will then be discussed with the natural parents before approval is granted. Students may not miss school to travel unless they are traveling on a school approved trip, or an Educatius International approved trip. Other travel requests that do not require missing school are considered once Educatius International receives the Travel Release Form.
 - 9 The student's have the ability to travel and receive visits, as long as it does not interfere with academics and school attendance. The host family is NOT responsible for handling any travel arrangements for the student or the student's visitors. Visitors must find a Hotel/Motel. The student must coordinate with host family and make sure they know the students location and contact information while the student is traveling or staying with visitors at a location other than host family home.
 - 10 Students must obey the rules and regulations of the high school in which they attend. Attendance at school is mandatory, unless a student is ill or has been approved to travel under the guidelines of #8. Educatius International students are required to enroll in a full course load. Students should maintain a minimum of a "C" average in each class. Failure to do so, and/or repeated complaints from the school regarding poor attitude or behavior, are grounds for dismissal from the program.
 - 11 The natural family and the student must be prepared to accept the host family that has been screened and approved by Educatius International Staff.
 - 12 All students must participate in the insurance policy that all Educatius International students will be covered on. Students have the option to purchase additional insurance at their own expense if they feel it is necessary.
 - 13 Educatius International students are prohibited from accepting any form of competitive employment.
 - 14 Regulations for obtaining driver's licenses vary from state to state, and this is not promised to Educatius International students. IF the student does not have a valid drivers license, the ONLY vehicle Educatius International students are permitted to drive while on the Educatius International program is an authorized driver's educational vehicle and only when the student is taking an accredited driver education class. Under NO circumstances can Educatius International students drive the host family's vehicle or anyone else's vehicle.
 - 15 While on the program, Educatius International students are under the jurisdiction of local, state, and federal laws.
 - 16 Educatius International students must obey the decisions of the Educatius International Coordinator and staff members at all times.
 - 17 Many friendships are encouraged. Intimate relationships that include sexual involvement are not allowed.
- Students must respect and obey all decisions made by Educatius International officials.

TODAY'S DATE (MONTH/DAY/ YEAR)

SIGNATURE OF STUDENT APPLICANT

SIGNATURE OF FATHER OR LEGAL GUARDIAN

SIGNATURE OF MOTHER OR LEGAL GUARDIAN

PRINT STUDENT'S NAME (FIRST, LAST)

TO BE COMPLETED BY A MEDICAL DOCTOR ONLY, (PLEASE PRINT OR TYPE LEGIBLY)

STUDENT'S NAME		DATE (MONTH/DAY/ YEAR)	
HOME ADDRESS		POSTAL ZONE	
CITY		COUNTRY	
HOME TELEPHONE		PARENT/GUARDIAN NAME	
DATE OF BIRTH	SEX(M/F)	HEIGHT	WEIGHT
BLOOD PRESSURE	HEART RATE		

ANY DISEASE, IMPAIRMENT, OR ABNORMALITY OF:

	YES	NO		YES	NO		YES	NO
ALLERGIES	<input type="checkbox"/>	<input type="checkbox"/>	EYES OR SIGHT	<input type="checkbox"/>	<input type="checkbox"/>	SERIOUS OR PERSISTENT COUGH	<input type="checkbox"/>	<input type="checkbox"/>
APPENDICITIS	<input type="checkbox"/>	<input type="checkbox"/>	EARS OR HEARING	<input type="checkbox"/>	<input type="checkbox"/>	SERIOUS OR PERSISTENT HEADACHE	<input type="checkbox"/>	<input type="checkbox"/>
HAS APPENDIX BEEN REMOVED?	<input type="checkbox"/>	<input type="checkbox"/>	TONSILS, NOSE OR THROAT	<input type="checkbox"/>	<input type="checkbox"/>	MIGRAINE	<input type="checkbox"/>	<input type="checkbox"/>
ASTHMA	<input type="checkbox"/>	<input type="checkbox"/>	HAS HIS/HER TONSILS BEEN REMOVED?	<input type="checkbox"/>	<input type="checkbox"/>	ULCER	<input type="checkbox"/>	<input type="checkbox"/>
CANCER TUMORS	<input type="checkbox"/>	<input type="checkbox"/>	STOMACH OR DIGESTIVE SYSTEM	<input type="checkbox"/>	<input type="checkbox"/>	VERTIGO, DIZZINESS	<input type="checkbox"/>	<input type="checkbox"/>
CONVULSIVE DISORDERS	<input type="checkbox"/>	<input type="checkbox"/>	GENITO-URINARY SYSTEM	<input type="checkbox"/>	<input type="checkbox"/>	LUNGS, RESPIRATORY SYSTEM	<input type="checkbox"/>	<input type="checkbox"/>
DIABETES	<input type="checkbox"/>	<input type="checkbox"/>	HEART BLOOD VESSELS	<input type="checkbox"/>	<input type="checkbox"/>	BONES, JOINTS OR LOCOMOTOR SYST.	<input type="checkbox"/>	<input type="checkbox"/>
EATING DISORDERS	<input type="checkbox"/>	<input type="checkbox"/>	MALARIA	<input type="checkbox"/>	<input type="checkbox"/>	BRAIN OR NERVOUS SYSTEM	<input type="checkbox"/>	<input type="checkbox"/>
EPILEPSY	<input type="checkbox"/>	<input type="checkbox"/>	PNEUMONIA	<input type="checkbox"/>	<input type="checkbox"/>	BLOOD OR ENDOCRINE SYSTEM	<input type="checkbox"/>	<input type="checkbox"/>
GERMAN MEASLES	<input type="checkbox"/>	<input type="checkbox"/>	RHEUMATIC FEVER	<input type="checkbox"/>	<input type="checkbox"/>	SOCIAL DISORDERS	<input type="checkbox"/>	<input type="checkbox"/>
HEPATITIS, TYPE _____	<input type="checkbox"/>	<input type="checkbox"/>	SCARLET FEVER	<input type="checkbox"/>	<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>	<input type="checkbox"/>
HERNIA	<input type="checkbox"/>	<input type="checkbox"/>	SMALLPOX	<input type="checkbox"/>	<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>	<input type="checkbox"/>
BEEN OPERATED FOR HERNIA?	<input type="checkbox"/>	<input type="checkbox"/>	TUBERCULOSIS	<input type="checkbox"/>	<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>	<input type="checkbox"/>
OTHER ABDOMINAL ORGANS	<input type="checkbox"/>	<input type="checkbox"/>	TYPHOID FEVER	<input type="checkbox"/>	<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>	<input type="checkbox"/>
KIDNEY DISEASE	<input type="checkbox"/>	<input type="checkbox"/>	THYROID DISEASE	<input type="checkbox"/>	<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>	<input type="checkbox"/>

IF YES ON ANY OF THE ABOVE, PLEASE DESCRIBE IN DETAIL BELOW:

ALL INFORMATION BELOW IS REQUIRED - PLEASE FILL THIS OUT AS REQUESTED

NAME OF PHYSICIAN (PLEASE PRINT CLEARLY)	OR OFFICE STAMP HERE
SIGNATURE OF PHYSICIAN	
STREET ADDRESS	DATE OF STUDENT EXAMINATION
CITY	PHONE NUMBER

TO BE COMPLETED BY A MEDICAL DOCTOR ONLY, (PLEASE PRINT OR TYPE LEGIBLY)

STUDENT'S NAME		DATE (MONTH/DAY/ YEAR)	
HOME ADDRESS		POSTAL ZONE	
CITY		COUNTRY	
HOME TELEPHONE		PARENT/GUARDIAN NAME	
DATE OF BIRTH	SEX(M/F)		

ALLERGY STATEMENT

DOES THE STUDENT HAVE ANY ALLERGIES? If yes, please answer all of the following questions thoroughly: YES NO

DOES THE STUDENT HAVE HAY FEVER? What specific pollens, grasses, etc. is the student allergic to? YES NO

DOES THE STUDENT HAVE ANY OTHER ALLERGIES (FOOD ALLERGIES, PET ALLERGIES, ASTHMA, OTHERS)? If yes, please list: YES NO

HOW WOULD YOU DESCRIBE THE STUDENT'S REACTIONS TO THE ABOVE MENTIONED ALLERGIES? MILD MODERATE SEVERE LIFE-THREATENING

CAN THE ALLERGIC CONDITION BE CONTROLLED WITH MEDICATION? If yes, what medications and dosage? YES NO

WILL IT BE BROUGHT TO THE EXCHANGE COUNTRY? If not, what are the active ingredients in the medication? YES NO

AS THE STUDENT'S PHYSICIAN, I FEEL THE STUDENT WILL BE ABLE TO SAFELY TRAVEL TO A FOREIGN COUNTRY AND RESIDE FOR AN EXTENDED PERIOD OF TIME, UP TO ONE YEAR. YES NO

ADDITIONAL NOTES FOR TREATMENT OF THE STUDENT'S ALLERGIES:

ALL INFORMATION BELOW IS REQUIRED - PLEASE FILL THIS OUT AS REQUESTED

NAME OF PHYSICIAN (PLEASE PRINT CLEARLY)	OR OFFICE STAMP HERE
SIGNATURE OF PHYSICIAN	
STREET ADDRESS	DATE OF STUDENT EXAMINATION
CITY	PHONE NUMBER

IMMUNIZATION RECORD PLEASE RECORD ALL DATES WITH MONTH/DATE/YEAR

Any immunizations the US school requires, that is not documented on this page, will be received in the US at the students own expense.

STUDENT NAME		DATE OF BIRTH	
BLOOD TYPE			
DTP (4 dose minimum)	___/___/___	___/___/___	___/___/___
POLIO (4 dose minimum)	___/___/___	___/___/___	___/___/___
MEASLES	___/___/___	___/___/___	DATE OF DISEASE ___/___/___
MUMPS	___/___/___	___/___/___	DATE OF DISEASE ___/___/___
RUBELLA	___/___/___	___/___/___	DATE OF DISEASE ___/___/___
HEPATITIS (3 dose minimum)	___/___/___	___/___/___	___/___/___
VARICELLA			___/___/___ DATE OF DISEASE ___/___/___
HAS STUDENT EVER HAD A BGC?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	DATE ___/___/___
TB TEST, DATE OF TEST	___/___/___	RESULT, TEST WAS	<input type="checkbox"/> NEGATIVE (NO TB) <input type="checkbox"/> POSITIVE
CHEST X-RAY. REQUIRED IF TB-TEST IS POSITIVE.	RESULT	DATE ___/___/___	
VISION (with correction if necessary)	RIGHT EYE: /10	LEFT EYE: /10	
WILL THE STUDENT BRING ANY MEDICATION TO THE USA FOR USE DURING THE PROGRAM YEAR (INCLUDING ORAL CONTRACEPTIVES)?			

STUDENT MUST HAVE TWO SHOTS
SCHOOL MAY REQUIRE AN ADDITIONAL DOSE BEFORE ARRIVAL IN HOST COUNTRY

STUDENT MUST HAVE THREE SHOTS

ALL INFORMATION BELOW IS REQUIRED - PLEASE FILL THIS OUT AS REQUESTED

NAME OF PHYSICIAN (PLEASE PRINT CLEARLY)	OR OFFICE STAMP HERE
SIGNATURE OF PHYSICIAN	
STREET ADDRESS	DATE OF STUDENT EXAMINATION
CITY	PHONE NUMBER

PRINT STUDENT'S NAME (FIRST, LAST)

MEDICAL RELEASE AND GUARDIANSHIP FORM

We, _____, the legal parent(s) or guardian(s) grant Educatius International, it's International Coordinators, the school and the host family explicit right in case of an emergency, to authorize medical treatment deemed necessary by a member of the medical profession, in a hospital, medical clinic or doctor's office, including but not limited to any surgical procedures. The host family will be the full guardian for, *(student name)* _____, and will have the right to authorize treatment from a physician for non emergent conditions as well. In the case that said medical expenses exceed that of the coverage provided by the insurance policy, all of said expenses will be borne by the undersigned participant and natwural parent or guardian. We will pay all outstanding medical bills as soon as they are brought to our attention.

We confirm at the time of signing this document, our child has perfect health and all health documents submitted are complete and true.

We grant Educatius International, it's International Coordinators, and host family permission to represent our child before local or state authorities. If an attorney is required, we will provide all costs and fees necessary to ensure proper representation.

This document will be valid for the duration of the program, or the student returns home, whichever occurs first.

PARENT/GUARDIAN 1, SIGNATURE

PARENT/GUARDIAN 2, SIGNATURE



By submitting this application, I confirm that the student has been interviewed by a member of our staff and meets the requirements, academically and socially, to participate in this program.

NAME OF PERSON SUBMITTING APPLICATION

TITLE

PRINT STUDENT'S NAME (FIRST, LAST)