

EIL Intercultural Learning
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Affix photo here

SECONDARY SCHOOL ABROAD FRANCE APPLICATION FORM

Personal Details: Applicant		Personal details: Parent / Guardian	
Name:		Name:	
Address:		Address:	
School attended in Ireland:		Relationship to applicant:	
Name of French teacher:		Phone:	
Date of birth:	Male <input type="checkbox"/> Female <input type="checkbox"/>	Mobile:	
Mobile:		E-mail (if checked regularly)	
E-mail:		<input type="checkbox"/> I would like EIL to email me about Travel Award opportunities, participant stories, EIL news ad new programmes. EIL will never rent, sell or share your personal information and you can unsubscribe whenever you wish.	
Where did you hear about EIL?			
Length of programme desired: _____ weeks <input type="checkbox"/> months <input type="checkbox"/>			
Dates: From _____ To _____			
Do you have any allergies that require special medical treatment? No <input type="checkbox"/> Yes <input type="checkbox"/>		Do you have any dietary restrictions? No <input type="checkbox"/> Yes <input type="checkbox"/>	
Explain:		Explain:	
Mother's occupation:			
Father's occupation:			
Please describe your family (names, ages, etc.):			
Have you lived or travelled abroad before (please list year and country)?			
What do you expect from this programme?			
PLEASE READ <ul style="list-style-type: none"> • The attached terms and conditions MUST be carefully read by the student and the parent or guardian, as this information clearly outlines what the course does and does not offer. • Flights should not be booked before confirmation of enrollment by EIL. • Signatures are mandatory. • Incomplete applications will be returned which will slow down the booking process and could result in not getting a placement on the desired dates. 			

Check List: Have you included the following?

- EIL Ireland application form EXPERIMENT France application form
 6 passport photos 25% non-refundable deposit

Please note that the following application is non-exhaustive; EIL Ireland and our partners reserve the right to ask for further proof of language ability (e.g. written or oral French test) before accepting students to the programme.

EIL TERMS AND CONDITIONS

1. Each applicant must complete an EIL application form, our partner's application form, submit six passport photographs and a non-refundable deposit of €500 or 25% of programme fees (whichever is higher) **AT LEAST EIGHT WEEKS BEFORE INTENDED DEPARTURE.** Any additional forms, information or documents may be requested after booking and should be returned to EIL promptly.

2. EIL Intercultural Learning is the Irish national office of The Experiment in International Living.

3. Applications to participate in EIL Programmes are welcome from those with a sincere desire to develop understanding and friendship between people of different cultures and backgrounds and with the ability to adapt easily to daily life in another culture.

4. EIL reserves the right to refuse participation on any programme to any person(s) demonstrating discriminatory attitudes in relation to race, class, occupation, religion or colour.

5. EIL reserves the right to remove from the programme any student who consumes alcohol, breaks the law or who engages in dangerous or inappropriate behaviour which puts their own safety or the safety of others at risk.

6. Participants agree at all times to consider themselves ambassadors of Ireland and will at all times behave in a way that reflects positively on Ireland and the Irish people. Participants agree at all times to respect the property of their hosts.

7. Participants agree to obey all school rules, to attend class daily and on time, in a condition to actively participate in class. Failure to do so could result in disciplinary measures imposed by the school up to and including expulsion from the programme.

8. If a participant is expelled from the programme there will be no refund of any unused fees. The participant or his/her legal guardian will be responsible for all repatriation costs.

9. Participants agree to at all times accept any house rules introduced by their hosts, especially in relation to consumption of alcohol, smoking or curfews.

10. Participants agree to contact their nearest EIL Local Representative or EIL Partner school in their host country in the event of any difficulties or problems arising.

11. Applicants should be as flexible as possible in their requirements. Consideration will be given to specific requirements but these can never be guaranteed. Allergies to specific foods cannot necessarily be specially catered to.

12. EIL does not discriminate against different types of host families, and as such participants must be prepared to live with a family who is quite different from their own. EIL accepts families with the following attributes: couples with children, single mothers with children in the house, retired couples and couples without children. Please note that in some cases there may be another student placed with the family, however he/she will not speak the same native language.

13. Applicants cannot reject host family placements and must agree to accept them without prejudice and to go into the programme with an open mind.

14. Accommodation details will, where possible, be sent 14 days before departure, except in the case of special requests, late applications and certain countries (please ask for details).

15. All prices are quoted in Euro. The balance of the programme fee should be paid not later than 4 weeks before departure. Late applications are accepted subject to additional charges of €25 if less than six weeks before departure or €50 if less than 4 weeks before departure. Make cheques payable to 'EIL - Intercultural Learning'. If bookings are made 4 weeks or less before departure the entire fee must accompany the booking form.

16. EIL reserves the right to cancel any programme for which full payment has not been received 14 days before departure.

17. **Students are not allowed to return to their home country during their programme; this includes holidays like Christmas and Easter, and school breaks.** Students who do may be considered to be ending the programme early and as such will not be allowed to return and will not receive a refund.

18. As this is a cultural exchange, students must be willing and prepared to devote a small amount of time to language exchanges within the host family.

19. EIL accepts no liability whatsoever for any loss, illness or accident suffered by a participant during the programme howsoever caused.

20. Participants traveling to destinations outside of The European Union, the United States of America and Switzerland agree to seek medical advice on any vaccinations or medical/ dietary requirements prior to departure.

21. **The following scale of cancellation charges shall apply for this programme:**

Loss of deposit - once confirmed
50% once host family placement is made
75% if less than 2 weeks in advance
100% for no shows

In all cases there will be a loss of deposit if the booking is cancelled after receipt of the application. Participants are strongly advised to take out 'trip-cancellation' insurance as cancellation charges are non-negotiable.

22. **No refund will be given to participants who withdraw from the programme before the finish date (this includes going home for a holiday or school break).**

23. Insurance is included in the cost of each EIL programme.

Key features:

Medical expenses in case of accident: Unlimited

Medical evacuation: €/US \$100,000

Accidental disability: Max. €/US \$50,000

Liability Insurance: €/US \$500,000

Toll-free, multi-lingual 24/7 emergency hotlines

Host family property damage: €/US \$1,000

Family member to bedside of insured: €/US \$2,500

Theft / damage of personal property: €/US \$1,500

Before travel we send full details of the cover including your insurance identity card and contact information for how to make a claim. We encourage all participants traveling within the European Union to also bring a European Medical Card as well. Please note that you need to purchase additional travel insurance to cover you for delay/cancellation of flights/programme.

24. Please note that participants are responsible for their own flights and must give their full flight details to EIL at the latest 4 weeks in advance.

25. The possibility exists of transport delays or cancellations due to weather conditions, industrial disputes or other causes; whilst EIL greatly regrets any inconvenience caused to participants, it can not be held responsible for any repercussions, financial or otherwise caused by weather conditions, war, fire, flood, strike, industrial dispute, terrorist activities, hostilities, political unrest, riot, civil commotion, inevitable accident, pandemic illness, act of God, or other circumstances amounting to force majeure.

26. Participants agree to contribute €30.00 (to be deducted from amount paid for programme) towards the work of The Trust for Education in International Living to promote intercultural programmes which foster international understanding, world peace and the elimination of racist attitudes. Further information on the Trust is available on request.

PARTICIPANT DECLARATION:

I declare that all of details as provided by me on this form are true and accurate to the best of my ability. I have read and understand all of the terms and conditions for participation on this programme and I agree to abide by them in full.

Signature: _____

Date: _____

PARENT OR GUARDIAN DECLARATION:

I am aware and agree the terms and conditions as outlined in this document and give my permission for my son/daughter to participate in this programme. I have also read, understood and agree to the terms and conditions as outlined in the partner school's application.

Signature: _____

Date: _____

FORMULAIRE D'INSCRIPTION 2012

PROGRAMME DE SCOLARITE EN FRANCE

Partenaire (pays d'origine): _____

INFORMATIONS GENERALES SUR LE PARTICIPANT		
NOM : _____ Prénom : _____ Adresse : _____ Ville : _____ Code postal : _____ Pays : _____ ☎ (domicile) : _____ adresse e-mail : _____	Sexe F <input type="checkbox"/> M <input type="checkbox"/> Age : _____ Date de naissance : _____ <i>(jour/mois/année)</i> Lieu de naissance : _____ Nationalité : _____ Religion (facultatif) : _____ Fumez-vous ? OUI <input type="checkbox"/> NON <input type="checkbox"/> Acceptez-vous d'arrêter de fumer pendant votre séjour en France ? OUI <input type="checkbox"/> NON <input type="checkbox"/>	Souffrez-vous d'allergies (aliment(s), médicament(s), ...) ? OUI <input type="checkbox"/> NON <input type="checkbox"/> Si oui, précisez : _____ Etes-vous végétarien ? OUI <input type="checkbox"/> NON <input type="checkbox"/> Autre précision sur votre régime alimentaire : _____
VOTRE FAMILLE		VOTRE ECOLE
Décrivez votre famille : Père Nom : _____ Profession : _____ ☎ (travail) : _____ Mère Nom : _____ Profession : _____ ☎ (travail) : _____		Nom & âge de vos frères et sœurs si vous en avez : _____ _____ _____ _____
Quelle école fréquentez vous ? _____ Quelles sont vos matières préférées ? _____ _____ _____		
LANGUES		PROGRAMME LYCEE
FRANCAIS : Nombre d'années d'étude : _____ Note moyenne cette année : _____ Votre niveau à l'ECRIT : <input type="checkbox"/> Excellent <input type="checkbox"/> Bon <input type="checkbox"/> Moyen <input type="checkbox"/> Médiocre Votre niveau à l'ORAL : <input type="checkbox"/> Excellent <input type="checkbox"/> Bon <input type="checkbox"/> Moyen <input type="checkbox"/> Médiocre Votre niveau à la LECTURE : <input type="checkbox"/> Excellent <input type="checkbox"/> Bon <input type="checkbox"/> Moyen <input type="checkbox"/> Médiocre		Je soussigné(e), _____, m'inscris au programme lycée : <input type="checkbox"/> 3 mois <input type="checkbox"/> 4 mois <input type="checkbox"/> 5 mois (semestre court) <input type="checkbox"/> 6 mois (semestre entier) <input type="checkbox"/> 10 mois (année scolaire) Débutant en : <input type="checkbox"/> 4 septembre 2011 <input type="checkbox"/> 2 janvier 2012 <input type="checkbox"/> m'inscris au Week-end découverte de Paris (voir conditions et coût supplémentaire)
Connaissiez-vous d'autres langues : <i>(précisez votre niveau et le nombre d'années étudiées) :</i> _____ _____ _____		Contact en cas d'URGENCE pendant le programme NOM : _____ Relation du participant à cette personne : _____ ☎ _____
		Date du jour : Signature du participant : Signature des parents :

INFORMATIONS PERSONNELLES SUR LE PARTICIPANT

<p>Décrivez l'endroit où vous habitez (votre maison, votre ville...):</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Avez-vous une expérience de travail ou de bénévolat ?</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Listez ci-dessous vos trois activités, sports ou passe-temps favoris – Expliquez pourquoi :</p> <p>1. _____</p> <p>_____</p> <p>_____</p>
<p>Etes-vous adhérent d'un Club/d'une Association ?</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Comment vous décririez-vous (adjectifs) :</p> <p>1 _____</p> <p>2 _____</p> <p>3 _____</p>	<p>2. _____</p> <p>_____</p> <p>_____</p> <p>3. _____</p> <p>_____</p> <p>_____</p>

LE SEJOUR EN FAMILLE

<p>Avez-vous déjà voyagé à l'étranger ? OUI <input type="checkbox"/> NON <input type="checkbox"/> Si oui, où ?</p> <p>_____</p> <p>_____</p> <p>Ce séjour sera t-il votre première expérience de « séjour en famille » ? OUI <input type="checkbox"/> NON <input type="checkbox"/></p> <p>_____</p>	<p>Que feriez-vous si vous aviez le « mal du pays » pendant le programme ?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Habiteriez-vous plutôt dans :</p> <p><input type="checkbox"/> une grande ville (+ de 25000 habitants) – [rare]</p> <p><input type="checkbox"/> un ville moyenne (entre 5 et 20000 habitants)</p> <p><input type="checkbox"/> un village</p> <p>Pourquoi? _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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<p>Quelles sont les règles que vous devez respecter chez vous (avec vos parents) ? Que se passe t-il si vous ne les respectez pas ?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Quelles sont à votre avis les différences culturelles les plus importantes entre votre pays et la France?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Que feriez-vous si le mode de vie et les croyances de votre famille d'accueil étaient très différents des vôtres ?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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MOTIVATION/PROJETS

<p>Pourquoi avez-vous choisi de venir en France et plus particulièrement sur un programme Lycée ? Qu'en attendez-vous ?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Quels sont vos projets après ce programme en France ?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Avez-vous des choses à préciser sur vous?</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Your hosts need to know a great deal about you. Please answer the following questions in detail, completely and honestly. Misunderstandings can occur later if students fail to give a host family full answers to the questions. Thank you. PLEASE CLEARLY WRITE ANSWERS IN FRENCH, IN COMPLETE SENTENCES.

ABOUT YOU

1. *Décrivez votre personnalité* (describe your personality):
2. *Quelles qualités estimez-vous le plus chez vous?* (What qualities do you most value in yourself):
3. *Quels sont les qualités/défauts que vous estimez/détectez chez les autres?* (What qualities/weaknesses do you value/dislike most in others?):
4. *Décrivez votre maison* (Describe your house):
5. *Avez-vous déjà vécu en dehors de votre famille (à l'étranger ou dans votre propre pays? Si oui, à quelle(s) occasion(s)?* (Have you travelled away from your family before, either abroad or within your home country? If yes, on what occasion(s)?):
6. *Avez-vous des restrictions alimentaires imposées par des allergies particulières, des croyances religieuses? Si oui, lesquelles?* (Is your diet restricted by food allergies or religious beliefs? If so, which?):
7. *Quels sont vos plats préférés?* (What are your favourite dishes?):

8. *Avez-vous des animaux domestiques? Si oui, lesquels?* (Do you have any pets? If so, which?):

9. *Avez-vous des allergies aux poils d'animaux, au pollen, à certaines aliments ou médicaments? Si oui, expliquez.* (Do you have any allergies to animal fur, pollen, food or medications? If so, please explain.):

10. *Quels problèmes nationaux et/ou internationaux vous intéressent?* (What national and/or international affairs are you interested in?)

ABOUT YOUR FAMILY

1. *Centres d'intérêt de votre mère* (Things your mother is interested in):

2. *Décrivez votre relation avec votre mère* (Describe your relationship with your mother):

3. *Centres d'intérêt de votre père* (Things your father is interested in):

4. *Décrivez votre relation avec votre père* (Describe your relationship with your father):

5. *Décrivez votre relation avec vos frères et soeurs* (Describe your relationship with your siblings):

6. *Qu'aimez-vous le plus faire avec vos parents?* (What do you like doing most with your parents?):

7. *Activités familiales* (Family activities):

8. *De quelles tâches ménagères êtes-vous en charge?* (What household chores are you in charge of?):

9. *Décrivez votre meilleur(e) ami(e). Pourquoi vous est-il(elle) si cher(ère)?* (Describe your best friend. Why is he/she so special to you?):

10. *Qu'aimez-vous le plus faire avec vos amis?* (What do you like doing most with your friends?):

11. *Avez vous un(e) petit(e) ami(e)?* (Do you have a boy/girlfriend?) OUI NON
Si oui, depuis combien de temps? (If so, for how long?):

YOU IN YOUR HOST COUNTRY

1. *Indiquez 3 objectifs que vous souhaitez atteindre pendant votre séjour. Comment pensez-vous les réussir? Quels peuvent être les obstacles?* (Indicate 3 goals you would like to achieve while in France. How do you think you will accomplish them? What could be obstacles?):

2. *Si les heures de rentrée indiquées par votre famille sont plus strictes que dans votre propre pays, comment-ferez-vous?* (If the curfew set by your host family are stricter than you are used to at home, how would you cope with this?):

3. *Une des enfants de la famille vous accepte difficilement. Comment gèrerez-vous la situation?* (One of your host siblings finds it hard to accept you in the family. How would you cope with this situation?):

4. *Placé dans un village, il vous est difficile d'avoir des loisirs pendant votre temps-libre. Comment ferez-vous?* (You are placed in a small village, where it is difficult to practice your hobbies. How would you cope with this?):

5. *Pensez-vous que votre comportement, votre façon de penser, vos valeurs vont changer pendant votre séjour? A quel point?* (To what extent do you expect your attitude, your way of thinking and/or your values to change while you are on this exchange?):

6. *Quel(s) intérêt(s) une famille peut-elle avoir à accueillir un étudiant étranger?* (Why would a host family decide to host a student?):

7. *Racontez une expérience personnelle difficile. Pourquoi a-t-elle été difficile et comment l'avez-vous gérée? Qui vous a aidé? Qu'avez-vous appris?* (Describe a difficult experience. Why was it hard and how did you manage? Who helped you? What did you learn from that experience?):

Y a-t-il des points essentiels, des remarques que nous aurions pu omettre dans ce questionnaire et qu'il vous semble important de signaler à votre famille d'accueil française? (Are there any specific remarks that have not been mentioned that you would like to add?):

PARENTS' INFORMATION

Ce document est destiné aux parents naturels du candidat. Nous les remercions de bien vouloir le compléter avec rigueur et sincérité. (This document should be completed by the natural parents with rigour and sincerity. It can be completed in English.)

1. *A la maison, exigez-vous de votre fille/fils d'être de retour à une heure précise le soir?*
(In your home, do you require your daughter/son to be home at a specific time in the evening?):

Oui/Yes

Non/No

Si oui, à quelle heure les jours d'école? _____

(If yes, at what time on school nights?)

Le weekend ou lors des vacances? _____

(On weekends and holidays?)

2. *Décrivez les autres règles que votre enfant doit suivre à la maison, les règles familiales français pouvant être différentes. (Describe other rules your child is expected to follow in your home. In his/her host family and host community, rules may be different.):*

3. *Y a-t-il eu un décès, un divorce ou un changement important dans votre famille? Quels changements cela a-t-il occasionné dans la vie de votre fille/fils? (Has there been a death, divorce or an important change in your family? What changes has it made in your daughter's/son's life?):*

4. *Quels autres problèmes ou difficultés votre enfant a-t-il rencontrés et qui ont encore à ce jour des conséquences sur elle/lui? Comment la famille d'accueil peut-elle aider? (What other problems or difficulties has your child encountered that are still affecting her/him in some way? If any, how can the host parents help?):*

5. *Qu'est-ce qui vous rend fier de votre fille/fils? (What makes you proud of your daughter/son?):*

6. *Pourquoi voulez-vous que votre fille/fils fasse ce séjour à l'étranger? (Why do you want your daughter/son to do this exchange?):*

7. *En dehors de l'école, des devoirs et du sommeil, combien de temps, en pourcentage, votre enfant passe-t-il?* (Outside of school, homework and sleep, please estimate the percentage of time your child spends in the following situations):

Seul/Alone: _____% *Avec ses amis/With friends:* _____%

Avec des membres de la famille/With family: _____%

Autre/Other: _____%

Expliquez (Explain):

8. *Donnez des détails sur la personnalité de votre enfant.* (Please give details about your child's personality.):

9. *Relations avec la famille et les amis* (relationships with family and friends):

10. *Habitudes personnelles* (personal habits):

11. *Habitudes de travail* (study habits):

12. *Niveau de maturité* (level of maturity):

13. *Capacité devant l'échec ou situations difficiles* (ability to face failure or difficult situations):

14. *Éléments importants à souligner* (anything else that you feel is important):

CONDITIONS OF PARTICIPATION IN A HIGH SCHOOL PROGRAM IN FRANCE

The following conditions are an integral part of the homestay program in France and express the philosophy which participants must adhere to during their program.

PROGRAM DESCRIPTION

The individual homestay is educational in nature and not a "package tour" nor an ordinary tourist program. The goal of the participant should be to integrate daily life in a French family and community. The participant is expected to assume the role of a family member, respecting and following host family and host community rules and way of life, as well as national laws. Host families are not paid for their hospitality, but receive a compensation for the extra expenses incurred, thus enabling families from different backgrounds to host our participants.

FAMILY ASSIGNMENTS

EXPERIMENT France reserves the right to make all host family assignments. We take into consideration areas of preference for placement, but not local characteristics, such as regional accents or dialects, ethnic character of community, types of industry, economy, weather, etc... EXPERIMENT France does not discriminate on grounds of race or religion, and participants must agree to live with a family of any race, creed or color, single parents, etc.

All participants must agree to the following:

- to live with a family of any race, creed or color;
- to advise the host family in advance of their precise traveling plans;
- to respect the host family's customs, traditions and way of life;
- to make every effort to become an integrated member of the host family;
- to accept a placement anywhere, and not to expect placement in any particular community or city;
- to notify EIL Study Abroad immediately of any decision to postpone or cancel their program;
- to have sufficient spending money to cover all personal expenses, including traveling to and from the host community,
- to be a worthy representative/ambassador of his/her country.

Make efforts to fit in with your host family. Always make your bed every morning, keep your room tidy and offer to help the family whenever possible. The responsibility is on you to fit in and thus to be fully accepted as a member of the family.

Always ask the permission before using the telephone and/or the Internet. Any long-distance calls should be made collect, otherwise, buy a telephone card. You must not stay on internet and on the phone more than 4 hours per week. EIL Study Abroad recommends that you speak with your parents no more than once a week for about 30 minutes.

If you wish to go out, **you must ask for your host family's permission.** Specify with whom and where you are going and at what time you will return. Your family decides on the curfew. Please respect it.

Always offer to pay for yourself when going out to the restaurant, movies.

IT IS FORBIDDEN TO:

Smoke in the host family's home, except if they have allowed you to do so.

Drink (except if your family has allowed you to do so) or be in possession of any alcoholic beverage.

Be in possession of illegal substances (drugs).

Drive or be a passenger of any motorised vehicles (car, motorcycle...).

Take the driving test while in France.

Hitchhike.

Work (except for baby-sitting and helping children with their homework).

Travel independently. All travels must be organised by the host family or the school.

During the school period, no travel will be permitted. Travel authorization has to be approved by EXPERIMENT France, EIL Study Abroad, the natural parents and the host family.

SCHOOL

All classes are compulsory. You are expected to actively take part in all of your classes and to obtain sufficient grades. You must respect the school rules in the same way as French students do. You must wear appropriate clothes. In case of an absence, a medical certificate and/or a letter of excuse should systematically be provided. Missing class is forbidden.

DISMISSAL

EXPERIMENT France reserves the right to dismiss from the program any individual whose health, in the opinion of an attending physician, requires this action, or whose conduct is considered improper or offensive to the host family or community or country laws. Such conduct includes improper use of drugs, unacceptable sexual behavior, excessive drinking, or other inappropriate behavior, as well as if appropriate visa is missing. In the event that any individual is dismissed from the program and repatriated earlier to his or her country, whether alone or accompanied, the participant, or his/her parent or guardian, will be responsible for all expenses above those covered by the fee.

AGREEMENT

In consideration of the acceptance of the applicant by EIL Study Abroad and EXPERIMENT France, the participant must agree to the conditions of membership as stated above and acknowledge that they have read and understood them completely.

I _____, have read, understood and agreed to the conditions of membership for the homestay program with EIL Study Abroad and EXPERIMENT France.

Participant's signature

Date

Parents' or legal guardians' signature

Date

CHECK LIST

- Application form filled and signed by the student and his/her parents. Student must complete his/her part of the application in French.
- 4 (smiling) ID pictures
- A photo collage of you, your family, friends,; 2 pages minimum, 4 pages maximum
- A "Dear Family" letter written in French
- A letter from the applicant's parents to the French hosts (mentioning their support their child in this programme and add information that they'd like to pass on to their child's French host family). This can be written in English, if necessary.
- An essay explaining your decision to come and study in France, written in French
- Participant's school reports from the last 3 years
- Medical emergency release form signed by the parents, for participants under 18 years old. And also the medical release form for the school director
- Health information form completed
- Passport copy
- Arrival/departure flight details to be sent at least 4 weeks in advance of arrival
- If transfer assistance is required, please notify us at least 2 weeks in advance.

PARENTAL AUTHORITY RELEASE FOR THE HOST FAMILY
ACCORD PARENTAL DESTINE A LA FAMILLE D'ACCUEIL

Document to be filled and signed by Parents or Guardian for participants under 18 years old.
Document à remplir et signer par les parents ou tuteur(trice) des participants de moins de 18 ans

I, (parent or guardian) / *Je, soussigné(e)*.....

authorise my son/daughter to / *autorise mon fils/ma fille* à :
(please tick the appropriate box) / *(cocher la case choisie)*

- smoke yes no
fumer oui non

- drink alcohols yes no
boire oui non

I (*complete name of parent or guardian*) _____ fully understand that the Host Family in France is responsible for my son/daughter's welfare. This one, must in return respect and conform to any rules laid down by his/her Host Family. **I agree that my son/daughter will have to follow these rules (behaviour, curfews...) established for his/her interest**, just as any other member of the Host Family, according to their culture and way of life.

Je, soussigné(e) (nom du parent ou tuteur) _____ reconnais que la famille d'accueil en France est responsable du bien-être de mon fils/ma fille. Celui/celle-ci doit en retour se conformer et respecter les règles de vie fixées par sa famille d'accueil. J'accepte que ma fille/mon fils suive ces règles (comportements, couvre-feux...) établies dans son intérêt, tout comme le fait tout autre membre de la famille d'accueil, selon la culture et le mode de vie de cette dernière.

Date: _____

Signature: _____

MEDICAL RELEASE FOR THE HOST FAMILY

French legislation requires an authorisation signed by parents or guardian for a minor to be operated on (Autorisation de traitement en cas d'urgence médicale).

I, Mr or Mrs _____ authorise Mr and Mrs (*name of the Host Family*)

_____ to sign, in case of emergency, the authorisation to

administer an anaesthetics for my son/daughter (*name of the participant*) : _____

Date of last Antitetanus injection (piqûre antitétanique) : _____

Any other useful medical information, allergies, etc. (*autres renseignements concernant la santé de l'enfant*) : _____

If you are not at your usual address during your child's stay in France, please let us know where you or another member of the family can be contacted (*adresse en cas d'urgence*) :

Complete Emergency Tel. (Including country and area code) :

Date: _____

Signature: _____

MEDICAL EMERGENCY RELEASE FOR THE DIRECTOR OF THE SCHOOL

French legislation requires an authorisation signed by parents or guardian for a minor to be operated on (Autorisation de traitement en cas d'urgence médicale).

I, Mr or Mrs _____ authorise the director of the school (*name of the*

school) _____ to sign, in case of emergency, the authorisation to

administer an anaesthetics for my son/daughter (*name of the participant*) : _____

Date of last Antitetanus injection (piqûre antitétanique) : _____

Any other useful medical information, allergies, etc. (*autres renseignements concernant la santé de l'enfant*) : _____

If you are not at your usual address during your child's stay in France, please let us know where you or another member of the family can be contacted (*adresse en cas d'urgence*) :

Complete Emergency Tel. (Including country and area code) :

Date: _____

Signature: _____

HEALTH INFORMATION DOSSIER MEDICAL

To be completed by the attending physician

Name of Applicant _____

Has the student suffered from any of the following (if yes explain):

	Yes	No		Yes	No		Yes	No
Allergies <i>Allergies</i>			Hernie <i>Hernia</i>			Paludisme <i>Malaria</i>		
Asthme <i>Asthma</i>			Kystes <i>Cystines</i>			Tuberculose <i>Tuberculoses</i>		
Rougeole <i>Measles</i>			Arthrite <i>Arthritis</i>			Pneumonie <i>Pneumonia</i>		
Varicelle <i>Chicken pox</i>			Diabète <i>Diabetes</i>			Migraine <i>Migraine</i>		
Variole <i>Small pox</i>			Hépatite <i>Hepatitis</i>			Vertiges <i>Vertigo</i>		
Oreillons <i>Mumps</i>			Appendicite <i>Appendicitis</i>			Epilepsie <i>Epilepsy</i>		
Polio <i>Polio</i>			Diarrhée <i>Diarrhoea</i>			Hypertension <i>Hypertension</i>		
Scarlatine <i>Scarlet fever</i>			Choléra <i>Cholera</i>			Typhoïde <i>Typhoid</i>		

	Yes	No		Yes	No
Vue <i>Eyesight</i>			Autres organes abdominaux <i>Other abdominal organs</i>		
Audition <i>Hearing</i>			Cœur et vaisseaux sanguins <i>Heart or blood vessels</i>		
Nez, gorge <i>Nose, throat</i>			Peau <i>Skin</i>		
Appareil digestif <i>GIT system</i>			Poumons, système respiratoire <i>Lungs, respiratory system</i>		
Système intestinal <i>GUT system</i>			Système nerveux <i>Central nervous system</i>		
Système urinaire <i>Renal system</i>			Système endocrinien <i>Endocrine system</i>		

Le participant présente t-il d'autres symptômes de maladies ou d'anomalies ?

Is there any evidence of any other disease, impairment or abnormality?

L'étudiant a-t-il subi ou lui a-t-on conseillé de subir une intervention chirurgicale? Précisez.

Has student had, or been advised to have, any surgery? If yes, please describe and give age at which his occurred:

Le participant a-t-il des antécédents ou souffre-t-il actuellement de troubles du comportement ou de la personnalité? Par exemple des antécédents d'énurésie, crises de nerfs, dépressions, cauchemars chroniques, somnambulisme, bégaiement ou autres troubles similaires?

Does the participant present to you any history or present evidence of nervous, emotional or mental abnormality? For example, is there any history of enuresis, nervous breakdown, nervous fatigue, recurrent nightmares, sleepwalking, stammering, stuttering, or other similar conditions? Please describe:

Blood pressure : _____ Pulse rate: _____ Heart rate: _____ Abd.Sound : .

Urinalyses : _____ Blood type : _____ Stool exam : _____

Are reflexes normal ? ____ Pupils : _____ Knee reflex : _____

Others: _

Le participant est-il allergique à des anticorps?

Is he/she allergic to any antibody? __ Please, specify :

Vaccination for:

	Dates			Dates
Variolle <i>Small pox</i>		Diphtherie <i>Diphtheria</i>		Rubéole <i>Rubella</i>
Oreillon <i>Mumps</i>		Coqueluche <i>Whooping cough</i>		Rougeole <i>Measles</i>
Polio <i>Polio</i>		Tétanos <i>Tetanus</i>		

The examining physician must not be a parent of the applicant. Any question concerning the information contained in this form will be directed to you.

Date of examination : _____

Name in print

Physician's signature

Address

Date