

EIL Intercultural Learning
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 www.studyabroad.ie
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SECONDARY SCHOOL ABROAD ITALY APPLICATION FORM

Personal Details: Applicant		Personal details: Parent / Guardian	
Name:		Name:	
Address:		Address:	
School attended in Ireland:		Relationship to applicant:	
Name of Italian 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 and 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 application form
 Experiment Italia's application form
 6 passport photos
 Photocopy of photo page of passport
 €500 (or 25% of total fees) deposit

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

100% 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.

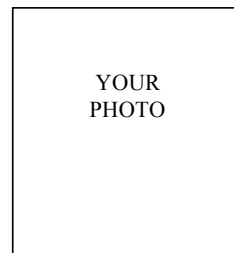
Signature: _____

Date: _____

Please, complete enclosed application form and dossier.



The Experiment in International Living Italia
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info@experimentitalia.it and info@experimentitalia.eu
Web site: www.experimentitalia.it



HIGH SCHOOL PROGRAM

number of months requested:.....beginning from (time of the year):.....

Name..... (first name + family name)	
Address.....	
Tel. No.....	Mobile phone.....
Fax.....	E-mail.....
Date of birth.....	Type of school attended.....
Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Citizenship:.....
Religion	Passport No.....
Emergency contact:	
(name and number)	
Insurance policy No.....	

Do you have allergies that require special medical treatment?

.....
.....

If you are allergic to animals, could you live with a family if the pet is kept out of your room?

.....

.....
Do you have dietary restrictions due to food allergies, medications, religious beliefs or personal beliefs (e.g. vegetarian)?
.....

.....
If vegetarian, would you be willing to eat meat/poultry/fish?
.....

.....
Do you like children? Do you smoke?

Please describe your education (subjects studied):
.....
.....
.....
.....

Please describe your family (names, ages, occupation, etc.):
.....
.....
.....

Please list your interests, activities and hobbies including sports, art, culture and membership in organizations, clubs, etc.:
.....
.....
.....

Have you lived or traveled abroad? (please list year and country)
.....
.....
.....

Who in the family initiated the idea of your participation in a high school program?
.....

.....
.....

Most students feel lonely and homesick at some point during their stay. How will you handle these feelings?

.....
.....
.....

What do you expect from this program?

.....
.....
.....
.....

How do you intend to make this program a success?

.....
.....

Foreign Language ability:			
English	<input type="radio"/> poor	<input type="radio"/> good	<input type="radio"/> excellent
French	<input type="radio"/> poor	<input type="radio"/> good	<input type="radio"/> excellent
German	<input type="radio"/> poor	<input type="radio"/> good	<input type="radio"/> excellent
Italian	<input type="radio"/> poor	<input type="radio"/> good	<input type="radio"/> excellent
Other:			

Date:.....

Signature:.....

PLEASE ATTACH:

- A PHOTO ALBUM SHOWING YOURSELF AND YOUR FAMILY
- A "DEAR FAMILY LETTER" (THIS SHOULD BE 2/4 FULL PAGES IN LENGHT. TALK ABOUT YOU HABITS, YOUR LIKES AND DISLIKES, YOUR FAMILY AND FRIENDS AND ANY ADDITIONAL INFORMATION THAT WILL HELP YOUR FAMILY KNOW YOU BETTER)
- COPIES OF YOUR SCHOOL REPORTS OF THE TWO MOST RECENT SCHOOL YEARS (TRANSLATED INTO ITALIAN, IF POSSIBLE)
- A HEALTH CERTIFICATE (IN WHICH IT IS EXPLAINED IF YOU ARE UNDER ANY TREATMENT OR IF YOU ARE TAKING MEDICATION) AND A CERTIFICATE OF VACCINATION (POLIO, DTP OR TD, HEPATITIS B, MEASLES, RUBELLA, MUMPS, CHICKEN POX, TUBERCULOSIS SCREENING AND TESTS).

TEACHER RECOMMENDATION

This form must be completed by a teacher of one of the student's major subjects at school.

Please mark the appropriate boxes below.

Character	Excellent	Good	Average
MATURITY			
RESPONSIBILITY TO SELF			
RESPONSIBILITY TO OTHERS			
HONESTY			
OPENESS			
SENSE OF HUMOUR			
CREATIVITY			
PERSONAL MOTIVATION			
ACADEMIC MOTIVATION			
ABILITY TO INTERACT			
OVERALL CHARACTER			

In the space below please give written comments on the applicant's motivation, attendance record and study habits. If comments are written in your native language, a translation should be attached.

I certify that this report is true to the best of my knowledge.

Teacher's last name, first name, position in school, date + signature

PHYSICIAN'S STATEMENT OF HEALTH

Does the candidate have or ever have had any of the following illnesses or symptoms?

If yes, please mark appropriate circles and give explanation in the space below. (Use additional sheet if needed.)

<input type="radio"/> Chicken Pox	<input type="radio"/> Epilepsy	<input type="radio"/> Drugs sensitivity
<input type="radio"/> Rubella	<input type="radio"/> Migraine (with aura, nausea and vomiting)	<input type="radio"/> Urticaria
<input type="radio"/> Measles	<input type="radio"/> Hepatitis (If yes, which one:)	<input type="radio"/> Asthma
<input type="radio"/> Mumps	<input type="radio"/> Tuberculosis	<input type="radio"/> Contact dermatitis
<input type="radio"/> Febrile seizures	<input type="radio"/> Malaria	<input type="radio"/> Appendicitis
<input type="radio"/> Meningitis	<input type="radio"/> Parasites	<input type="radio"/> Hernia
<input type="radio"/> Angina	<input type="radio"/> Diabetes	<input type="radio"/> Enuresis
<input type="radio"/> Scarlet fever	<input type="radio"/> Allergic rhinitis (hay fever)	<input type="radio"/> Learning or speech defect
<input type="radio"/> Acute rheumatic fever	<input type="radio"/> Insect venom sensitivity	<input type="radio"/> Vertigo, dizziness
<input type="radio"/> Other (please list)		

Does the candidate have or ever have had any impairment to the following

If yes, please mark appropriate circles and give explanation in the space below. (use additional sheet if needed.)

<input type="radio"/> Heart, blood, vessels (high blood pressure)	<input type="radio"/> Endocrine system	<input type="radio"/> Eyes or vision
<input type="radio"/> Lungs, respiratory system	<input type="radio"/> Bones, joints, locomotor system	<input type="radio"/> Skin (acne)
<input type="radio"/> Esophagus, stomach, intestines, liver	<input type="radio"/> Brain, nervous system	<input type="radio"/> Emotional disorder
<input type="radio"/> Kidneys, genito-urinary system	<input type="radio"/> Nose, throat (tonsils)	<input type="radio"/> Behavioural problem
<input type="radio"/> Hematopoietic system, spleen	<input type="radio"/> Ears or hearing	<input type="radio"/> Eating disorder (anorexia, bulimia..)
<input type="radio"/> Other (please list)		

Will the student be using drugs or medication while abroad? (Use additional sheet if needed) <input type="checkbox"/> No <input type="checkbox"/> Yes (please explain)
Has the student ever been hospitalised? (Use additional sheet if needed) <input type="checkbox"/> No <input type="checkbox"/> Yes (please explain)
Has student ever consulted a medical specialist? (Use additional sheet if needed.) <input type="checkbox"/> No <input type="checkbox"/> Yes (please explain)

I, the undersigned, have given a thorough physical examination and reviewed the medical history of the above named candidate. I certify that all important medical information has been included, and that the above information is complete and accurate. I certify that the above named student is emotionally and physically fit to engage in a secondary school program abroad.

Physician's last name, first name, date + signature

PHYSICIAN'S STAMP HERE

PHYSICIAN'S STATEMENT OF HEALTH

Please provide information for the following:

HEIGHT	
WEIGHT	
BLOOD PRESSURE mmHg	BLOOD
URINE	Haemoglobin _____ g/dL(+/-14.0 - 18.0)
Sediment _____	Glucose. _____ ng/dL(+/-70-105)
Glucose _____ (0,+,++,+++)	Blood group _____ Rh Factor _____
Proteins _____ (0,+,++,+++)	
VISION	
(with correction if necessary) Right eye: /10 Left eye: /10	

If the student wears glasses or contact lenses, please complete the following Ophthalmic information:

	Right Eye			Left Eye			
	AXIS	SPH	CYL	AXIS	SPH	CYL	
Distant Vision							<input type="checkbox"/> Glasses
Near Vision							<input type="checkbox"/> Contact lenses

Please answer "yes" or "no" to the following. Please explain or list when requested

Are pupillary and knee reflexes normal? (Use additional sheet if needed) <input type="checkbox"/> Yes <input type="checkbox"/> No (please explain)
Does the student have any scars or identifying marks? (Use additional sheet if needed) <input type="checkbox"/> No <input type="checkbox"/> Yes (please explain)
Are there any restrictions on the student's participation in sports activities or physical education? (Use additional sheet if needed.) <input type="checkbox"/> No <input type="checkbox"/> Yes (please explain)

DESCRIBE IN DETAIL EACH DISEASE, IMPAIRMENT OR ABNORMALITY NOT FULLY EXPLAINED IN THESE FORMS (PART ONE AND TWO) ON A SEPARATE SHEET OF PAPER (SIGNED AND STAMPED)

Please give your opinion of the candidate's health: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
--

I, the undersigned, have given a thorough physical examination and reviewed the medical history of the above named candidate. I certify that all important medical information has been included, and that the above information is complete and accurate. I certify that the above named student is emotionally and physically fit to engage in a secondary school program abroad.

PHYSICIAN'S STAMP HERE

Physician's last name, first name, date + signature

IMMUNISATION RECORDS

To be completed by the attending physician. Vaccination requirements may vary from one country to another. Unless otherwise instructed, please provide all dates requested.

VACCINES	Date of 1st dose given	Date of 2nd dose given	Date of 3rd dose given	Date of 4th dose given	Date of 5th dose given	Date of 5th dose given
DTP or DT -						
POLIO -3 doses minimum Mandatory						
MEASLES Date of vaccine						
RUBELLA Date of vaccine						
MUMPS Date of vaccine						
HEPATITIS B Date of vaccine						

Comments:

I, the undersigned, have given a thorough physical examination and reviewed the medical history of the above named candidate. I certify that all important medical information has been included, and that the above information is complete and accurate. I certify that the above named student is emotionally and physically fit to engage in a secondary school program abroad.

PHYSICIAN'S STAMP HERE

Physician's last name, first name, date + signature



STANDARDS OF CONDUCT

SECTION I – STATE LAWS

If a student is arrested or if it is reliably confirmed that the student has acted illegally, program sponsorship will be revoked, resulting in early return, as soon as legally possible, to the home country at the expense of the student's parents with no refund of program fees. The student is bound by all state laws, whether included in the Standards of Conduct or not:

1. Purchase of alcoholic beverages, including beer and wine, is illegal in Italy for persons under 18 years old. Students are not permitted to purchase or drink alcoholic beverages and to associate with any persons involved in the use of alcohol.
2. If a student is found to be a smoker after having stated otherwise, he/she may be placed on probation and may be expelled from program. If the student is a smoker, he/she must comply with all smoking restrictions imposed by the host family, host school, any public or private venue and state laws.
3. The student must not buy, sell, possess or use illegal or controlled drugs and medicines, unless prescribed for him/her by a licensed physician. If the student is taking prescription drugs, the name, dosage and length of time of use for each drug must be communicated to the Experiment Italia office. The student must not associate with any persons involved in illegal drug use or drug trafficking.
4. Students must not commit or take part in any act of violence against another person or property.
5. Shoplifting and theft are illegal and may lead to criminal charges and immediate repatriation with no refund.
6. Driving without a driver's licence is illegal. The student is not allowed to drive any car, motorcycle or other motorized vehicle and/or obtain a driver's licence while on the Experiment Italia program in Italy.
7. It is illegal for minors to access pornography on the internet, either printed or read.

SECTION II – HIGH SCHOOL ACTIVITIES

All decisions regarding grade placement, credit, sports eligibility and sports participation are at the discretion of individual high schools and/or school districts.

1. The student must accept and respect all decisions made by the school or school district regarding grade placement, credit, diplomas, sports eligibility and sports participation, and any other decision which the school has legal authority to make. A student who continues to lobby the school personnel and/or school district after a final decision has been made will be placed on probation.
2. A student who is dismissed or expelled from school for any reason will have the program terminated immediately with no refund and be sent home as soon as possible.
3. The student must obey all school rules, attend classes regularly, and be responsible for assuming a full course load and for making a good effort in all classes.

SECTION III – DRIVING A MOTORIZED VEHICLE

The student may not drive any car, motorcycle, motor scooter, all-terrain vehicle or other motorized vehicle during the program.

SECTION IV – STUDENT PLACEMENT, HOST FAMILY PARTICIPATION AND HOST FAMILY RULES

1. A private bedroom is not guaranteed. Only a separate bed is guaranteed.
2. The student must comply with all reasonable rules of host family (e.g. curfews, household chores, visitors, phone calls, etc.). If a student violates host family rules, a meeting will be set up with the student, host family, and local coordinator to discuss the situation and come to an agreement about necessary changes in behaviour and/or expectations. If the student violates the agreement, he/she will be placed on probation.
3. The student must keep the host family informed at all times of his/her whereabouts, with whom he/she is associating and times of departure from and return to the host family's home.
4. The student must not lend money to or borrow money from the host family or from any other source. **Natural parents must supply the student with an adequate amount of spending money at all times (€ 150-200 per month).**
5. The student must adhere to the host family's rules and restrictions regarding computer and internet use.

6. The student must speak with the Experiment Italia local coordinator about any problems he/she is having and refrain from speaking about his/her host family's private affairs to community members and friends.
7. Winters are very cold in most parts of Italy, especially the North, so students must have appropriate clothing.

SECTION V – BIOLOGICAL FAMILY VISITS AND STUDENT TRAVEL DURING THE PROGRAM

1. Visits from family or friends are discouraged until the very end of the program. Any visit during the program must have prior permission of the Experiment Italia National Office.
2. The student is not permitted to travel outside the local area by him/herself alone or with other persons without permission of the Experiment Italia office.
3. Overnight travel with the host family, another family, an approved responsible adult (at least 25 years of age) or approved group (e.g. school, church, etc.) is permitted if prior consent is given by the host family, the local coordinator, and the natural parents or legal guardians of the student, as requested at page 7 of these standards of conduct. The host family and the local coordinator must be informed of all such trips and have a phone contact to reach the student in case of emergency.
4. If a student travels outside Italy, he/she must always carry his/her personal documents and have the permission of the Experiment Italia office.

SECTION VI – LIFE CHANGING DECISIONS

1. Students will not be permitted to make life-changing decisions, including but not limited to marriage, religious conversion, and other decisions with social, political and legal ramifications.
2. Students may not conduct an unacceptable sexual behaviour, otherwise they will be placed on probation. Students found to be pregnant or responsible for a pregnancy while on the program will have the program terminated and returned home as soon as arrangements can be made, with no refund of program fees.
3. Students will not be permitted to tattoo or pierce any part of their body while on the program.

SECTION VII – CHANGING HOST FAMILIES, WITHDRAWAL OR TERMINATION FROM PROGRAM

1. A student may not withdraw from the program at any time without the permission of the Experiment Italia National Office. If the student leaves the program for any reason, whether voluntarily or involuntarily, he/she may not return to the program and will not receive a refund.
If there is death or serious illness in the student's immediate family, he/she may return home to deal with the crisis and will be accepted back to complete the program.
2. If the student is transferred from one host family to another, any transportation costs incurred are the responsibility of the student and biological family.

SECTION VIII – RETURNING HOME AT THE END OF THE PROGRAM

1. The student must return to the home country at the end of the program, i.e. 1 or 2 weeks after the end of the academic term for which the student was enrolled, unless prior permission has been granted for adult-supervised travel by the Experiment Italia National Office.
2. Unsupervised travel or travel with peers is **NOT** permitted at the end of the program. Adult-accompanied and adult-supervised travel may be permitted at the end of the program only if permission is granted in writing by the biological parents, the host family, the local coordinator and the National Office. A detailed itinerary of travel plans, including modes of travel as well as addresses and telephone numbers for emergency contact during the travel period, must also be submitted. Students must also extend insurance coverage, if necessary.
3. If a student leaves a host family with outstanding debts, including but not limited to medical bills, telephone calls or damage to the host family's property, the student's biological family will be responsible for the payment.

AGREEMENT TO ABIDE BY THE EXPERIMENT ITALIA PROGRAM STANDARDS OF CONDUCT

Experiment Italia expects the highest standards of behaviour from program participants at all times.

Violation of these Standards of Conduct will lead to disciplinary action, probation and possible repatriation with no refund of program fees. Violators of the Standards of Conduct will have an opportunity to explain their actions to the host family, the local coordinator and/or the National Office staff.

A decision about discipline and an agreement for future actions and/or behaviour changes will be made at that time. If violations are serious and warrant further action or the agreed-upon actions are not met, the student will be placed on probation. The decision for probation will be made in conjunction with the Experiment Italia National Office staff: the student, host family, school (in cases of academic probation), the representative (who will inform the natural parents) will be notified of the terms of the probation status. Further violation will lead to the decision to terminate the program and to repatriate the student at the parents' expense and with no refund of program fees. The Experiment Italia National Office will notify the Office, which will inform the natural parents that the student is being terminated from the program and is being repatriated.

We, the undersigned student, parents and/or legal guardians, have read and understood all of the above stated in the Experiment Italia High School Exchange Program Standards of Conduct. I, the student, agree to obey the Standards of Conduct and all conditions of participation in the Experiment Italia High School Exchange Program.

We, the parents, agree that our son/daughter will obey the Standards of Conduct.

We understand that the violation of these Standards of Conduct may lead to disciplinary action and possible termination from the Experiment Italia Program, which may result in an early repatriation at the parents' expense and with no refund of program fees.

Signature of the father/
legal guardian

Signature of the mother/
legal guardian

Signature of the student

TRAVEL RELEASE/AUTHORIZATION

We, the undersigned student, parents and/or legal guardians, authorize our child to travel within the guidelines as established in the Experiment Italia Program Standards of Conduct and accept full responsibility, including all costs, for our child's participation in any approved travel activities and to indemnify and not hold Experiment Italia and its local coordinators responsible for any claims and/or liabilities to third parties arising from our child's participation, except for what is covered by the insurance. (See BIOLOGICAL FAMILY VISITS AND STUDENT TRAVEL DURING THE PROGRAM and RETURNING HOME AT THE END OF THE PROGRAM).

We also understand that our child must return to the home country on or before the expiration date of his/her stay in Italy. It is understood that this Travel Release/Authorization is signed in advance and eliminates the necessity of obtaining our signatures at the time of any program-approved travel for the duration of our child's participation in the Experiment program.

Signature of the father/
legal guardian

Signature of the mother/
legal guardian

Date

MEDICAL RELEASE/AUTHORIZATION FOR EXAMINATION AND TREATMENT

In case of illness, accident, or injury, we grant permission to examine and treat our child at an appropriate medical facility and to make referrals to outside physicians and facilities as indicated. We grant permission to release information regarding our child's health to any individuals designated by Experiment Italia and its coordinators. We also grant permission for our child to receive any and all immunizations, tests, or screenings required by state or school authorities for participation in High School Exchange Program. We also accept full responsibility for any medical expenses for our son/daughter which are not covered by his/her insurance policy.

Signature of the father/
legal guardian

Signature of the mother/
legal guardian

Date

LIABILITY AND AGREEMENT RELEASE

To be read, signed and dated by the exchange student and both parents or legal guardians

LIABILITY AND AGREEMENT RELEASE

While under the sponsorship of the Experiment program, the student may not participate in activities defined as high-risk activities (e.g. parachute jumping, hot air ballooning, jet skiing, skydiving, scuba diving, rock climbing, bungee jumping, etc.).

We accept full responsibility/liability for our child's participation in the activities which are specified below. (please cross out all activities in which you **DO NOT** allow your child to participate):

- drive/ride/operate tractor or any other farm equipment
- drive/ride snowmobile
- drive/ride motorboat or other power-driven water vessel; sail kayak, canoe, sailboat, surfboard
- water skiing/snow skiing/snow boarding
- ride in private planes
- ride horses
- hunting/fishing (with an adult and in accordance with local law)
- wind surfing/swimming/board diving/snorkeling/free diving
- mountain biking

- other activity, please specify _____

In anticipation of our son's/daughter's acceptance to participate in the program proposed by Experiment Italia, we, the undersigned (parents or tutor/guardians of the student) hereby release Experiment Italia, its officers, staff, board of directors, agents, program directors, local directors, host families, high schools from any and all current and future claims, charges, costs, and/or causes of action for loss of property, personal injury, illness, accident or death sustained by our child during the time he/she is a participant in the Experiment program, whether covered by current insurance or not.

We further agree to indemnify and not hold responsible all of the above-named for any and all liabilities, including liabilities to third parties, which may arise from our child's participation in the program, including all activities specified herein, in the Standards of Conduct and elsewhere. In the event of any dispute arising out of this agreement or the performance of any service for Experiment Italia, those disputes shall be governed by the laws of the Italian State.

We, the undersigned, authorize the high school, medical, legal, government, and law enforcement authorities to release Experiment Italia any records or information necessary to provide the student with appropriate supervision and guidance.

We, the student and parents, certify that all information provided in the Experiment Student Application is correct and complete, including medical and inoculation history. We understand that withholding information or providing incorrect information may be grounds for possible termination from the Experiment program and repatriation at the parents' expense with no refund of program fees.

This agreement covers the period from the time our child boards transportation scheduled until the student leaves Italy at the end of the high school exchange program.

If we, the undersigned, do not sufficiently understand Italian or English, we can request from the Representative a translation of the Standards of Conduct and Agreement in our language to ensure that we understand the information stated herein.

Signature of the father/
legal guardian

Signature of the mother/
legal guardian

Signature of the student

Date