

EIL Intercultural Learning
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 Cork, Ireland
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Affix photo here

SECONDARY SCHOOL ABROAD USA APPLICATION FORM

Personal Details: Applicant		Personal details: Parent / Guardian	
Name:		Name:	
Address:		Address:	
		Relationship to applicant:	
School attended in Ireland:		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: Full academic year <input type="checkbox"/> First semester <input type="checkbox"/> Second semester <input type="checkbox"/>			
Starting in: August 2012 <input type="checkbox"/> January 2013 <input type="checkbox"/> August 2013 <input type="checkbox"/>			
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
 CHI's application form
 6 passport photos
 Photocopy of photo page of passport
 25% non-refundable 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

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: _____

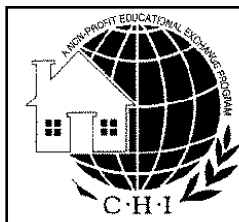
Date: _____

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: _____



CULTURAL HOMESTAY INTERNATIONAL

104 BUTTERFIELD RD. • SAN ANSELMO • CA 94960 - 1565
 TEL: 415-459-5397 • FAX: 415-459-5603 • E-MAIL: CHIMAIN@CHINET.ORG, WWW.CHINET.ORG



AYP

ACADEMIC YEAR PROGRAM

APPLICATION FORM

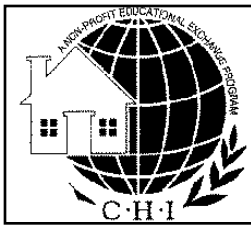
STUDENT APPLICATION CHECKLIST (FOR 2012)

Student Name: _____ CHI Code: _____

Check off each completed form:

✓	Pages	Description	Instructions
	1-3	Student Profile and Questionnaire	Typed or clearly printed in English
	4	Student's Letter to Host Family	Handwritten and typed in English (make sure they are legible)
	5	Parent's Letter to Host Family	Typed in English
	6	English Teacher's Recommendation	Filled in & signed by present English teacher in English
	7	Teacher's Recommendation	Filled in & signed by 2nd school teacher in English
	8-9	Official School Transcripts	Filled in by School official in English & signed by Principal. Must be stamped or sealed.
	10-11	Physician's Statement of Health	Completed & signed by physician in English
	12	Immunization Record	Completed & signed by physician in English
	13	Releases	Signed by both parents & student in presence of agency
	14	CHI Regulations	Signed by both parents & student in presence of agency
	15	Agreements	Signed by both parents & student in presence of agency
	16	Statement of Guardianship	Signed by both parents & student in presence of agency
	17	Adjustment Strategies	Signed by both parents & student in presence of agency
	18	Student's Photo Album	Pictures of student with family & friends
	19	Student's Photo Album	Pictures of student's interests
	20	Pre-departure Orientation agreement	Signed by student and agency (this can be submitted later if student has not attended the orientation yet)
	21	Interview Form	Filled in and signed by agency
		SLEP or TOEFL score page	All the scores should be totaled and written
		Copy of Passport	(this can be submitted later if student doesn't have a passport yet)

	A	Drivers Education Agreement - Supplement A	Signed by both parents and student in presence of agency (This form is Optional)
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AYP

ACADEMIC YEAR PROGRAM

APPLICATION FORM

GLUE 1 SMILING PHOTO
HERE AND ATTACH 2 EXTRA

WRITE YOUR NAME ON THE
BACK OF **EACH** PICTURE

This application (page 1 through 4) must be filled out personally by the student.
Please type or print. All the information must be legible.
Please make sure that the information below matches the student's valid passport.

Student Profile CHI Code # _____

Last Name: _____ First: _____ Middle: _____

Date of Birth: ____/____/____ Male Female Age on Arrival: _____ Grade level in the U.S.: _____th
Month Day Year (Grade must be equivalent to the U.S. school system)

Birth Place – City: _____ Country: _____ Nationality: _____

Native Language: _____ Passport # _____ Expiration Date: ____/____/____
Month Day Year

Address: _____, _____, _____, _____
Street City Country Postal Code

Telephone: _____ E-mail: _____

Program and School Information

AYP 10 month 5 month (August Arrival) 5 month (January Arrival) **IEP** Yes No

Are you currently studying English in your home High School? Yes No

Have you taken any Private English Lessons? Yes No

How many years have you studied English? _____ years SLEP score _____ or TOEFL score _____

Have you participated in any (J-1 visa or F-1 visa) High School program to the United States before? Yes No

Have you officially graduated from a high school? Yes No

What other foreign languages have you studied? _____, _____ years; _____, _____ years; _____, _____ years

CHI will consider requests from students who want to attend private school at a cost. Please indicate if you want to be considered for a private school and pay tuition.

Please note: Select carefully. If you check "Yes", your choice will be considered final. If you are placed in a private school, you will then be expected to follow through with attending the private school and paying for all costs.

Yes No If Yes, select one: \$5,000 - \$7,000 \$7,000 - \$10,000 \$10,000 & above

Your Family

Please give information of each of your family member.

Relationship	Name	Age	Occupation	Living with student?
Father,	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mother,	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Step Father,	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Step Mother,	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Who should we contact in case of emergency other than your parents? (Please give name and phone number)

Your Health

Are you allergic to animals? Cats (indoor) Cats (outdoor) Dogs (indoor) Dogs (outdoor) Others _____ None

Do you have any other allergies? Yes No If yes, to what are you allergic? _____

Do you have a medical reason or other circumstances why you cannot live with pets? Yes No. If yes, explain. _____

Are you presently under a doctor's care? Yes No. If yes, please explain. _____

Do you presently take any medication? Yes No. If yes, explain. _____

Do you wear glasses or contact lenses? Yes No

Are you a vegetarian? Yes No. If yes, do you eat anything besides vegetables (i.e. fish, eggs)? _____

Are there any foods that you cannot eat? Yes No If yes, explain. _____

Do you smoke? Yes No Occasionally

Do you understand that smoking is illegal and not allowed on the CHI program? Yes No

Will you be willing to live with a smoking family? Yes No

Your Preferences

What is your religion? Buddhist Catholic Christian Jewish Protestant Muslim Not religious Other _____

How often do you attend religious services? Regularly Occasionally Never

Will you be willing to attend religious services with your Host Family? Yes No

Will you be willing to accept double placement with another exchange student? Yes No

Will you be willing to live with a Host Family with young children? Yes No. If no, explain. _____

About Yourself

List 3 things you are currently most involved in.

1. _____ 2. _____ 3. _____

How many hours per day do you spend studying? _____

Which are your favorite subjects at school? _____

What time do you go to bed? School nights _____ Weekends _____

What qualities do you value most in people? _____

How big is your community? Big city Town Small town or Village Outside or Near a small town Rural

Have you ever worked? Yes No. If yes, please explain. _____

Why do you want to spend a year abroad? _____

What will you do to help make your year successful? _____

What are your future occupational and/or career goals? _____

How do you think your exchange experience will help you in the future? _____

Have you been away from your family for more than a few days? Yes No. If yes, indicate for how long and how it affected you. _____

What can you tell us about yourself, your personality or your habits that will help us match you with a host family? _____

About Your Family

Describe your relationship with your parents and siblings. _____

What does your family enjoy doing together? _____

What are your family rules? _____

What responsibilities do you do to help your parents at home? _____

How do your parents feel about you spending a year abroad? Do they support your decision? _____

About Your Host Country

What do you expect from your Host Family? _____

What do you expect from the students in your host school? _____

How do you think you will react if you get homesick? _____

Do you understand that if you contact your family and friends often, you will not adjust to American life? Yes No

Check off the Adjectives which best describe you

- | | | | | |
|--|-------------------------------------|--|--|--|
| <input type="checkbox"/> Active | <input type="checkbox"/> Ambitious | <input type="checkbox"/> Artistic | <input type="checkbox"/> Athletic | <input type="checkbox"/> Competitive |
| <input type="checkbox"/> Curious | <input type="checkbox"/> Easy-going | <input type="checkbox"/> Family-oriented | <input type="checkbox"/> Gentle | <input type="checkbox"/> Generous |
| <input type="checkbox"/> Honest | <input type="checkbox"/> Humorous | <input type="checkbox"/> Independent | <input type="checkbox"/> Intellectual | <input type="checkbox"/> Messy |
| <input type="checkbox"/> Nature-loving | <input type="checkbox"/> Neat | <input type="checkbox"/> Open-minded | <input type="checkbox"/> Optimistic | <input type="checkbox"/> Organized |
| <input type="checkbox"/> Outgoing | <input type="checkbox"/> Quiet | <input type="checkbox"/> Respectful | <input type="checkbox"/> Sophisticated | <input type="checkbox"/> Straightforward |
| <input type="checkbox"/> Talkative | <input type="checkbox"/> Thoughtful | <input type="checkbox"/> Tolerant | <input type="checkbox"/> Traditional | <input type="checkbox"/> Truthful |

Check off the Adjectives which best describe your family's lifestyle

- | | | | | |
|--|--------------------------------------|--|--|--------------------------------------|
| <input type="checkbox"/> Academic | <input type="checkbox"/> Active | <input type="checkbox"/> Affectionate | <input type="checkbox"/> Artistic | <input type="checkbox"/> Casual |
| <input type="checkbox"/> Home-oriented | <input type="checkbox"/> Independent | <input type="checkbox"/> International | <input type="checkbox"/> Modern | <input type="checkbox"/> Political |
| <input type="checkbox"/> Relaxed | <input type="checkbox"/> Religious | <input type="checkbox"/> Social | <input type="checkbox"/> Sophisticated | <input type="checkbox"/> Traditional |

Student's Interests

Interests and Hobbies

- | | | | | |
|--------------------------------------|------------------------------------|---|-----------------------------------|--|
| <input type="checkbox"/> Arts/crafts | <input type="checkbox"/> Cooking | <input type="checkbox"/> Computers | <input type="checkbox"/> Dancing | <input type="checkbox"/> Fishing |
| <input type="checkbox"/> Games/cards | <input type="checkbox"/> Gardening | <input type="checkbox"/> Hiking/Camping | <input type="checkbox"/> Music | <input type="checkbox"/> Movie/Theater |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Reading | <input type="checkbox"/> Sailing | <input type="checkbox"/> Scouting | <input type="checkbox"/> Traveling |

Sports in which you participate

- | | | | | |
|---------------------------------------|--|--------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Badminton | <input type="checkbox"/> Baseball | <input type="checkbox"/> Basketball | <input type="checkbox"/> Bowling | <input type="checkbox"/> Cycling |
| <input type="checkbox"/> Fencing | <input type="checkbox"/> Field Hockey | <input type="checkbox"/> Golf | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Handball |
| <input type="checkbox"/> Horse Riding | <input type="checkbox"/> Ice Hockey | <input type="checkbox"/> Ice Skating | <input type="checkbox"/> Martial Arts | <input type="checkbox"/> Roller skating |
| <input type="checkbox"/> Skiing | <input type="checkbox"/> Snowboarding | <input type="checkbox"/> Soccer | <input type="checkbox"/> Surfing | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Tennis | <input type="checkbox"/> Track and Field | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Water polo | <input type="checkbox"/> Water skiing |

Musical Instruments which you play

- | | | | | |
|----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Bass | <input type="checkbox"/> Cello | <input type="checkbox"/> Clarinet | <input type="checkbox"/> Drums | <input type="checkbox"/> Flute |
| <input type="checkbox"/> Guitar | <input type="checkbox"/> Keyboard | <input type="checkbox"/> Piano | <input type="checkbox"/> Recorder | <input type="checkbox"/> Saxophone |
| <input type="checkbox"/> Singing | <input type="checkbox"/> Trombone | <input type="checkbox"/> Trumpet | <input type="checkbox"/> Violin | <input type="checkbox"/> Other _____ |

Official School Transcript (Part 1)

(To be filled out by a School Official and signed by the School Principal. Official School Stamp or Seal required.)

***The grade level must be equivalent to the U.S. school system.**

Name of Applicant: _____

Male

Female

Grade Explanation	Number or Letter Grade	Words
Excellent	A+	
Superior	A	
Very Good	A- or B+	
Good	B or B-	
Average	C	
Sufficient	C-	
Poor	D	
Fail	F	

Official School Stamp or Seal

	Subject	Year (from/to)	/		/		/	
		Grade level	7 th		8 th		9 th	
			Hours/week	Grade	Hours/week	Grade	Hours/week	Grade
1	<i>English</i>							
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								

Grade Point Average		
Total Credits Required		
Total Credits Earned		
Number of Instructional Days		
Absences (in days)		

Name of Principal

Signature

Month/Day/Year

Name of School

Official School Transcript (Part 2)

(To be filled out by a School Official and signed by the School Principal. Official School Stamp or Seal required.)

***The grade level must be equivalent to the U.S. school system.**

Name of Applicant: _____

Male

Female

Grade Explanation	Number or Letter Grade	Words
Excellent	A+	
Superior	A	
Very Good	A- or B+	
Good	B or B-	
Average	C	
Sufficient	C-	
Poor	D	
Fail	F	

Official School Stamp or Seal
--

	Subject	Year (from/to)	/		/		/	
		Grade level	10 th		11 th		12 th	
			Hours/week	Grade	Hours/week	Grade	Hours/week	Grade
1	<i>English</i>							
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								

Grade Point Average		
Total Credits Required		
Total Credits Earned		
Number of Instructional Days		
Absences (in days)		

Name of Principal

Signature

Month/Day/Year

Name of School

Physician's Statement of Health (page 1 of 2)

(Directions: This page must be completed and confirmed by the examining physician. Please answer all questions.)

Name of Applicant: _____ Date of Birth: ____/____/____ Male Female
Month Day Year

Do you now or have you ever had any of the following? Please check (X) Yes or No. If yes, give date (at least month/year) of illness and detailed information regarding any impairment in the space provided below.

	Date	Yes	No		Date	Yes	No
Allergies*				Measles			
Appendicitis				Mumps			
Asthma*				Parasites (intestinal, other)			
Chicken Pox				Poliomyelitis			
Cough (persistent, recurring)				Rheumatic Fever			
Diabetes Mellitus				Rubella			
Enuresis (bed wetting)				Scarlet Fever			
Headache (persistent, recurring)*				Seizure Disorder*			
Hepatitis*				Sleepwalking*			
Hernia				Thyroid abnormality (Struma)*			
Learning or Speech Defect*				Vertigo, Dizziness*			
Malaria				Other _____			

*** If yes, physician must attach statement describing allergies, medication sensitivity, symptoms, treatment, medications and expected future treatment**

Do you now or have you ever had any disease, impairment or abnormality of any of the following?
 Please check (X) Yes or No.

	Yes	No		Yes	No
Abdominal Organs, Digestive System**			Eyes** (If Myopia, check "No")		
ADD or ADHD**			Genito-Urinary System**		
Bones, Joints, Locomotor System**			Heart or Blood Vessels**		
Blood, Endocrine System**			Lungs, Respiratory System**		
Brain, Nervous System**			Skin problems** (If Acne, check "No")		
Ears or Hearing**			Tonsils, Nose or Throat		
Eating Disorder**			Varicose Veins**		
Emotional/Behavioral Problems**			Other**		

If "Yes" for any of above, we need the explanations. If "Yes" for **, need physician's statement in English.

- Will patient be using any prescription drugs/medication abroad? Yes No
- Will patient be using any herbs, vitamins or non-prescription drugs/medication abroad? Yes No
- Has patient ever been hospitalized? Yes No
- Has patient ever consulted a neurologist? Yes No
- Has patient ever consulted a psychologist? Yes No
- Has patient ever consulted any other kind of specialist? Yes No

If yes to any of the above, please give details in English _____

Physician's Signature: _____ Date: _____
(Month / Day / Year)

Please do not write on the back of this form. Use an additional sheet of paper if needed.

Physician's Statement of Health (page 2 of 2)

(Directions: This page must be completed and confirmed by the examining physician. Please answer all questions.)

Name of Applicant: _____ Date of Birth: ____/____/____ Male Female
Month Day Year

Provide figures for the following:

Height	Blood Pressure	Urinalysis	Blood Group	Albumin
Weight	Hemoglobin	Stool	RH Factor	Sugar

Are pupillary and knee reflexes normal? Yes No If no, please describe. _____

Does student have any scars or identifying marks? Yes No If yes, please describe. _____

Are there any restrictions on the student's participation in physical education and/or sports activities? Yes No

If yes, please explain. _____

Describe in detail each disease, impairment or abnormality not fully explained on this form: _____

If the student wears glasses or contact lenses, please complete the following ophthalmic information.

	Sphere	Cylinder	Axis	Prism	Base
(OD) Ocular Dexter					
(OS) Ocular Sinister					

Vision without glasses/lenses: OD _____ OS _____

Add _____ Base Curve _____

Other _____

Give your opinion of the general state of the candidate's health:

Excellent Good Fair Poor

The student may participate in athletics: Yes No

I, the undersigned, have given a thorough physical examination and reviewed the medial history of the candidate and certify that all important medical information has been included and that the above information is accurate.

Physician's Name (please type or print): _____

Address: _____

Phone number: _____

Physician's Signature: _____ Date: _____

(Month / Day / Year)

Immunization Record

Name of Applicant: _____ Date of Birth: ____/____/____ Male Female
Month Day Year

The required immunizations must be taken prior to the arrival in the U.S. and the dates (Month/Day/Year) of immunization or illnesses have to be clearly written below by the doctor. Each State and school has different requirements. If student is placed by a State or school that requires additional vaccines, the student will have to get the extra shots before the arrival in the U.S. If the student has not had illnesses of Chicken pox, Measles, Mumps or Rubella, all these immunizations are required. Students should make every effort to complete those requirements prior to the program (or preferably before submitting this application). If the student arrives without completing immunizations, the natural parents are responsible for all costs incurred.

VACCINE	Date each dose given				
	1st	2nd	3rd	4th	5th
	month/day/year	month/day/year	month/day/year	month/day/year	month/day/year
DT/DTP/DTaP (Diphtheria, Tetanus and Pertussis) *4 minimum (If 4, the last shot must be after 4th birthday)	/ /	/ /	/ /	/ /	/ /
Tdap/dTap (Tetanus toxoid, reduced diphtheria toxoid & acellular pertussis for 10 years old or over) *1 minim.	/ /				
POLIO MYELITIS *3 minimum (If 3, the last shot must be after 4th birthday)	/ /	/ /	/ /	/ /	/ /
HEPATITIS B *3 minimum	/ /	/ /	/ /	/ /	/ /
CHICKEN POX *1 minimum (must be before 13th birthday) If not, 2.	/ /	/ /	If no Immunization, give date student had Chicken Pox / /		
MMR (combined immunization for Measles, Mumps and Rubella) *2 minimum	/ /	/ /			
MEASLES (Rubeola - 10 day measles) *2 minimum	/ /	/ /	If no Immunization, give date student had Measles / /		
MUMPS *2 minimum	/ /	/ /	If no Immunization, give date student had Mumps / /		
RUBELLA (German Measles - 3 day measles) *2 minimum	/ /	/ /	If no Immunization, give date student had Rubella / /		

Current TB Examination – must have been completed within the last 3 years.

BCG Vaccination (month/year) ____/____ ***If BCG Vaccination given, chest X-Ray results must be provided.**

TB Skin Test date (month/year) ____/____ Results: Negative Positive. ***If Positive, chest X-Ray results must be provided.**

SUBJECT: Chest X-Ray examination report – examination date (month/year) ____/____

This is to certify that the person named above received the following results from a chest X-Ray:

Revealed no abnormalities

Others

If others, please explain. _____

I, the undersigned, have given a thorough physical examination and reviewed the medical history of the candidate. I certify that all important medical information has been included and that the above information is complete and accurate.

Physician's Name (please type or print): _____

Address: _____

Phone number: _____ Physician's Signature: _____ Date: _____
(Month / Day / Year)

Medical release Authorization

We, as parents of the undersigned student, do hereby authorize CHI, CHI Academic Program Coordinator and the Host Parents as agents of the undersigned Parents to consent to any X-Ray examinations, anesthetic, medical or surgical diagnosis or treatment or hospital care which is deemed advisable by and is rendered under the general supervision of any licensed physician or surgeon, whether such treatment or diagnosis is rendered at the clinic or said physician or surgeon or at a hospital.

We agree that CULTURAL HOMESTAY INTERNATIONAL or its agents can take any action whatsoever in regards to my child’s health and safety without incurring any liability or expense. This may include, but is not limited to, my child’s placement in a hospital, use of doctor’s services, and transportation to my home country at my expense. This authorization shall be valid for the entire duration of the CHI program in which the student is participating.

Signature of both parents: _____ Date: _____
(Month / Day / Year)

I Agree - Signature of Student: _____ Date: _____
(Month / Day / Year)

Travel Authorization

We, as Parents of the undersigned student, do hereby authorize CHI, CHI Academic Coordinator and the Host Parents as agents of the undersigned Parents to make the determination for student travel for the duration of my child’s participation in the Academic Year Program.

It is understood that this Authorization is given in advance only when the student is traveling and supervised by a host parent, Academic Coordinator, by a representative of a school program or with Explore America. We understand that the student may not travel unsupervised.

Signature of both parents: _____ Date: _____
(Month / Day / Year)

I Agree - Signature of Student: _____ Date: _____
(Month / Day / Year)

Publication Release

I give permission for CHI to use photographs of my son/daughter to promote student exchange on the CHI web site and/or CHI publications.

Signature of both parents: _____ Date: _____
(Month / Day / Year)

I Agree - Signature of Student: _____ Date: _____
(Month / Day / Year)

Program Duration

We, as Parents of the undersigned student, understand that the Academic Year Program terminates no more than one week following the closure of school or earlier if requested by Host Family or needed by transportation arrangements.

Signature of both parents: _____ Date: _____
(Month / Day / Year)

I Agree - Signature of Student: _____ Date: _____
(Month / Day / Year)

CHI Regulations

Below are the CHI Regulations for all students. Please read carefully and sign your name.

1. The possession, purchase or use of illegal drugs is prohibited.
2. Students must abide by the laws of the host country.
3. Students are not allowed to possess, purchase or drink alcoholic beverages.
4. Students are not allowed to purchase, possess, or shoot guns of any type.
5. Students are not permitted to drive any motor vehicle while participating in the CHI program.
6. Students must not participate in any sexual contact or sexual activity that is inappropriate.

Any infraction of the above 6 rules may result in immediate dismissal from the CHI program and termination of the J-1 visa.

7. By law, students are not permitted to purchase tobacco products. Students are not allowed to smoke in the host family home without permission.
8. Students must always be aware of their responsibility as exchange students and make a determined effort to represent their country in a positive manner.
9. Students must follow school rules, attend school daily, complete all school assignments, must pass all classes, and maintain at least a "C" average.
10. Students must speak English only even with others from their own country.
11. Students are not permitted to participate in sky diving, hang-gliding, bungee jumping, parachute jumping, or any other activities deemed dangerous by CHI.
12. Students are not permitted to visit such places as pornographic shops, adult theaters, drinking establishments or pornographic websites.
13. Students should limit making international phone calls to their parents and friends and will be financially responsible for such calls. It is the student's responsibility to make sure all bills are paid before leaving the program. International calls should be billed collect or made with a prepaid international calling card.
14. Students should limit the number of e-mail communication to their parents and friends. Internet access is at the discretion of the host family. (See page 17 point 1).
15. Students must show respect for their host families and act as a member of the family by following family rules and voluntarily helping with family chores.
16. Students should not discuss their host family's private affairs with others.
17. Students cannot change host families and schools at will.
18. Students are not permitted to go on trips by themselves. A trip with the host family, a school group, or any other adult person is allowed if permission from the natural parents is submitted beforehand.
19. Students must show respect for all CHI representatives and follow their instructions.
20. Students are not allowed to make life altering decisions while on this program; such as tattoos, body piercings or getting married.

Continuous failure to abide by any of the above regulations will result in referral to the AYP Committee and may result in dismissal from the CHI program and termination of the J-1 visa.

The sending agency staff has fully explained the above regulations. We have also read and fully understand all the regulations of CHI's Academic Year Program and agree to abide by them.

Signature of Student: _____

Date: _____
(Month / Day / Year)

Signature of both Parent(s)/Guardian: _____

Date: _____
(Month / Day / Year)

Signature of both Parent(s)/Guardian: _____

Date: _____
(Month / Day / Year)

Signature of the Sending Agency: _____

Date: _____
(Month / Day / Year)

Agreements

We understand the following:

1. All of CHI AYP host families are volunteers.
2. We agree to reimburse the host family, the school or CHI for any expenses, telephone charges or damages the student causes.
3. Use of computers, cell phones, ipod/mp3 players or any other electronic device is a privilege not a right. If this privilege is abused, the consequence may be temporary confiscation or loss of right to use the device.
4. CHI cannot guarantee graduation, a valid diploma, or grade placement level. An exception will be made with regards to grade placement level for students requiring Convalidation.
5. The student is responsible for bringing to the U.S. an official transcript of the MOST RECENT grades translated into English.
6. All arrangements for obtaining transcripts and handling Convalidation of school work are student's and natural parents' personal responsibility. All the arrangements for Convalidation must be personally completed by the student before leaving the U.S. or an additional cost may be assessed. CHI is not responsible for the completion of transcripts or Convalidation, nor is CHI responsible for mailing or costs associated with Convalidation.
7. Natural parents, siblings, other relatives and friends may not visit the student during the exchange program. CHI has found that visits from home country can be extremely disruptive to the adjustment process. Visits must take place at the conclusion of the program. Visitors should make reservations at a local hotel rather than expected the host family to provide accommodations. Visits are only allowed in an emergency situation.
We also understand that the student is not allowed to return to his/her home country during the program.
8. At Christmas time (December) the first priority of the student is to spend the time with his/her host family.
9. Should the student develop any serious illness, including Bulimia, Anorexia, any type of serious eating disorder or serious psychological disorder while participating in the CHI program, the student will be dismissed from AYP and will return to his/her home country immediately at his/her own expense.
10. Students must have enough language skills to mainstream and function in the American high school system successfully.
11. If student is dismissed from a high school while on the CHI program, the student will be repatriated back to his/her home country and his/her visa will be revoked.
12. If the student has an undisclosed pre-existing medical or psychological condition or the student is taking any undisclosed medications, CHI has the right to dismiss the student from the AYP program. CHI has the right to make the final decision. N/parents and students will be responsible for all costs involved.
13. Athletic eligibility or participation in other extra-curricular activities are not guaranteed.
14. We furthermore certify that we (natural parents and students) disclosed all medical, pharmaceutical and psychological information.
15. The natural family is responsible for insuring that the student has sufficient money available during the program. In addition there is no guarantee of obtaining a bank account and host families are not permitted to co-sign. It is preferable to use a debit or credit card.

The sending agency staff has fully explained the above agreements. We have also read and fully understand these rules of CHI's Academic Year Program and agree to abide by them.

Signature of Student (I agree): _____ Date: _____
(Month / Day / Year)

Signature of Parent(s)/Guardian: _____ Date: _____
(Month / Day / Year)

Signature of Parent(s)/Guardian: _____ Date: _____
(Month / Day / Year)

Signature of the Sending Agency: _____ Date: _____
(Month / Day / Year)

Statement of Guardianship

Name of Applicant: _____

We grant Cultural Homestay International (CHI), its employees, Academic Coordinators, the educational institution where the student is assigned, and the Host Family or families with whom the student may live that, at their decision, and if needed, at the cost of the student or his/her Parents or legal guardians in case of expenses over the coverage of the insurance policy covering the student, the power to place the student in a hospital or in any other institution for any type of assistance or medical doctor for his/her treatment.

We grant CHI, its employees, Academic Coordinators, the educational institution where the student is assigned, and the Host Family or families with whom the student may live, all necessary permissions to act “in loco parentis” or as “legal guardians” in any situation, especially in emergencies whether medical or other including the possibility of permission for surgical operations or any other treatment deemed necessary.

We authorize CHI, its employees, Academic Coordinators, the educational institution where the student is assigned, and the Host Family or families with whom the student may live to return the student to the country of origin at the student’s cost or that of the legal guardians or Parents, if necessary, to submit to medical treatment, if this is deemed necessary by the above mentioned people, after consultation with medical authorities. We confirm that at the time of signing this document, the student enjoys good health, that his/her medical record included in the student application is true and complete, and that the student is fit to engage in any physical sport activity.

We grant CHI, its employees, Academic Coordinators, the educational institution where the student is assigned, and the Host Family or families with whom the student may live, permission to act on our behalf in anything pertaining to possible representation before the local authorities.

This authorization shall be valid for the complete duration of the CHI program in which the student is participating.

Signature of Student: _____

Date: _____
(Month / Day / Year)

Signature of both Parent(s)/Guardian: _____

Date: _____
(Month / Day / Year)

Signature of both Parent(s)/Guardian: _____

Date: _____
(Month / Day / Year)

Signature of the Sending Agency: _____

Date: _____
(Month / Day / Year)

Host Family: _____

Date: _____
(Month / Day / Year)

Adjustment Strategies

Dear Students and Parents,

Participating in the Academic Year Program is an adventure for both students and parents. No matter how much you have looked forward to and planned for the exchange experience, both students and parents will go through a period of adaptation and adjustment. Many students suffer from culture shock when they first arrive in their host country. They may have expectations about how things should be that are unrealistic. Below you will find strategies to help you deal with culture shock.

Students may feel somewhat lonely, isolated or homesick and depressed while going through the adjustment process. These are all emotions that are part of the typical adjustment cycle. At the same time, natural parents may feel helpless to assist their son/daughter in resolving these issues. Please be assured that CHI will be helping your child through the adjustment cycle, and you can be of great assistance to your child and to CHI by discussing and agreeing to abide by the following.

1. **INTERNATIONAL CALLS AND EMAIL.** CHI knows that students and their parents wish to be in communication with one another. However, too much contact can hinder adjustment. CHI understands that during the first week you would want to communicate with your son/daughter at least one or two times. CHI would approve this communication during the first week. However, from the second week on we ask that you and your son/daughter limit communication to no more than two times per month. With communication so easily available, we know that it is difficult to refrain from communicating, but after decades of homestay experience, we know that for your child to adjust, he/she needs to integrate into and bond with the host family completely. We also ask that you discuss this policy with your child's friends and other relatives and ask them to limit phone calls and/or e-mail to the above schedule. Please understand that if CHI feels that your son/daughter is not adjusting due to increasing cell phone and/or e-mail communication, we will limit these avenues of communication to best ensure that your son/daughter will be able to adjust to their homestay program.

2. **VISITS** - Natural parents, siblings, other relatives and friends are not allowed to visit the student during the exchange program. CHI has found that visits from home can be extremely disruptive to the adjustment process. We ask that any visits occur at the conclusion of the program when family members may wish to come to North America, sign their child out of the program and travel in the host country before returning home. Visitors should make reservations at a local hotel rather than expecting the host family to provide accommodations. CHI also asks that you support the request that no visits be made to the home country by the student while she/he is participating in the program. Visits are allowed in an emergency situation only (i.e. hospitalization of the student).

3. **COUNSELING.** You may receive a phone call or e-mail message in which your son/daughter appears to be distressed and upset. In this case, please advise your son/daughter to speak with the host family, CHI coordinator or Academic Year Administrator. CHI staff is trained to provide counseling support to assist your son/daughter through the adjustment process. Please refrain from calling the host family, school or coordinators directly. We ask that you contact the sending agency staff in your country.

4. **TOTAL IMMERSION.** The CHI AYP is designed to give your son/daughter the opportunity to fully immerse in the host country culture and language. It is a natural tendency for students to want to meet and speak with others from the same culture and/or who speak the same language. Please encourage your son/daughter to immerse fully by approaching this experience with an open and friendly attitude. Participation, communication, a willingness to learn, and a smile will ensure success.

The sending agency staff has fully explained the above agreements. We have also read and fully understand these rules of CHI's Academic Year Program and agree to abide by them.

I Agree - Signature of Student: _____

Date: _____
(Month / Day / Year)

Signature of both Parents: _____

Date: _____
(Month / Day / Year)

Signature of both Parents: _____

Date: _____
(Month / Day / Year)

Signature of the Sending Agency: _____

Date: _____
(Month / Day / Year)

Name of Applicant: _____

Please place **3 photos of yourself with your family and friends** on this page. These photos are for your Host Family.
Please label (put a brief explanation) each picture.

Name of Applicant: _____

Please place **3 photos of yourself involved in your favorite sports, hobbies and other activities that illustrate your interest.** These photos are for your Host Family, so we encourage you to include photos which best expresses your interests.

Please label (put a brief explanation) each picture.

CHI Code # _____

Student Name (please print): _____

I certify that I have attended a pre-departure orientation conducted by my sending agency:

Location of Orientation: _____ Date: _____
(Month / Day / Year)

I also certify that I have read and understand the information on the “Sexual Abuse & Exploitation Awareness” flyer. In addition:

- I understand how to identify and report inappropriate behavior and sexual abuse.
- I understand that I have a right to say NO to any situation which makes me uncomfortable as it relates to inappropriate behavior and sexual abuse.
- I understand that I should report any incidents of inappropriate behavior or sexual abuse to my host family, Academic Year representative, school official or whomever I am most comfortable with regarding such matters.
- I understand that I can contact the Cultural Homestay office for any problems that arise during the exchange program.

Student Signature: _____ Date: _____
(Month / Day / Year)

To be completed by the sending agent:

Name of Sending Agency: _____

Sending Agents Name (please print): _____

Sending Agents Signature : _____ Date: _____
(Month / Day / Year)

Interview Form

Dear Interviewer, Please interview the student in English and write your honest opinions below. Write your full name and sign/date on the bottom. All the sections must be filled out.

Name of Applicant: _____

Name of Agency: _____

Date of Interview: _____

Month/Day/Year

Place of Interview: _____

Describe the student's behavior during the interview.

- | | | | |
|---------------------------------------|--------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Aggressive | <input type="checkbox"/> Flexible | <input type="checkbox"/> Mistrustful | <input type="checkbox"/> Silent |
| <input type="checkbox"/> Anxious | <input type="checkbox"/> Formal | <input type="checkbox"/> Nervous | <input type="checkbox"/> Spontaneous |
| <input type="checkbox"/> Calm | <input type="checkbox"/> Friendly | <input type="checkbox"/> Relaxed | <input type="checkbox"/> Suspicious |
| <input type="checkbox"/> Curious/open | <input type="checkbox"/> Informal | <input type="checkbox"/> Self-confident | <input type="checkbox"/> Talkative |
| <input type="checkbox"/> Enthusiastic | <input type="checkbox"/> Intimidated | <input type="checkbox"/> Shy | <input type="checkbox"/> _____ |

List activities the student may have not mentioned in the application.

Describe student's social class.

- Upper class Upper middle class Middle class Lower middle class Lower class

Describe student's independence.

- Very independent Somewhat Not really Continuously depending on others

Describe student's maturity level.

- Very mature Mature Somewhat Immature Very immature

Describe parents' involvement in the decision-making with respect to the enrollment of their child into the program.

- Neutral Supportive Aggressive/Pushy

Describe student's English conversation skills.

- Excellent Good Sufficient Low Poor

Do you recommend this student?

- Strongly yes Yes Somewhat I'm not sure No

Interviewer's comments:

1. English communication skills: _____

2. Any concerns?: _____

3. Overall comments: _____

Name of Interviewer

Signature of Interviewer

Month/Day/Year

Drivers Education Agreement and Release - Supplement A

(This Form is Optional.)

Name of Applicant: _____ CHI Code: _____

The undersigned parents or legal guardian of the student named above acknowledge the following:

Cultural Homestay International (CHI) may allow my son/daughter to participate in a classroom driver’s education course which does not involve any behind-the-wheel driving. Additionally, he/she may take behind-the-wheel driver’s training under the following conditions:

1. The Host Family car may not be used for practice, class work or the driver’s test.
2. A car may not be rented for use by my son/daughter.
3. A friend’s car may not be used by my son/daughter.
4. My son/daughter may enroll in a private driving school for the purpose of obtaining his/her driver’s license.
We understand that We will be solely responsible for the cost of the private driving school instruction.
5. My son/daughter may use the driving school vehicle to take the driver’s test.
6. If my son/daughter receives a driver’s license, we understand that the license must be turned over to the CHI program coordinator until the end of the program.
7. **CHI does not allow any student to drive while participating in the Academic Year Program.**
8. We acknowledge that my child’s standard medical insurance policy does not cover any medical costs that may be incurred as a result of an automobile accident which occurs while our child is behind the wheel. We understand that We will be solely responsible for any such medical costs.

We are the parent or legal guardian of the above student. We have read the foregoing agreement and release, and agree to be bound by it.

Parent/Legal Guardian Signature: _____

Date: _____
(Month / Day / Year)

Parent/Legal Guardian Signature: _____

Date: _____
(Month / Day / Year)

Note:
The laws of many States preclude foreign exchange students from obtaining a driver’s license.
There is no guarantee that student can obtain driver’s license.