

USA Application Checklist



IMPORTANT HINTS TO HELP YOU COMPLETE THE PAGES OF THIS APPLICATION FORM:

Student Information

- TO BE COMPLETED BY STUDENT APPLICANT** - printed in black ink
- PASSPORT SIZE PHOTO** - Please provide a standard passport photograph.
- DUAL NATIONALITY** - If you are an Australian and have dual nationality and are entitled to an Australian passport please enter "Australia" as your country of citizenship. If you are a New Zealander and have dual nationality and are entitled to a New Zealand passport please enter "New Zealand" as your country of citizenship. It is sometimes easier for visa purposes to use your other passport.
- ANOTHER NAME** - If either of your parents are known by another name other than their official name (eg "Bill" instead of "William") please put that in brackets after writing their official name on the front page. Also include their work phone and email address.
- Don't forget to write in the country you want to go to and the length of your program.
- DEPARTURE CITY** - In the area marked "Nearest city for departure": this is required for us to make your travel booking. This should be your nearest Australian state capital (if from Australia) or Auckland, Wellington or Christchurch (if from New Zealand). All students must note the additional expense of getting between your home and your departure city.
- SMOKING & ALCOHOL** - If you mark that you don't smoke, remember that it will not be acceptable for you to smoke at any time whilst you are on the exchange program. It can be difficult to obtain host family placements for students who smoke. If you mark that you do drink alcohol please indicate that you understand that the drinking of alcohol whilst on program is prohibited unless that prohibition is waived.

Academic History

- TO BE COMPLETED BY THE SCHOOL OFFICIAL AT THE APPLICANT'S SCHOOL**
- Put this in a protective cover when you take it to school and clearly mark your name and year level so your teacher knows who it belongs to.
- Check that all sections have been completed before including it with your application.
- Note that you must include a copy of each school report from three years ago onwards with your application.
- Check that the school stamp has been included as well as the official signature and title.

Medical Information

- TO BE COMPLETED BY THE STUDENT'S DOCTOR**
- It is necessary for all students to have a medical examination and for all immunisations to be up to date. Some students may need to have additional vaccinations prior to acceptance by the overseas partner. Call us for clarification.
- If your doctor has not done all your previous immunisations, take along any records you have for their information. You may need to have updated immunisations at your

appointment.

- Attach a copy of your immunisation record.

IMPORTANT ADDITIONAL ITEMS WHICH MUST BE SUPPLIED WITH YOUR COMPLETED FORM:

Student's Letter to Host Family

- TO BE COMPLETED BY STUDENT APPLICANT** - This letter may be typed, or clearly printed in black ink, and must be presented on A4 paper. Your letter is the most important part of the application. Here you will have the opportunity to reveal your true personality. Your host family will want to know why you want to come, what you want to enjoy doing with them and the new friends you will make, and what you are like with your family and friends in your home country. Include information about your favourite school subjects, sports, etc, and what makes you interesting. What do you think you can contribute to your host family and host community? Make your letter as friendly and personal as possible.
- ALL STUDENTS NOTE** - In your letter, show interest in the culture of your host country and avoid giving the impression that you see the exchange as a travel jaunt. You will probably get the opportunity to travel, but remember the exchange is primarily a cultural and educational program. Make sure you thank your family for deciding to host you and remember to sign the letter.

Parent Letter to Host Family

- TO BE COMPLETED BY STUDENT'S PARENTS** - This letter may be typed, or clearly printed in black ink, and must be presented on A4 paper. Your letter is one of the most important parts of the application. The letter should provide personal information that will help the host family understand your child's personality, background, lifestyle and habits. We ask that you comment on your child's strengths and weaknesses, concentrating on the positives. Remember you are writing to another parent.

Family Photos

- Include a minimum of 4 photos scanned and placed into a 1-2 page A4 word document. The more the better. Under each photo, write a brief description of the image.
- Photos should show you with your family and friends in places you live or frequently go, doing the things you usually do or like to do. This is for your host family so that they can understand the way you live. You should have at least one showing your family members. Others can include more family shots, pets, musical instruments, school friends, etc. Aim to have a good variety of clear photographs.
- Do not include any photos showing smoking or alcohol. Keep in mind your potential family needs to see photos that show your normal way of life. to Host Family

Early Bird Discounts & Scholarships

- To obtain the discount or scholarship, the application and \$150 deposit must be received by the relevant deadline and you must authorise Student Exchange Australia New Zealand Ltd to deduct the balance of the fee as per the conditions detailed in the Early Bird Discount and Scholarship section on page 12.

IMPORTANT CHECKLIST: ALL ITEMS LISTED BELOW MUST BE COMPLETE & INCLUDED WITH YOUR APPLICATION

- | | |
|---|--|
| <input type="checkbox"/> Have you completed all pages? | <input type="checkbox"/> Have you included your student letter to the host family? |
| <input type="checkbox"/> Have you and your parent/s read and signed pages 11 & 12? | <input type="checkbox"/> Have you included your parent letter to the host family? |
| <input type="checkbox"/> Have you included copies of all school reports from three years ago onwards? | <input type="checkbox"/> Have you included your family photos? |
| <input type="checkbox"/> Have you included your passport photos & a copy of the i.d. page of your passport? | <input type="checkbox"/> Have you completed and signed credit card authority on page 12? |

We look forward to working with you towards a successful exchange experience!
If you have any queries please contact us in Australia on 1300 135 331 or 0800-440079 in New Zealand

Student Information

TO BE COMPLETED BY THE **STUDENT APPLICANT** (print in black ink)

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Country of destination _____	Departure <table border="1"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table> _____	M	M	Y	Y
M	M	Y	Y		
Duration _____	Return <table border="1"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table> _____	M	M	Y	Y
M	M	Y	Y		

<p>Photos</p> <p><input type="checkbox"/> Attach one smiling photo in the box provided.</p> <p><input type="checkbox"/> Include an additional five passport-sized photos in your application in a clearly marked envelope. Don't forget to put your name on the back of each additional photo.</p>	<p>Attach one smiling photo here</p>
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Personal Details							
Last Name <i>(as per passport)</i> _____							
First Name <i>(as per passport)</i> _____							
Preferred Name <i>(if applicable)</i> _____	<input type="checkbox"/> Male <input type="checkbox"/> Female						
Date of Birth <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table> _____	D	D	M	M	Y	Y	Age now _____
D	D	M	M	Y	Y		
Permanent Residential Address _____							
Suburb _____							
State _____	Postcode _____						
Permanent Mailing Address <i>(if different from residential)</i> _____							
Suburb _____							
Home Phone () _____	Fax () _____						
Applicant's Mobile _____							
Applicant's Personal Email <i>(Not school email)</i> _____							
City and Country of Birth _____							
Country of Citizenship <i>(as per passport)</i> _____							
Other Citizenships <i>(if any)</i> _____							
Heritage _____							
Passport No. _____							
Passport Expiry Date <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table> _____	D	D	M	M	Y	Y	
D	D	M	M	Y	Y		
<input type="checkbox"/> Attach a copy of identification page of Passport to this application							

Nearest City for departure	
- if from Australia:	Nearest Capital City is: _____
- if from New Zealand:	<input type="checkbox"/> Auckland <input type="checkbox"/> Wellington <input type="checkbox"/> Christchurch

Parent 1	
Full Name _____	
Gender _____	Date of Birth _____
Occupation _____	
Mailing Address _____	
Suburb _____	Postcode _____
Business Phone () _____	Mobile _____
E-Mail _____	

Parent 2	
Full Name _____	
Gender _____	Date of Birth _____
Occupation _____	
Mailing Address _____	
Suburb _____	Postcode _____
Business Phone () _____	Mobile _____
E-Mail _____	

Guardian	
Full Name _____	
Gender _____	Date of Birth _____
Occupation _____	
Mailing Address _____	
Suburb _____	Postcode _____
Business Phone () _____	Mobile _____
E-Mail _____	

Family Status (Tick all that apply)	
Parent 1: <input type="checkbox"/> Living <input type="checkbox"/> Deceased	Parent 2: <input type="checkbox"/> Living <input type="checkbox"/> Deceased
I live with: <input type="checkbox"/> Both parents <input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2	
<input type="checkbox"/> Other (please give details): _____	
Guardian/s: <input type="checkbox"/> Both parents <input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2	
<input type="checkbox"/> Other (please give details): _____	
Preferred contact person for correspondence relating to this application:	
<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Other (please give details): _____	
Contact person in case of emergency: <input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Other	

Student Information

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Siblings

Please provide the age and occupation of your siblings so that your host family may learn more about your natural family. Providing this information as part of your application is optional. However, once placed with a host family, they will be keen to learn more about your natural family.

Name	Age	Occupation
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Personality Traits: Place a tick in front of the following words which best describe you

<input type="checkbox"/> Polite	<input type="checkbox"/> Traditional	<input type="checkbox"/> Insecure	<input type="checkbox"/> Formal	<input type="checkbox"/> Shy
<input type="checkbox"/> Sensitive	<input type="checkbox"/> Optimistic	<input type="checkbox"/> Independent	<input type="checkbox"/> Open	<input type="checkbox"/> Active
<input type="checkbox"/> Spontaneous	<input type="checkbox"/> Quick-tempered	<input type="checkbox"/> Calm	<input type="checkbox"/> Informal	<input type="checkbox"/> Quiet
<input type="checkbox"/> Serious	<input type="checkbox"/> Adaptable	<input type="checkbox"/> Casual	<input type="checkbox"/> Friendly	<input type="checkbox"/> Patient
<input type="checkbox"/> Responsible	<input type="checkbox"/> Reserved	<input type="checkbox"/> Emotional	<input type="checkbox"/> Neat	

Interests: Place a tick in front of all the activities you enjoy

<input type="checkbox"/> Reading	<input type="checkbox"/> Horse riding	<input type="checkbox"/> Sailing	<input type="checkbox"/> Soccer	<input type="checkbox"/> Visiting museums
<input type="checkbox"/> Watching TV	<input type="checkbox"/> Handicrafts	<input type="checkbox"/> Cycling	<input type="checkbox"/> Basketball	<input type="checkbox"/> Attending theatre
<input type="checkbox"/> Watching sports	<input type="checkbox"/> Drama	<input type="checkbox"/> Hiking, backpacking	<input type="checkbox"/> Discussing current events	<input type="checkbox"/> Attending concerts
<input type="checkbox"/> Photography	<input type="checkbox"/> Martial arts	<input type="checkbox"/> Camping	<input type="checkbox"/> Playing indoor games	<input type="checkbox"/> Dancing
<input type="checkbox"/> Swimming	<input type="checkbox"/> Volleyball	<input type="checkbox"/> Windsurfing	<input type="checkbox"/> Chess or backgammon	<input type="checkbox"/> Gaming
<input type="checkbox"/> Computers	<input type="checkbox"/> Debating	<input type="checkbox"/> Cooking	<input type="checkbox"/> Listening to music	<input type="checkbox"/> Team sports
<input type="checkbox"/> Skiing (snow)	<input type="checkbox"/> Going to the movies	<input type="checkbox"/> Dating	<input type="checkbox"/> Tennis	<input type="checkbox"/> Individual sports
<input type="checkbox"/> Fishing	<input type="checkbox"/> Playing cards	<input type="checkbox"/> Baseball	<input type="checkbox"/> Painting, drawing	<input type="checkbox"/> Scuba diving, snorkeling

Collecting *(please list):* _____

Singing in organised group *(list the group):* _____

Playing musical instruments *(list the instrument/s):* _____

Other *(please list):* _____

Now, go back over the above list and circle the ticks of the five activities that occupy most of your time

Have you received any awards, or do you have any outstanding achievements, in the activities you ticked above?

Yes No If so, please list: _____

CONTINUES OVERLEAF

Student Information

TO BE COMPLETED BY THE **STUDENT APPLICANT** (print in black ink)

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List here any activities or interests you would especially like to pursue while on exchange:

Exchange students may be placed with a host family anywhere in the host country and families come in all shapes and sizes. We can't guarantee a particular type of family, area or activities. However, please list those activities you would especially like to enjoy with your host family: (Please remember you are not a tourist)

List languages, other than English, that you speak or that you have studied and for how long you have studied them:

Why did you decide to become an exchange student?

CONTINUES OVERLEAF

Student Information

TO BE COMPLETED BY THE **STUDENT APPLICANT** (print in black ink)

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What are your usual household responsibilities?

What personal qualities do you possess that would help you adjust to a host family that may have a different economic/religious and/or cultural background to your own?

Do you smoke?

Yes No Could you live in a home where others smoke? Yes No
Please be aware that smoking is very common in many host countries.

Do you drink alcohol?

Yes No I understand, the drinking of alcohol whilst on program is prohibited.

Dietary needs

Are you a vegetarian or do you have any special dietary needs? Yes No
Please be aware that finding a family to host a vegetarian, vegan or person with gluten intolerance may take longer.

If yes, please give details and specify foods you absolutely are unwilling to eat:

Religion

What is your religious affiliation?

How often do you participate? Weekly Occasionally Never

Other:

Would you be comfortable with a family of a different religion? Yes No

Pets/Animals

Do you have any pets/animals at home? Yes No

Do you have any allergies to animals that would prevent you living with them?

Yes No If yes, give details:

Student Exchange Australia New Zealand

How did you hear about Student Exchange Australia New Zealand?

Have you attended an information session or viewed one of our videos?

Yes No If so, where and when?

CONTINUES OVERLEAF

School Recommendation – To be completed by a school official.

Student Name: _____

1. How many years have you known this student? _____ Years
2. How many years of English has the student had? _____ Years
3. What type of instruction was the English? Classroom Private Lessons Both
4. How many days per week were the lessons? _____
5. What type of school has the student primarily attended? Boarding Public Private Other _____
 Month of the year school starts: _____ Month of the year school ends: _____
6. What U.S. grade level is the student **currently** attending? 8 9 10 11 12
7. What U.S. grade level **will the student attend on the CETUSA program?** 9 10 11 12
(Note: Schools are mandated by the State to assess U.S. students in certain grade levels. Some schools may change the exchange students' U.S. grade level in order for them not to have to be included in the testing process.)
8. Does the student need to validate/convalidate transcripts at the end of the CETUSA program? YES NO
9. If #8 is yes, what grade must student attend on the CETUSA program to validate/convalidate? 9 10 11 12
(Note: All students are responsible for the process of their own validated/convalidated school transcripts.)
10. How many formal years of school has this student completed? 7 8 9 10 11 12
11. How many years are required for graduation? _____ Years
12. Has the student graduated from high school? YES NO
13. Please indicate the student's academic standing in his/her class:
 Top 10% Top 25% Top 50% If less than 50%, why? _____
14. Does this student have a history of continuous absence from school? YES NO
 If "Yes", please explain: _____
15. In what extracurricular activities does the student participate?

16. Has the student won any academic awards? YES NO If YES, what? _____
17. What is the student's attitude toward school and schoolwork? _____
18. What is this student's relationship with his/her fellow classmates? _____
19. What are the student's leadership abilities? _____
20. Based on your knowledge of this student, how would you evaluate his/her potential success as an exchange student?
 Very Good Good Average Poor
21. Please add any other information you think is appropriate: _____

School Official's Signature: _____ Title: _____ Date: _____

Please Place
School Stamp
Here

ACADEMICS - To be completed by a school official. 3 years of grades required.

Student Name: _____

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

		Foreign Grading Scale	
US Grading Scale			
Excellent	A		_____
Above Average	B		_____
Average	C		_____
Poor	D		_____
Fail	F		_____

Students are **required** to have an academic average of B- or better over their most recent 3 years of school.

In the boxes below, please list in **English** the courses taken by student and the grades received. Please use the grading system listed above. **NOTE: Original school transcripts are required for the most recent 3 years. Also, students are required to have final semester grades/transcripts for the current year sent to us before their program starts.**

Calendar Year: 20__/20__ U.S. School Grade Level: _____			Calendar Year: 20__/20__ U.S. School Grade Level: _____		
Courses	1/2 Year Grade	Final Grade	Courses	1/2 Year Grade	Final Grade

Signature: _____ Date: _____
Title: _____

Official
School
Stamp
Here

Must be signed, stamped and dated

MEDICAL INFORMATION

Student Name: _____ Date of Birth _____ / _____ / _____
MM DD YEAR

PHYSICAL EXAMINATION OF STUDENT
 (This examination must be done by a Medical Doctor and completed in English.)

Height _____ Weight _____ Blood Pressure _____ / _____ Pulse _____

Did your examination find any problems with the following? Check the Yes or No box for each one.

- | | | | | | |
|------------------------|--|--------|--|--------------------|--|
| Respiratory System | <input type="checkbox"/> Yes <input type="checkbox"/> No | Alb | <input type="checkbox"/> Yes <input type="checkbox"/> No | Abdomen | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Cardiovascular System | <input type="checkbox"/> Yes <input type="checkbox"/> No | Sugar | <input type="checkbox"/> Yes <input type="checkbox"/> No | Genitals | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Neurological System | <input type="checkbox"/> Yes <input type="checkbox"/> No | Micro | <input type="checkbox"/> Yes <input type="checkbox"/> No | Ears, Nose, Throat | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Musculoskeletal System | <input type="checkbox"/> Yes <input type="checkbox"/> No | Liver | <input type="checkbox"/> Yes <input type="checkbox"/> No | Skin | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Urinalysis S.B. | <input type="checkbox"/> Yes <input type="checkbox"/> No | Spleen | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Please use **Additional Medical Sheet** to explain any condition that was marked **YES** in the above questions with the year of occurrence.

Allergies? YES NO If yes, please explain. Also, please list any allergy to **cats or dogs or foods:** _____

Students may only bring medications prescribed by their doctor. Please list, in English, all medication(s) the student currently takes and why it is needed. This includes **Homeopathic** supplements and remedies. List medications and dosages on the **Additional Medical Sheet**. Not listing medications could put the student's health at risk as American doctors must know what medications the students are taking when treating them. _____

Is this student physically able to participate in sports? YES NO If not, why? _____

STUDENT MEDICAL HISTORY

Has this student ever been treated for any of the following and/or conditions? **Please check the box for each one Yes or No.**

- | Yes | No | Yes | No | Yes | No |
|--------------------------|--|--------------------------|--|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> Appendicitis | <input type="checkbox"/> | <input type="checkbox"/> Endocrine Disorders | <input type="checkbox"/> | <input type="checkbox"/> Pneumonia |
| <input type="checkbox"/> | <input type="checkbox"/> ADD or ADHD | <input type="checkbox"/> | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> | <input type="checkbox"/> Pulmonary Disease |
| <input type="checkbox"/> | <input type="checkbox"/> Anxiety/Panic Attacks | <input type="checkbox"/> | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> | <input type="checkbox"/> Asthma | <input type="checkbox"/> | <input type="checkbox"/> Hernia | <input type="checkbox"/> | <input type="checkbox"/> Scarlet Fever |
| <input type="checkbox"/> | <input type="checkbox"/> Bipolar Disorder | <input type="checkbox"/> | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> | <input type="checkbox"/> Self-Injury/Cutting |
| <input type="checkbox"/> | <input type="checkbox"/> Cardiac Disease | <input type="checkbox"/> | <input type="checkbox"/> Malaria | <input type="checkbox"/> | <input type="checkbox"/> Sleep Disorder |
| <input type="checkbox"/> | <input type="checkbox"/> Cancer (Any Type) | <input type="checkbox"/> | <input type="checkbox"/> Menstrual Disorder | <input type="checkbox"/> | <input type="checkbox"/> Suicidal Thoughts |
| <input type="checkbox"/> | <input type="checkbox"/> Congenital Anomalies | <input type="checkbox"/> | <input type="checkbox"/> Migraines or Serious Headaches | <input type="checkbox"/> | <input type="checkbox"/> Typhoid Fever |
| <input type="checkbox"/> | <input type="checkbox"/> Convulsive Disorders | <input type="checkbox"/> | <input type="checkbox"/> Neurological Disorders | <input type="checkbox"/> | <input type="checkbox"/> Thyroid Disease |
| <input type="checkbox"/> | <input type="checkbox"/> Depression | <input type="checkbox"/> | <input type="checkbox"/> Orthopedic Problems | <input type="checkbox"/> | <input type="checkbox"/> Ulcer |
| <input type="checkbox"/> | <input type="checkbox"/> Diabetes | <input type="checkbox"/> | <input type="checkbox"/> Obsessive-Compulsive Disorder (OCD) | <input type="checkbox"/> | <input type="checkbox"/> Vertigo, Dizziness |
| <input type="checkbox"/> | <input type="checkbox"/> Eating Disorders | <input type="checkbox"/> | <input type="checkbox"/> Obsessive Defiance Disorder (ODD) | | |

Please explain on the **Additional Medical Sheet** any disease or disorder that was marked **YES** in the above questions with year of occurrence.

Any Visual or Hearing problems? YES NO If yes, please explain and put year of occurrence. _____

Has student had any operation or hospitalization? YES NO If yes, please list with year of occurrence on the **Additional Medical Sheet**.

Does student have any history of or present evidence of any emotional concerns? YES NO If yes, please list with year of occurrence on the **Additional Medical Sheet**.

Has this student ever been treated or diagnosed with anything not listed above? YES NO If yes, please explain on the **Additional Medical Sheet** with year with year of occurrence.

Physician's Signature: _____ Date: _____

Physician's Name (Printed): _____

Physician's Address: _____

Physician's Stamp
Here



Additional Medical Information Form
(If Applicable)

Student #: _____ Home country: _____ Birthdate: _____ / _____ / _____
Month Day Year

Student Name: _____

Agent/Company Name: _____

Medical Concern (Diagnosis/Condition)

Onset Date: _____ / _____ / _____

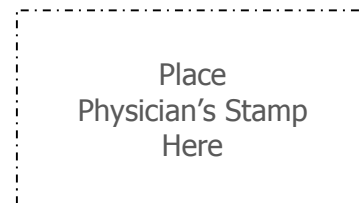
Current Status:

Attending or Monitoring Physician Name: _____

Physician Signature: _____ Date: _____

Phone number: _____ Email: _____

Fax number: _____



Medication needed and frequency of how often is needed:

- 1 _____
- 2 _____
- 3 _____

Physician Follow-up Schedule in USA.

Frequency Schedule: _____

Medical tests required and timing: _____

Additional Insurance requested.

Insurance name and Policy # _____

Please attach copy of Insurance Document – Translation into English required – Medical/Emotional/Mental included but not inclusive. This needs to be completed as part of the application process if required by CETUSA. There is not a guarantee of acceptance.



IMMUNIZATION RECORD

URGENT—Schools require all immunizations to be completed prior to the Student’s arrival in the U.S. You must also include a copy of the student’s original immunization card with application.

Student Name: _____ Date of Birth: _____ / _____ / _____
MM DD YEAR

Vaccinations (write date given as MM/DD/YYYY for each dose)	1st	2nd	3rd	4th	5th
Polio (IPV or OPV)	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
DTaP or DTP (These dates cannot be the same as Tdap dates).	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
Tdap (This is <u>REQUIRED</u> to have been given within the last 5 years).	___/___/___	___/___/___			
Hepatitis A	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
Hepatitis B	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
Meningococcal (MCV4, ACW4Y)	___/___/___	___/___/___	___/___/___	Type: _____	
MMR (Measles/Rubeola-Mumps-Rubella)	___/___/___	___/___/___	___/___/___	MMR and Varicella vaccines must be given together. If they were given separately, they must have been given 28 days apart.	
Varicella (chicken Pox)	___/___/___	___/___/___	___/___/___		
Diseases: If student has had any of the Following diseases, please list month and year student had the disease.	Measles/Rubeola ___/___	Mumps ___/___	Rubella ___/___	Chicken Pox ___/___	
Tuberculosis (TB) Skin Test Must be given within 6 months of program start date)	___/___/___	Results: <input type="checkbox"/> Positive <input type="checkbox"/> Negative NOTE: if positive, a chest X-ray is required (please attach results)			

IMMUNIZATIONS REQUIRED FOR SCHOOL ADMISSION INTO AMERICAN HIGH SCHOOLS

- 1. Polio** (trivalent Oral-TOPV) : 4 doses: 4th dose must be at 4 years of age or older OR If dose 3 is given on or after 4 years of age, only 3 doses are required.
- 2. Diphtheria-Tetanus-Pertussis** (DTaP or DTP) : At least 4 doses: One dose must be on or after 4 years of age.
- 3. Tetanus-diphtheria-pertussis** (Tdap) : 1 dose of Tdap: Licensed for ages 11 years and older. Required to have been given within the last 5 years.
- 4. MMR** (Measles/Rubeola, Mumps, Rubella) : 2 doses: First dose must be on or after 1st birthday or laboratory-confirmed disease diagnosis, verified by a physician. If first dose was before child’s 1st birthday, they will need a 3rd dose.
- 5. Varicella** (Chicken Pox) **Vaccine** : 2 doses: First dose must be on or after 1st birthday or laboratory-confirmed disease diagnosis, verified by a physician. If first dose was before child’s 1st birthday, they will need a 3rd dose.
- 6. Hepatitis A** : 2 doses. 1st and 2nd must be at least 6 months apart.
- 7. Hepatitis B** : 3 doses. 2nd must be 1 month after 1st, 3rd must be at least 6 months after 1st dose.
- 8. Meningococcal** : 1 dose at 11-12 years, 2nd dose at age 16

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

Physician’s Signature: _____ Date: _____

Physician’s Name (Printed): _____

Physician’s Address: _____

Place Physician’s Stamp Here

Must be signed, stamped and dated by physician

Attach Copy of Student's Original Immunization Record Here



Terms & Conditions

TO BE COMPLETED BY THE **STUDENT & PARENTS** (print & sign in black ink)

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1. Student Qualifications

The student must be between 15 and 18 years old when the program commences (exceptions may be made for 14 and 19 year olds). The applicant must be a serious student of at least average ability, have a very strong desire to participate in the program, be socially adaptable, emotionally stable and have no major disabilities that will prevent normal participation in school, home and travel activities.

2. Acceptance into Program

Consideration of the student's application will only be made after receipt of the fully completed application form and payment of the \$150 deposit. The student will be accepted into the program only after Student Exchange Australia New Zealand has determined that the student meets all suitability and eligibility requirements. Participation is also dependent on availability of places in the selected program and approval by the overseas host organisation.

3. Included in the Program

Personal interview; pre-departure orientation (student's participation in pre-departure orientation [PDO] and arrival orientation is mandatory); round-trip economy class air transport from your nearest state capital city (if from Australia) or Auckland, Wellington or Christchurch (if from New Zealand) to the host community; departure check-in assistance at major home country hubs (if requested or available); accommodation where necessary for connecting schedules to the final destination overseas; meeting and greeting at the final destination; host family placement providing bed and board, placement in a local school, supervision throughout the program by Student Exchange Australia New Zealand's overseas host organisation; 24/7 emergency phone service; medical/accident, travel, baggage and public liability insurance*; visa processing assistance where needed.

4. Not Included in the Program

Round trip transportation to your departure city; passport and visa fees, flight chaperone (unless specified on travel assisted programs); all items of a personal nature; expenses for extra-curricular school or elective activities; sports programs; entertainment; meals away from home including school canteen costs; transportation to and from school; any subject, textbook or uniform fees at school overseas; additional excursions; camps; specific placement requests; any fuel charge where applicable. Convalidation of grades or approval of school year is the student's responsibility. The student understands and agrees that participation in the program does not guarantee any credit, graduation, or diploma from an overseas secondary school. Any COVID specific related expenses including early return or quarantine fees*.

5. Program Duration

Program durations vary according to country and school schedules. A 'semester' program can be from 4.5 – 6 months. A 'year' program can be from 9 – 12 months. 'Short' programs are from 3 – 12 weeks.

6. Rules of the Program

While on the program, students must abide by these program rules. A student who does not comply with the program rules may have his or her participation in the program terminated and the student may be returned to their home country at natural parent/guardian's expense.

1. While in the host country, students must obey all the laws of the host government, including laws covering immigration, sexual relations, all State and Local government laws, as well as the rules set by the host school, the host family, the overseas host organisation and Student Exchange Australia New Zealand.
2. School attendance is compulsory. Students must attend school and follow school policies with regard to absence, homework and exams. Students must demonstrate a determined effort at school and maintain "C" average or higher in all courses at the host school.
3. Students must not travel independently and must comply with all Student Exchange Australia New Zealand and overseas host organisation release conditions and procedures.
4. Students must not drive or purchase any motorised vehicle (eg, car, van, ute, truck, motorcycle, moped, scooter, tractor, quad bike) which requires a licence except when supervised by legally qualified instructors as part of the student's school experience. USA: driving is permitted with an instructor of an official driver's education course, and only during class hours; Australia: driving 'quads' can be allowed if provided by the host family and additional insurance is arranged and must only be driven on private premises, not on public roads.
5. Students must not smoke or use any prohibited substance during the program period. Students who indicate that they do not smoke on their application may not smoke during the program period. Be aware that in some countries or states it is forbidden by law for students under a certain age to smoke or possess tobacco. Possession, purchase or use of non-medically prescribed drugs is prohibited. Consumption of alcohol is prohibited. Exceptions regarding alcohol may be allowed ONLY in countries where local law allows it and ONLY when offered, and consumed, by and together with the host parents in the host home and never to excess.
6. Students must demonstrate a genuine commitment to assimilate with their host community and host family by following host family rules, participating in host family everyday life and by integrating into the host family community. Students must act respectfully and always keep their host family aware of their whereabouts. The use of phone and/or other social media to contact home should be limited to help to avoid homesickness.
7. Students may not participate in hazardous activities without prior written approval by natural parents/guardians, host family and Student Exchange Australia New Zealand on the Hazardous Activities Release Form. Approval is required regardless of whether or not the hazardous activity is covered by insurance.
8. The following actions/behaviour are not permitted:
 - Hitch-hiking,
 - Shooting, possessing, or handling firearms or other weapons
 - Sexting, that is, the sending or sharing of sexually explicit digital images, videos, text messages or emails.
 - Becoming pregnant or causing somebody else's pregnancy.
 - Life-changing decisions: marriage; changing sex or gender identity; changing religion; changing nationality; tattoos; piercings.
 - Students are not allowed to take official employment outside their host homes in the host country except in Australia and New Zealand

Any student breaking the above rules will be returned to their home country immediately at the natural parent's expenses. Be aware that local laws (in the host country) may differ to laws in the home country and that violations of the above rules may have serious consequences and/or may result in the cancellation of a student's participation in the program.

Rules are made to ensure the students' safety and successful completion of the program. Student Exchange Australia New Zealand takes responsibility to help the student to successfully complete their program, and

*Full medical insurance is provided for all COVID pandemic related medical costs whilst on the program but any other COVID specific related expenses including but not limited to early return or quarantine fees are not covered by our insurance policy.

CONTINUES OVERLEAF

therefore has processes for handling situations where students break the rules. The process may involve "round table discussions", "positive action plan" and a "final warning". It will usually involve the student, host family, local coordinator and overseas host organisation program staff. For appropriate rule breaches, it may highlight when a student is not following the rules, what remedial actions are required, as well as potential consequences if not remedied. Extremely serious rule breaches will of course not involve such a process, but will cause the student to be immediately returned to their home country. Natural parents/guardians are advised not to contact the overseas host organisation unless approved by the sending organisation. To ensure proper management and control of a student's program, all contact from the natural parent's should be with Student Exchange Australia New Zealand. These rules must be read in conjunction with the Terms & Conditions of participation, Medical and General Authority, Travel Authority, Insurance Policy and student and parent handbooks.

As indicated above, Student Exchange Australia New Zealand and the overseas host organisations reserve the right to terminate the participation in the program of any student whose conduct is considered by them to be seriously in breach of program rules or detrimental to or incompatible with the program or where global, national or regional emergency circumstances, national, state or territory government directives, the student's physical or mental health circumstances, and/or the student breaches the rules of the program as highlighted above and in that event they may return that student home at the natural parent/guardian's expense.

7. Expenses During the Program

Students must have at least AU\$500/NZ\$650 available to them upon arrival in the destination country plus a minimum of AU\$350/NZ\$450 per month to cover costs not included in the program.

8. Passport and Visa

The student must have a current passport with a minimum validity of six months after the anticipated return date, and the relevant visa for the country of destination, if required.

9. Host Family

Host family selection is solely at the discretion of the overseas host organisation of Student Exchange Australia New Zealand. Host families are generally non-paid volunteers. Placement of students with families is generally based upon material contained in the application. Student Exchange Australia New Zealand cannot guarantee placements in any specific area (unless a program with Location Options has been chosen), or with host families of specific criteria. Should a host family change be necessary because of the behaviour of the student, Student Exchange Australia New Zealand will make all reasonable endeavours to facilitate a replacement family. However, an administration charge may be levied and all transportation costs associated with the move will be the financial responsibility of the natural parent/guardian. Students must accept placement with a host family of any race, creed or colour. The student must live as a member of the host family, respect the rules and customs of the host family. Students can be placed in more than one host family during the duration of the program.

10. Inoculations

Each country has its own requirements for inoculations. Students should consult with their family physician, local health authority or Student Exchange Australia New Zealand for the latest requirements in the host country. The results of a recent medical examination and immunisation history are part of the application and may be required for the student's safety, visa application and school enrolment.

11. Insurance

Students are provided with personal accident and medical coverage, as well as travel, baggage and public liability insurance* while participating in the program. Natural parents/guardians should review the policy to ensure the cover is adequate for the student. Some exclusions for special or pre-existing conditions apply. Natural parents/guardians shall promptly pay all medical expenses incurred in respect of the student during the program. Insurance claims made in respect of medical expenses may only be made after natural parents/guardians have made such payment. Natural parents/guardians agree to promptly reimburse Student Exchange Australia New Zealand, its overseas affiliates and any host family for any medical expenses incurred by them in respect of the student (although Student Exchange Australia New Zealand, its overseas affiliates and any host family shall have no obligation to make any such expenditure.)

12. Program Cancellation

Cancellations will only be accepted in writing and will be effective as of the date received by Student Exchange Australia New Zealand. Provided all fees due up to the date of cancellation have been paid, refunds will be made in accordance with the following schedule:

1. If a student is not accepted on to the program by Student Exchange Australia New Zealand – Full refund
2. If a student is not accepted by the overseas partner – Full refund
3. If Student Exchange Australia New Zealand cancels a program at any time prior to departure – Full refund
4. If a student withdraws from the program:

- Before interview – Full refund
- After interview but before formal acceptance – Full refund less \$150
- After formal acceptance:
 - 75 days or more prior to scheduled departure – Full refund less \$1500
 - 74 days to 14 days prior to scheduled departure – 50% of program fee
 - Less than 14 days prior to scheduled departure – No refund
 - Failure of student to depart on flight – No refund
 - Student voluntarily leaves or is dismissed from program – No refund

5. If a student has to return home after commencement of the program because of serious illness of the student or serious illness or death of a member of the immediate family \$100 refund will be paid for each complete remaining month of the program.

Nothing in these terms and conditions is intended to have the effect of contracting out of the provisions of the New Zealand Consumer Guarantees Act 1993 (if applicable).

13. Price Guarantee

Student Exchange Australia New Zealand reserves the right to increase program prices at any time. However, applicants are protected from price increase once the completed application form and initial deposit of \$150 have been received by Student Exchange Australia New Zealand.

14. Scholarships and Discounts

Scholarships and discounts cannot be used in conjunction with one another. Only one scholarship or discount can be applied to the program fee unless the applicant chooses to host and is eligible for a hosting rebate. Unsuccessful scholarship applicants who advise us in writing that they will not proceed with their application on a fee paying basis will have their \$150 deposit refunded in full, according to the cancellation schedule above.

Terms & Conditions

TO BE COMPLETED BY THE **STUDENT & PARENTS** (print & sign in black ink)

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15. Responsibility

Student Exchange Australia New Zealand, its overseas host organisations, partners, employees or coordinators act only as customers to the various companies, owners, or providers of other services. All tickets, coupons, and orders are issued subject to any and all terms under which such services are offered or provided. The passage contract in use by the airline concerned, when issued, shall constitute the sole contract between the airline and the purchaser of these programs. The issuance and acceptance of such tickets, coupons and orders shall be deemed to be consent to the additional condition that to the maximum extent permitted by applicable law, Student Exchange Australia New Zealand, its overseas host organisations, partners, employees or coordinators shall not in any way be liable for injury, damage, loss or delay howsoever caused which derives from acts or omissions of airlines, shipping companies, and transportation providers in general, hotels, restaurants or any other service providers. Nothing in these terms and conditions is intended to have the effect of contracting out of the provisions of the New Zealand Consumer Guarantee Act 1993 (if applicable).

16. Alterations to the Program

Student Exchange Australia New Zealand reserves the right to make such alterations or modifications to the program as may be deemed desirable by Student Exchange Australia New Zealand for the proper execution of the program. Student Exchange Australia New Zealand reserves the right to cancel any program and to decline to accept or retain any student at any time.

17. Law of the contract

This Contract is governed in all respects by the law of the State of New South Wales and any legal action arising under the Contract shall be litigated only in the appropriate Court having jurisdiction in that State. Notwithstanding the governing law of the Contract, Student Exchange Australia New Zealand Ltd complies with the applicable New Zealand laws and regulations, including the Privacy Act 1993, Consumer Guarantees Act 1993, Unsolicited Electronic Messages Act 2007 and the Fair Trading Act 1986.

18. Travel Authority

We, the parents or legal guardians of the student, hereby authorise Student Exchange Australia New Zealand, its overseas representatives and the host family with whom our child may live, to make all decisions on our behalf concerning travel arrangements for our child for the duration of our child's participation in the Student Exchange Australia New Zealand program. This authorisation is given for all occasions when our child is travelling and supervised by a person approved by a host parent, a representative of the overseas host organisation or by a representative of the school our child will be attending. We understand that our child may not travel unsupervised other than for local arrangements generally approved by one of the host parents. That is, independent day travel [except travel to and from school] without consent of the host family is not allowed, and never allowed outside the host country. Independent overnight travel can be allowed, to visit a relative or friend of the student, who is over the age of 25 and is approved by the natural parents and authorised through a release form. Travel is allowed together with: host family; school representative; tour operator approved by receiving organisation; sports club or other youth organisation with adult supervision. Before exiting the host country with the host family, the student must always check their visa regulations/conditions to ensure that the student will be allowed to re-enter.

Returning temporarily to the home country is discouraged, but can be allowed if applied for well in advance before the trip, with release form signed by natural parents. Such trips cannot involve absence from school. (Exceptions apply for emergencies, e.g. death of a family member, or medical emergency that has to be treated in home country). Fees may apply.

Parents and guardians are discouraged from visiting exchange students. If parents do visit, the visit should occur towards the end of the program or during major holidays (for a maximum of 7 days) and be approved in advance by both the sending and host organisations. The student is under no circumstances allowed to be absent from school. Host family is not obligated to provide accommodation to the natural parents/guardians. For programs shorter than 3 months, natural parent/guardian visits are not allowed during the program.

Natural parents/guardians agree to pay for any additional travel expenses incurred by Student Exchange Australia New Zealand as a result of an early return.

The natural parents/guardian and the student have read the above travel authority and agree that the student will only travel in accordance with these authorised travel arrangements whilst participating in the Student Exchange Australia New Zealand program.

19. Medical and General Authority

We, the natural parents or legal guardians of the student grant Student Exchange Australia New Zealand, its employees and overseas partners, the school where the student may be assigned, and the host family or families with whom they may live permission at their discretion and, if necessary, at our cost to place our child in a hospital or in any other institution for any type of assistance or medical treatment or, if there is no hospital available, to place them under the care of a local medical doctor for their treatment.

We also grant Student Exchange Australia New Zealand, its employees and overseas representatives, the school where the student may be assigned, and the family or families with whom our child may live, permission to act as legal guardians and in 'loco parentis' for the student in any situation, whether medical or other, where they may at their discretion determine it necessary or appropriate to do so. This authority extends to giving permission for surgical operations or any other treatment. With this application we also authorise Student Exchange Australia New Zealand and its overseas partners to return the student to his/her home country at our cost for medical treatment should they deem it necessary. We confirm that at the time of signing this document the student enjoys good health, that their health record enclosed herewith is true and complete, and that they may engage in any physical or sport activity. We also undertake to immediately notify Student Exchange Australia New Zealand of any material changes to the medical condition of the student. Any and all current, and historical, physical or psychological medical conditions must be communicated to the sending organisation in full prior to program start. If the student develops a serious physical or psychological medical condition during the program period, the student must be diagnosed by a doctor and returned home. If reasonably required by Student Exchange Australia New Zealand during the program we will authorise the release of medical information concerning the student to Student Exchange Australia New Zealand.

We grant Student Exchange Australia New Zealand, its employees and overseas representatives and the host family or families with whom the student may live, permission to act on our behalf in anything relating to police matters involving the student or to possible representation of the student before the local courts or authorities. This authorisation shall be valid for the entire duration of the Student Exchange Australia New Zealand program in which the student is participating.

20. Acceptance

We, the natural parents/guardian and the student acknowledge and agree that:

- We have read, understood and accept these above terms and conditions.
- We renounce any claim we may otherwise have against Student Exchange Australia New Zealand, its partners, employees or coordinators where such claim relates to force majeure.
- We grant Student Exchange Australia New Zealand permission to use any photographs, video, comments or any other type of material submitted to Student Exchange Australia New Zealand in which the student may appear or which the student may have created or written, for promotion or publicity of Student Exchange Australia New Zealand. We understand that the images, videos or comments may be used in print publications, online publications, presentations, websites, and social media. We also understand that any photos or videos submitted to Student Exchange Australia New Zealand will need to have the approval of all individuals included and that no royalty, fee or other compensation shall become payable to us by reason of such use.
- We undertake to disclose in writing any material changes to the medical history of the applicant following submission of the application.
- We have also read, understood and will comply with the Rules of the Program.
- We acknowledge that failure to comply with these Terms and Conditions will entitle Student Exchange Australia New Zealand to terminate the student's participation in the program.
- Student Exchange Australia New Zealand has a contractual agreement with the natural parents/guardians, and obligations toward natural parents/guardians are the same for students who are under 18, who are 18 upon arrival and/or who turn 18 during the program. All students are subject to the Program Rules in their entirety.

We hereby agree to the above terms and conditions and agree that the student must follow the above rules

X

Signature of student _____ Date _____

X

Signature of legal guardian _____ Date _____

X

Signature of legal guardian _____ Date _____

Student Exchange Australia New Zealand is registered with all Australian state/territory and New Zealand regulatory authorities at the time of publication.

21. Payment Schedule & Credit Card Authority

Full payment must be received prior to departure.

Tick applicable box and complete credit card details below:

Early Bird and Scholarship Applicants

I/We authorise and request Student Exchange Australia New Zealand to debit my/our credit card (details provided below) with the \$150 deposit when the application is submitted, followed by the balance of the program fee in 6 x monthly instalments commencing when our son/daughter is formally accepted onto the Student Exchange Australia New Zealand program.

Other Applicants

I/We authorise and request Student Exchange Australia New Zealand to debit my/our credit card (details provided below) with the \$150 deposit when the application is submitted, followed by the balance of the program fee in 3 x monthly instalments commencing when our son/daughter is formally accepted onto the Student Exchange Australia New Zealand program.

We hereby agree to the above terms and conditions and agree that the student must follow the above rules

VISA MASTERCARD

Expiry Date (Month/Year)

Account Number

Cardholder Name/s

X

Signature(s) _____ Date _____

X

Signature(s) _____ Date _____

PRIVACY: Student Exchange Australia New Zealand Ltd is collecting information about the applicant to assist in determining whether s/he is eligible for the program, to administer the application and to provide information to the overseas partner organisation and host family concerning the applicant. Student Exchange Australia New Zealand Ltd may not be able to process your application, or provide the program to you, if all the requested information is not provided. Information collected and held about you may be used from time to time for marketing other products and services for which we believe you are eligible. Information you provide may from time to time be disclosed to, and collected from overseas partner organisations, schools, host families and volunteer coordinators. Under the Australian Privacy Act 2000 amended March 2014 and the New Zealand Privacy Act 1993, individuals have rights of access to, and correction of, their personal information. Student Exchange Australia New Zealand Ltd will hold all information you give to us at Unit 7 – 9, 1 Mona Vale Road, Mona Vale, NSW, 2103, Australia. If you want to access your information, or change it, please contact us via info@studentexchange.org.au or info@studentexchange.org.nz. The applicant and their parent/guardian authorise Student Exchange Australia New Zealand Ltd to send the applicant commercial electronic messages for any of the purposes set out in this clause.