

Application Checklist

Application form for USA High School Choice

The application for the High School Choice program to the United States includes an online application and forms to complete. You are required to complete all parts.

Sections 1-6 & 9 of the application are all completed online and sections 7, 8 & 10-16 are forms that you are required to download and complete. These forms have all been included in this document for your reference, but can also be downloaded from the online application. Once you have completed the forms, please upload these directly to the relevant sections or email or post them to Student Exchange Australia New Zealand we will upload the forms on your behalf.

If you have any questions, please don't hesitate to contact the Program Manager for the United States, Michelle Hughes – mhughes@studentexchange.org.au.

IMPORTANT HINTS TO HELP YOU COMPLETE YOUR APPLICATION:	
Section 1 – Student Information 1	
<input type="checkbox"/> Please complete all questions and upload a smiling passport style photo.	
<input type="checkbox"/> DO NOT ANSWER the following questions:	
Holds US passport	
US phone number	
US email address	
<input type="checkbox"/> You may only select the USA as the country you would like to go to	
<input type="checkbox"/> For your information – “Postal Zone” is your postcode	
Section 2 – Student Information 2	
<input type="checkbox"/> Please complete all questions	
<input type="checkbox"/> Please note suggested answers for the following questions:	
Position of student in class	add if you know your position or type “ <i>UNKNOWN</i> ”
Number of students in class	add if you know how many students are in your year/grade or type “ <i>UNKNOWN</i> ”
SLEP, TOEFL, IELTS, SSAT, OTHER	type “ <i>N/A</i> ” next to each
Current grade point average	type “ <i>UNKNOWN</i> ”
If the student was in US, what visa was he/she on?	type “ <i>N/A</i> ”
<input type="checkbox"/> Agent information is as follows:	
Agency name	Student Exchange Australia New Zealand
Country Aust	ralia and New Zealand
Contact name	USA Program Manager
E-mail	info@studentexchange.org.au
Mailing address	PO Box 1420, Mona Vale NSW 1660, Australia
Telephone number	+61 2 9997 0700
Fax number +61	2 9997 0701
Section 3 – Allergies and other medical information	
<input type="checkbox"/> Please complete all questions	
Section 4 – Personal statement	
<input type="checkbox"/> Please complete, including suggested details and upload completed statement in a JPG / PNG / PDF file format	
Section 5 – Photo Album	
<input type="checkbox"/> Please complete as per suggestions	
Section 6 – Copy of passport	
<input type="checkbox"/> Please upload passport copy. If applying for new passport, please upload current or expired passport and forward new passport copy once received.	
Section 7 – Transcripts & English Test	
<input type="checkbox"/> Please have a school official or teacher complete “Transcript of Grades” form and upload form to this section	
<input type="checkbox"/> Please upload 3 year’s worth of school reports, including Semester 1 & 2 for each year	
<input type="checkbox"/> Ignore request to upload English Proficiency Test	
Section 8 – Recommendation Letters	
<input type="checkbox"/> Please have your English and Mathematics teacher and one other teacher complete these forms and upload as one file to this section. Please note, your parents also need to sign these forms	
Section 9 – Student’s questionnaire	
<input type="checkbox"/> Please complete all questions	
Section 10 – Download signature pages	
<input type="checkbox"/> Please ignore this section as these pages are included in this document	
Section 11, 12 & 13	
<input type="checkbox"/> Please complete and upload to your online application	
Section 14 – Student health review	
<input type="checkbox"/> TO BE COMPLETED AND STAMPED BY THE STUDENT’S DOCTOR	
Section 15 – Student immunisation	
<input type="checkbox"/> TO BE COMPLETED AND STAMPED BY THE STUDENT’S DOCTOR	
Section 16 – Medical release form	
<input type="checkbox"/> Please complete and upload to your online application	
Section 17 – Interview confirmation	
<input type="checkbox"/> To be completed by Student Exchange Australia New Zealand	
Terms & Conditions – Page 1 & 2 of this document	
<input type="checkbox"/> Please read carefully and complete.	

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 440 079 in New Zealand.

This Student Enrollment Agreement and Binding Arbitration Agreement (“Agreement”) is entered into by and between Educatus International, Inc., its officers, directors, employees and shareholders (collectively, “Educatus”) and the parents or guardians of an Educatus program (“Program”) participant and the participant therein (collectively, “Parent”, “Student” or “Participant”).

A. Admission and Placement: If any information provided to Educatus for admission into the Program is inaccurate, Educatus retains the right to revoke the admission to the Program and send the Student home at his or her expense. In addition, any costs, expenses, or damages incurred by Educatus because of misrepresentations or inaccuracies made by Participant will be the responsibility of Participant.

B. Host Family Change: Host families are assigned at the discretion of Educatus. [See www.educatius.org.] Any host family change initiated by Participant will be subject to a host family change fee of \$500.

C. Air Travel and Length of Stay: Participant must purchase his or her round-trip ticket for travel between home and the host family’s residence in the USA. If the Student is dismissed from the Program or leaves the Program early for any other reason, any transportation expenses will be paid for by Participant. Participant agrees that the travel will be booked for travel within the time frame given by Educatus.

Students are expected to arrive on the arrival date requested by Educatus. Arrival earlier than the requested arrival date is not allowed without prior approval in writing from Educatus and will incur additional costs payable by Participant. Students are permitted to depart up to five days after the school end date. Departure later than five days after the school end date is not allowed without prior approval in writing from Educatus and will incur additional costs payable by the Participant.

If Student arrives at any airport other than that directed by Educatus, a pick up fee of at least \$250 will be charged to Participant. Additionally, for insurance purposes as well as arrangements for airport pick up, Educatus must be notified prior to the departure of the Student from Student’s home country as to arrival details in the USA. Participant will be responsible for any and all medical, accident, and/or liability costs incurred due to failure to inform Educatus of flight arrival information.

D. Parent Accompanying Student: While Parent, family members, or other acquaintances may wish to travel with the Student to the USA, this often severely disrupts the Student’s acclimatization and is therefore strongly discouraged. If Parent, family members, or acquaintances nevertheless chose to travel with or visit the Student during the Student’s time in the Program, Educatus retains the right to advise the Parent, family members, or

acquaintances to leave the area where the Student is staying if it is deemed by Educatius that their staying is disruptive to the Student. If this advice is not adhered to, Educatius may, at its sole and absolute discretion, terminate the Student's participation in the Program and immediately send the Student home at the expense of the Participant.

E. Health Care Treatment: Parent and Student consent and authorize Educatius, or any adult Host Family member to obtain, at Participant's expense, any medical, dental, surgical, psychological, psychiatric or hospital care deemed necessary by any health care provider, whether or not covered by insurance, for the health, treatment and care of the Student. Educatius, however, is not obligated to obtain any such treatment or care. Educatius shall not be liable for any failure to secure such care, or the adequacy of same. Parent and Participant authorize the health care provider to release all medical information to Educatius, or any adult Host Family member and waive any federal or state laws to the contrary.

Participant understands that it is his or her and Parent's responsibility to take all steps required with regard to processing and/or payment of medical bills. Pre-existing conditions are not covered by the health insurance provided by Educatius as part of the Program.

F. Use of Student's Name and Likeness: Parent and Student consent to the use of Student's first name, photograph, film, or video likeness or any comments or statement of Student in materials or publications utilized to promote the Program. Use of Student's first name and/or likeness shall also be allowed after completion of Student's Program. None of such use by Educatius will require compensation by Educatius to the Parent or Student.

G. Rules for Students: The Program Rules for Educatius' students [See student handbook] ("the Program Rules") have been established by Educatius as minimum standards of Participant's conduct, and any infraction may result in dismissal from the Program and immediate return of Student to Student's home country at the expense of the Parent. In addition, Student is required to follow local, state and federal laws as well as school and Host Family rules. Any infraction may result in dismissal from the Program and immediate return of Student to Student's home country at the expense of Parent.

Educatius reserves the right, at its sole discretion, to amend or change the Program Rules. Amendments or changes to the Program Rules will be effective immediately upon being emailed to Participant or being communicated personally by Educatius, whichever contact occurs first. Participant warrants that he or she has provided correct email addresses for each Parent and Student in the Student's application and acknowledge a continuing duty to inform Educatius of changes to the provided contact information, including email addresses. Participants also acknowledge a continuing duty to check the provided email addresses frequently and respond to emails sent by Educatius promptly, if a response is requested. Educatius shall not be held responsible for any damages or losses caused by Participants' failure

either to inform Educatius of his or her current email addresses; check his or her email frequently; or respond to emails from Educatius promptly, if a response is requested.

E. Agreement between Participants and Sending Organization: Participants understand that Educatius is not a party to any agreement between Participants and the entity through which Parent or Participant booked the Program (“Sending Organization”). Educatius assumes no duties or responsibilities for any acts or omissions of the Sending Organization.

F. Participant Caused Damage: If there is damage as a result of the Participant’s behavior, any monetary or other compensation must be paid and satisfied by Parent within the time frame given by Educatius or other applicable authority.

G. Refund and fees: If the Student leaves the Program before the end-date of the Program, either by dismissal or by choice, the Participant will not be entitled to a refund.

Any additional fees associated with special classes, clubs or sports that the Student wishes to enroll or participate in shall be paid in full by the Participant. These costs are not included in the price of the Program and will not be refunded by Educatius.

H. Release and Assumption of Risk: Educatius does not own or operate any entity which is to or does provide goods or services for the Program, including, for example, arrangements for or ownership or control over houses, apartments or other lodging facilities, classrooms or study facilities, airline, vessel, bus or other transportation companies, local ground operators, visa processing services, providers or organizers of optional excursions, food service or entertainment providers, etc. All such persons and entities are independent contractors. As a result, Educatius is not liable for any negligent or willful act or failure to act of any such person or entity, or of any third party. Without limitation, Educatius is not responsible for any injury, loss, or damage to person or property, death, delay or inconvenience in connection with the provision of any goods or services occasioned by or resulting from, but not limited to, acts of God, force majeure, acts of government, acts of war or civil unrest, insurrection or revolt, strikes or other labor activities, criminal, terrorist or threatened terrorist activities of any kind, overbooking or downgrading of accommodations, structural or other defective conditions in houses, apartments or other lodging facilities (or in any heating, plumbing, electrical or mechanical problem therein), mechanical or other failure of airplanes or other means of transportation or for any failure of any transportation mechanism to arrive or depart timely or safely, dangers associated with or bites from animals, insects or pests, sanitation problems, food poisoning, epidemics or the threat thereof, disease, lack of access to or quality of medical care, difficulty in evacuation in case of a medical or other emergency, or for any other cause beyond the direct control of Educatius.

I. Binding Arbitration: I agree that any dispute concerning, relating or referring to this Agreement, the brochure or any other literature concerning my Program, or the Program itself,

shall be resolved exclusively by binding arbitration pursuant to the Federal Arbitration Act, 9 U.S.C. §§1-16, either according to the then existing Commercial Rules of the American Arbitration Association (AAA) or pursuant to the Comprehensive Arbitration Rules & Procedures of the Judicial Arbitration and Mediation Services, Inc. (JAMS). Such proceedings will be governed by substantive (but not procedural) Massachusetts law and will take place in Boston, Massachusetts. The arbitrator and not any federal, state, or local court or agency shall have exclusive authority to resolve any dispute relating to the interpretation, applicability, enforceability, conscionability, or formation of this contract, including but not limited to any claim that all or any part of this contract is void or voidable. By agreeing to these terms and conditions, you (and we) are waiving our right to a trial by jury.

J. Re-Enrollment: If the Participant re-enrolls in the same school as identified, suggested, or utilized previously by Educatus, the Participant agrees to do so solely within Educatus' Program. The Participant agrees to not re-enroll in the same school either directly or indirectly with the school or through another organization without Educatus' approval, even if the school agrees directly to re-enroll the Student.

K. Ratification of Agreement: In the event the Student is under the age of 18 at the time of execution of this Agreement, but the Student attains 18 years of age while participating in the Program, Participant agrees that continued participation in the Program after Student attains 18 years of age is a ratification and adoption of this Agreement.

L. Educatus Student Enrollment Agreement Controls: Where there are any differences between this Agreement and any other materials related to the Program, this Agreement shall control.

M. Modification: This Agreement shall not be modified except by a writing executed by all parties hereto.

N. Severability: In the event any clause, sentence, term or provision of this Agreement shall be held by any court of competent jurisdiction or by an arbitrator to be illegal, invalid or unenforceable, the remaining portions of this Agreement shall remain in full force and effect.

O. Acknowledgment of Voluntary Participation: Participant and Parent acknowledge that they fully understand the terms of this Agreement and enter into it voluntarily, free from any fraud, duress, coercion, pressure, or undue influence from any source.

P. Participant understands and agrees that Educatus, in its discretion, may expel any participant for violation of any of the Program Rules or for any breach of this Agreement, and in any such event Participant will have no right of refund and will have to leave the United States and return home at his or her own expense.

We, have read and fully understand the Program materials and agree to adhere to the Program Rules and this Agreement. We further understand that we are obligated to inform Educatus of any significant changes to the Student's health condition that may occur after the signing of the Student's Health Review.

If the Student is not 18 years old at the time of execution of this Agreement, the Mother/Father/Guardian is executing it on behalf of the Student, acknowledges his or her authority to do so, and conclusively binds the Student hereto.

Full Name of Student (Please Print)

Full Name of Mother/Guardian

Signature of Student *Date*

Signature of Mother/Guardian *Date*

Full Name of Father/Guardian

Signature of Father/Guardian *Date*

DIRECTIONS: This is to be completed by a school official or teacher. List ALL the courses taken in the past three years, including current courses. If final grades are not available for current courses, list most recent grades/evaluation. Official translated school transcripts for all three years can be submitted in place of this form.

STUDENT NAME	DATE (MONTH/DAY/ YEAR)
SCHOOL NAME	PHONE
STREET ADDRESS	CITY
POSTAL CODE	COUNTRY

SUBJECT	YEAR		YEAR		YEAR	
	FALL SEMESTER	SPRING SEMESTER	FALL SEMESTER	SPRING SEMESTER	FALL SEMESTER	SPRING SEMESTER
NATIVE LANGUAGE						
– LITERATURE						
– GRAMMAR						
FL ENGLISH						
FL FRENCH						
FL GERMAN						
FL SPANISH						
FL LATIN						
FL OTHER						

HISTORY						
GEOGRAPHY						
POLITICS						
RELIGION						
PHILOSOPHY						
MATHEMATICS						
PHYSICS						
CHEMISTRY						
BIOLOGY						
PHYSICAL EDUCATION						
ART						
MUSIC						

SEMESTER GRADE AVERAGE						

PRINT STUDENT'S NAME (FIRST, LAST)

ENGLISH TEACHER RECOMMENDATION LETTER, PRINT OR TYPE IN ENGLISH

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

STUDENT NAME

APPLYING FOR GRADE

DATE (MONTH/DAY/ YEAR)

SIGNATURE

TO THE PARENTS:

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

NAME OF PARENT OR GUARDIAN

RELATIONSHIP TO STUDENT

DATE (MONTH/DAY/ YEAR)

SIGNATURE

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

NAME OF STUDENT

HOW WELL DO YOU KNOW THIS STUDENT?

IN WHAT YEARS DID YOU TEACH THE STUDENT?

WHAT COURSE?

PLEASE DESCRIBE YOUR COURSE.

HOW IS THE STUDENT'S COMPREHENSION LEVEL?

HOW DOES THE STUDENT COMPARE TO OTHERS IN THE CLASS?

TEACHER'S NAME

NAME OF SCHOOL

SCHOOL ADDRESS

TELEPHONE NUMBER

E-MAIL ADDRESS

DATE (MONTH/DAY/ YEAR)

SIGNATURE

PRINT STUDENT'S NAME (FIRST, LAST)

MATH TEACHER RECOMMENDATION LETTER, PRINT OR TYPE IN ENGLISH

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

STUDENT NAME

APPLYING FOR GRADE

DATE (MONTH/DAY/ YEAR)

SIGNATURE

TO THE PARENTS:

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

NAME OF PARENT OR GUARDIAN

RELATIONSHIP TO STUDENT

DATE (MONTH/DAY/ YEAR)

SIGNATURE

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

NAME OF STUDENT

HOW WELL DO YOU KNOW THIS STUDENT?

IN WHAT YEARS DID YOU TEACH THE STUDENT?

WHAT COURSE?

PLEASE DESCRIBE YOUR COURSE.

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

HOW DOES THE STUDENT COMPARE TO OTHERS IN THE CLASS?

TEACHER'S NAME

NAME OF SCHOOL

SCHOOL ADDRESS

TELEPHONE NUMBER

E-MAIL ADDRESS

DATE (MONTH/DAY/ YEAR)

SIGNATURE

PRINT STUDENT'S NAME (FIRST, LAST)

OTHER RECOMMENDATION LETTER, PRINT OR TYPE IN ENGLISH

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

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

TO THE PARENTS:

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

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

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

NAME OF STUDENT	RELATIONSHIP TO THE STUDENT
HOW WELL AND HOW LONG HAVE YOU KNOWN THE APPLICANT?	
DO YOU KNOW OF ANY MEDICAL CONDITIONS THAT MIGHT PUT THIS APPLICANT'S HEALTH AT RISK?	

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

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

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

ADDITIONAL COMMENTS

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

PRINT STUDENT'S NAME (FIRST, LAST)



TO BE COMPLETED IN BLACK INK, SIGNED, DATED AND STAMPED BY ATTENDING PHYSICIAN

STUDENT'S NAME (AS IT APPEARS IN PASSPORT)

HAS THE APPLICANT EVER HAD ANY OF THE FOLLOWING?

YES	NO		YES	NO		YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	ALLERGIES TO DRUGS	<input type="checkbox"/>	<input type="checkbox"/>	SCARLET FEVER	<input type="checkbox"/>	<input type="checkbox"/>	PARASITES
<input type="checkbox"/>	<input type="checkbox"/>	ALLERGIES TO FOOD	<input type="checkbox"/>	<input type="checkbox"/>	CANCER	<input type="checkbox"/>	<input type="checkbox"/>	HEPATITIS A/B
<input type="checkbox"/>	<input type="checkbox"/>	DIABETES MELLITUS	<input type="checkbox"/>	<input type="checkbox"/>	ENURESIS	<input type="checkbox"/>	<input type="checkbox"/>	SEIZURE DISORDER
<input type="checkbox"/>	<input type="checkbox"/>	HEADACHE (PERSISTENT)	<input type="checkbox"/>	<input type="checkbox"/>	RHEUMATIC FEVER	<input type="checkbox"/>	<input type="checkbox"/>	LEARNING/SPEECH DISORDER
<input type="checkbox"/>	<input type="checkbox"/>	EATING DISORDER	<input type="checkbox"/>	<input type="checkbox"/>	MALARIA	<input type="checkbox"/>	<input type="checkbox"/>	PSYCHOLOGICAL TREATMENT
<input type="checkbox"/>	<input type="checkbox"/>	HERNIA	<input type="checkbox"/>	<input type="checkbox"/>	POLIOMYELITIS	<input type="checkbox"/>	<input type="checkbox"/>	ADHD (ATTENTION-DEFICIT/HYPERACTIVITY DISORDER)
<input type="checkbox"/>	<input type="checkbox"/>	SLEEPWALKING	<input type="checkbox"/>	<input type="checkbox"/>	COUGH (PERSISTENT)	<input type="checkbox"/>	<input type="checkbox"/>	ADD (ATTENTION-DEFICIT DISORDER)

IF "YES" WAS CHECKED FOR ANY OF THE ABOVE, PHYSICIAN MUST PROVIDE FULL DETAILS:

ANY DISEASE, IMPAIRMENT OR ABNORMALITY OF THE FOLLOWING ORGANS OR SYSTEMS:

YES	NO		YES	NO		YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	ABDOMINAL ORGANS	<input type="checkbox"/>	<input type="checkbox"/>	DIGESTIVE SYSTEM	<input type="checkbox"/>	<input type="checkbox"/>	BONES, JOINTS, SKELETAL SYSTEM
<input type="checkbox"/>	<input type="checkbox"/>	BLOOD, ENDOCRINE SYSTEM	<input type="checkbox"/>	<input type="checkbox"/>	TONSILS, NOSE OR THROAT	<input type="checkbox"/>	<input type="checkbox"/>	VARICOSE VEINS
<input type="checkbox"/>	<input type="checkbox"/>	BRAIN, NERVOUS SYSTEM	<input type="checkbox"/>	<input type="checkbox"/>	EARS OR HEARING	<input type="checkbox"/>	<input type="checkbox"/>	EYES OR VISION
<input type="checkbox"/>	<input type="checkbox"/>	GENITAL-URINARY SYSTEM	<input type="checkbox"/>	<input type="checkbox"/>	HEART OR BLOOD VESSELS	<input type="checkbox"/>	<input type="checkbox"/>	LUNGS, RESPIRATORY SYSTEM
<input type="checkbox"/>	<input type="checkbox"/>	SKIN (ACNE, ETC)	<input type="checkbox"/>	<input type="checkbox"/>	VERTIGO, DIZZINESS			

IF "YES" WAS CHECKED FOR ANY OF THE ABOVE, PHYSICIAN MUST PROVIDE FULL DETAILS:

HAS APPLICANT EVER BEEN HOSPITALIZED? IF YES, PLEASE EXPLAIN:

YES NO

HAS APPLICANT EVER BEEN ADVISED TO HAVE SURGERY THAT HAS NOT BEEN DONE? IF YES, PLEASE EXPLAIN:

YES NO

I CERTIFY THAT THE INFORMATION ABOVE IS CORRECT:

PHYSICIAN'S SIGNATURE

DATE (MONTH/DAY/YEAR)

PHYSICIAN'S STAMP



IS APPLICANT PRESENTLY TAKING ANY MEDICATION OR INJECTIONS? IF YES, PLEASE EXPLAIN:

YES NO

WILL THE APPLICANT BRING ANY REGULARLY USED PRESCRIPTION DRUGS TO THE UNITED STATES? IF YES, WHAT ARE THE NAMES, PURPOSES AND FREQUENCY OF USE OF THESE DRUGS?

YES NO

HAS THE APPLICANT EVER CONSULTED WITH OR BEEN TREATED BY A SPECIALIST FOR ANY OF THE FOLLOWING?

YES	NO		YES	NO		YES	NO		YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	ALCOHOLISM	<input type="checkbox"/>	<input type="checkbox"/>	ANOREXIA NERVOSA	<input type="checkbox"/>	<input type="checkbox"/>	BULIMIA	<input type="checkbox"/>	<input type="checkbox"/>	DEPRESSION
<input type="checkbox"/>	<input type="checkbox"/>	SUBSTANCE ABUSE	<input type="checkbox"/>	<input type="checkbox"/>	ATTEMPTED SUICIDE	<input type="checkbox"/>	<input type="checkbox"/>	CUTTING OR OTHER FORMS OF SELF-INJURY BEHAVIOR	<input type="checkbox"/>	<input type="checkbox"/>	OTHER MENTAL DISORDERS

IF YES, TO ANY OF THE ABOVE PLEASE EXPLAIN:

PLEASE PROVIDE FIGURES FOR THE FOLLOWING:

HEIGHT	WEIGHT	
BLOOD TYPE	BLOOD PRESSURE	
VISION WITHOUT GLASSES:	RIGHT EYE OD	LEFT EYE OS
VISION WITH GLASSES:	OD	OS

ARE PUPILLARY AND KNEE REFLEXES NORMAL? IF NO, PLEASE EXPLAIN:

YES NO

DOES THE STUDENT HAVE ANY SCARS OR IDENTIFYING MARKS? IF YES, PLEASE DESCRIBE:

YES NO

ARE THERE ANY RESTRICTIONS ON THE STUDENT'S PARTICIPATION IN PHYSICAL EDUCATION AND/OR SPORTS ACTIVITIES? IF YES, PLEASE DESCRIBE:

YES NO

DETAIL ANY DISEASE, IMPAIRMENT OR ABNORMALITY NOT FULLY EXPLAINED ON EITHER PAGE OF THIS FORM:

I CERTIFY THAT THE INFORMATION ABOVE IS CORRECT:

PHYSICIAN'S SIGNATURE

DATE (MONTH/DAY/YEAR)

PHYSICIAN'S STAMP



ASTHMA

IF THE STUDENT USES AN INHALER FOR ASTHMA OR ALLERGIES PLEASE SUBMIT A SIGNED LETTER FROM THE PHYSICIAN AUTHORIZING THE USE OF THE INHALER ON SCHOOL PROPERTY.

DOES THE STUDENT HAVE ASTHMA? IF YES, PLEASE LIST WHAT MEDICATIONS FOR ASTHMA THE STUDENT TAKE IF ANY:

YES NO

ALLERGIES

THIS APPLICATION WILL BE RETURNED AS INCOMPLETE IF PHYSICIAN DOES NOT FULLY COMPLETE THIS PAGE AND PAGE 1 AND 2 PROPERLY.

DOES THE STUDENT HAVE ANY ALLERGIC REACTIONS TO THE FOLLOWING?

CATS DOGS HORSES RABBITS BIRDS OTHERS

WHAT BREEDS OF DOGS/CATS OR OTHER ANIMAL IS THE STUDENT ALLERGIC TO?

CAN THE STUDENT LIVE IN A HOME WITH A DOG THAT LIVES INDOORS?

YES NO, DUE TO PET ALLERGY

CAN THE STUDENT LIVE IN A HOME WITH A CAT THAT LIVES INDOORS?

YES NO, DUE TO PET ALLERGY

NOTE: ANSWERING "NO" TO EITHER QUESTION ABOVE WILL AUTOMATICALLY MEAN THAT ACCEPTANCE TO THE PROGRAM IS CONDITIONAL AND THAT CHOICE OF SCHOOLS IS LIMITED.

CAN ANY OF THE ABOVE ALLERGIC REACTIONS BE LIFE THREATENING? IF YES, PLEASE EXPLAIN:

YES NO

CAN THE SYMPTOMS BE CONTROLLED WITH MEDICATION? IF YES, PLEASE EXPLAIN:

YES NO

LIVING CONDITIONS (Please check/mark the appropriate boxes)

ANY ALLERGIC REACTIONS TO THE FOLLOWING?

DUST POLLEN GRASS MOLD MEDICATIONS FOOD SMOKE

FOOD AND OTHER ALLERGIES (PLEASE LIST):

PLEASE DESCRIBE THE STUDENT'S SYMPTOMS:

CAN ANY OF THE ABOVE ALLERGIC REACTIONS BE LIFE THREATENING? IF YES, PLEASE EXPLAIN:

YES NO

CAN THE SYMPTOMS BE CONTROLLED WITH MEDICATION? IF YES, PLEASE EXPLAIN:

YES NO


I CERTIFY THAT THE INFORMATION ABOVE IS CORRECT:

PHYSICIAN'S SIGNATURE

DATE (MONTH/DAY/YEAR)

PHYSICIAN'S STAMP

Student Name (Last, First):	DOB (Month/Day/Year):	City/Country:
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<p>Physician, please complete the following:</p> <ul style="list-style-type: none"> Record immunization dates (MONTH/DAY/YEAR) Tuberculosis Screening information Sign and stamp the form (each page) Attach a copy of student's "In-Country" record 	<p>Incomplete immunizations will result in:</p> <ul style="list-style-type: none"> Delayed/Denied entry into school Re-vaccination in the U.S. at student's expense <div style="text-align: right;">  </div>
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The following immunizations are required for entry into U.S. schools*

Vaccine	1 st Dose (Minimum Age)	2 nd Dose (Minimum Age)	3 rd Dose (Minimum Age)	4 th Dose (Minimum Age)	5 th Dose (Minimum Age)
1. DTaP or DTP (Child)					
2. Tdap Booster (Recommended at 11-12 years)	(≥7 years old)		Tdap Booster is Required Regardless of last Tetanus / Td vaccine date		
3. Polio (Example: tOPV/IPV, 4 dose min.)	(≥6 weeks old)			(≥4 years old)	(≥4 years, if needed)
4. MMR (or individual vaccines below):	(≥1 year old)	(≥1 year 28 days old)			
4a. Measles (a.k.a. Rubeola)				Or Disease Date:	
4b. Mumps				Or Disease Date:	
4c. Rubella (a.k.a. German Measles)				Or Disease Date:	
5. Hepatitis A	(≥1 years old)				
6. Hepatitis B			(≥24 weeks old)		
7. Varicella	(≥1 years old)		Or Disease Date (Chickenpox):		
8. Meningococcal Conjugate (MCV4-MenACWY) Menactra or Menveo	Vaccine Name and Date (≥11 years old)	Vaccine Name and Date (≥16 years old)	Physician Signature: Physician Name Printed: Date:		

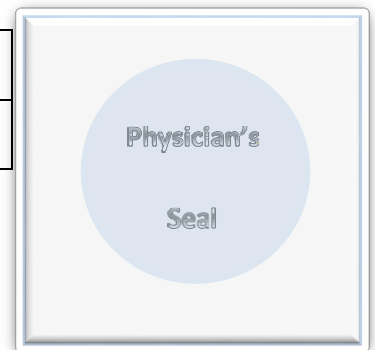


*Individual schools may request additional immunizations at their discretion.

Student Name (First, Last):	DOB (Month/Day/Year):	City/Country:
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Tuberculosis (TB) Test: (Must be within 1 year of program start date, specific states may have different regulations) Date: _____ Result: <input type="checkbox"/> Negative <input type="checkbox"/> Positive
Chest X-Ray/RX: (Required with Positive TB Test (or with TB Test absence) Date: _____ Result: <input type="checkbox"/> Negative <input type="checkbox"/> Positive

Physician Signature:	
Physician Name Printed:	Date:



****Additional Immunization information for the United States can be found on page 3.**

General Immunization Information for Immunizations in the United States

1. **Diphtheria-Tetanus-Pertussis (DTaP)(DTP):** at least four (4) doses; one dose must be on or after 4 years of age.
2. **Tetanus-Diphtheria-acellular Pertussis (Tdap booster):** 1 dose
 - a. Administer one dose of Tdap for ages 11-18 years.
 - b. Tdap can be administered regardless of the interval since last Tetanus containing vaccine.
 - c. A 5th dose is needed if 4th dose is not on or after the 4th birthday, and must be given ≥6 months after previous dose
3. **Polio (trivalent Oral-TOPV or IPV):** 4 doses
 - a. 3 doses are acceptable if 3rd dose is given on or after the 4th birthday, and ≥6 months after the previous dose.
 - b. A 4th dose is needed if the 3rd dose is not on or after the 4th birthday, and must be given ≥6 months after previous dose.
 - c. A 5th doses is needed if the 4th dose is not on or after the 4th birthday, and must be given ≥6 months after previous dose.
4. **MMR (live vaccine):** 2 doses, OR laboratory-confirmed disease(s) verified by a physician.
 - a. First dose must be administered on or after the 1st birthday.
 - b. Doses must be separated by at least 28 days.
 - c. A 3rd dose may be required if dose #1 was administered before more than 4 days before the 1st birthday.
 - d. ALL live vaccines must be given on the same day or separated by a minimum of 28 days.

Single Antigen Vaccines:

- **Measles (Rubella):** 2 doses on or after one year of age OR lab-confirmed disease verified by a physician.
 - **Mumps:** 2 doses on or after one year of age OR lab confirmed disease verified by a physician
 - **Rubella (German Measles):** 2 doses on or after one year of age OR lab confirmed disease verified by a physician
5. **Hepatitis A (Hep A):** 2 doses.
 - a. 1st dose on or after first birthday
 - b. Dose # 2 must be given 6-12 months after dose #1.
 6. **Hepatitis B (Hep B):** 3 doses.
 - a. Spacing for the doses:

Dose Number	Hep B Minimum Intervals
1-2	4 weeks
2-3	8 weeks
1-3	16weeks (≥24 weeks old)

7. **Varicella (Chickenpox) (live vaccine):** 2 doses, OR laboratory-confirmed disease verified by a physician.
 - a. First dose must be administered on or after the 1st birthday
 - b. Doses must be separated by at least 28 days (if ≥13 years of age at administration)
 - c. Doses must be separated by at least 3 months (if ≤13 years of age at administration)
 - d. ALL live vaccines must be given on the same day or separated by a minimum of 28 days.
8. **Meningococcal Conjugate(MCV4-MenACWY) (Menactra/Menveo):** 2 doses
 - a. First dose must be administered ≥ 11 years old.
 - b. Second dose administered at 16 years old- If first dose is administered ≥16 years, no additional doses are needed.
 - c. Vaccine must be documented only as Menactra or Menveo will be accepted for school entry to the U.S.
 - ✚ ***Countries NOT administering Menactra or Menveo should HOLD Meningococcal vaccine prior to arrival to the United States. The student will receive the correct vaccine at a U.S. health center/health department.**
9. **Tuberculosis (TB) Test Date:**
 - a. Must be tested within 1 year of program start date.
 - b. *Specific states may have different regulations requiring TB test pre and post arrival. Please check with your advisor.

For further information, please refer to CDC's "Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger": <https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf>



*This exception form must be signed along with the Educatus Immunization form if any required immunizations are missing. This form is **not** a replacement for the required immunization form*

To whom it may concern:

This confirmation paper is to certify that I will have the complete set of immunizations and tests required done before I go to the US. If certain immunizations are not possible to get in my country; I acknowledge I will have to receive these immunizations upon arrival in the US but before the school starts, at latest. This also means that if the immunization records are not updated on my school's application by the moment the school starts, I will still be required to take the missing immunization shots.

I understand that I will cover the costs of the immunizations done in the US. I recognize that I may be denied entry to the school if the immunizations are not provided prior to the school's start date.

This is also understood and accepted by my parent(s).

Student Name & Signature

Natural parents Names & Signature

Date

MEDICAL RELEASE FORM

STUDENT NAME

DATE

We, _____, the legal parent(s) or guardian(s) grant Educatus Inc., its International Coordinators, the school and the host family explicit right in case of an emergency, to authorize medical treatment deemed necessary by a member of the medical profession, in a hospital, medical clinic or doctor's office, including but not limited to any surgical procedures.

The host family will have the right to authorize treatment from a physician for non-emergency conditions as well. In the case that said medical expenses exceed that of the coverage provided by the insurance policy, all of said expenses will be borne by the undersigned participant and natural parent or guardian. We will pay all outstanding medical bills as soon as they are brought to our attention.

We give permission to release medical records/information to Educatus International and its representatives.

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

We grant Educatus Inc., its International Coordinators, and host family permission to allow our child to participate in activities, both school-related and activities outside school, that require guardian's approval.

We authorize Educatus Inc. permission to access our child's academic records and request final transcripts.

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

TODAY'S DATE (MONTH/DAY/YEAR)_____
SIGNATURE AND NAME OF FATHER OR LEGAL GUARDIAN_____
TODAY'S DATE (MONTH/DAY/YEAR)_____
SIGNATURE AND NAME OF MOTHER OR LEGAL GUARDIAN_____
TODAY'S DATE (MONTH/DAY/YEAR)_____
SIGNATURE AND NAME OF STUDENT

PRINT STUDENT'S NAME (FIRST, LAST)



EDUCATIUS PROGRAM RULES

- 1) Students must follow all federal, state and local laws.
- 2) Students must follow rules set by school and the household rules of their Host Family.
- 3) Students may not buy, sell, possess or use any form of narcotic, alcoholic beverage or controlled substance (unless prescribed by a medical doctor and disclosed previously to Educatius). Students may not use any legal substance in a way that is meant to achieve intoxication, including but not limited to inhalable intoxicants. This restriction also includes the possession of any drug paraphernalia.
- 4) Students may not smoke tobacco cigarettes, e-cigarettes, or use any form of tobacco while participating in the Program.
- 5) Students may only travel in accordance with Educatius travel policy. Students may not hitchhike under any circumstance.
- 6) Students may not make any irreversible life-changing decisions while on the program. This includes marriage, body piercing and tattoos.
- 7) Students may not participate in any sexual contact and other like activities, including but not limited to, sexting, while in the Program.
- 8) Students must attend school and maintain a minimum of a "C" average or equivalent in each class. Students are required to enroll in a full course load which includes English.
- 9) Students must have a working cell phone with a U.S. number.
- 10) Students may not accept any form of work in violation of the rules for the F-1 visa.
- 11) Students may not operate any motor vehicles unless during an accredited driver's education class and only in an authorized driver's education vehicle. Students may not purchase or possess any motor vehicle in the U.S.

Full Name of Student (Please Print)

Signature of Student

Date

Full Name of Mother/Guardian

Signature of Mother/Guardian

Date

Full Name of Father/Guardian

Signature of Father/Guardian

Date

NATURAL PARENTS CONSENT

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

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

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

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

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

- | | |
|--|---|
| <input type="checkbox"/> WHITewater RAFTING OR KAYAKING | <input type="checkbox"/> SNOW SKIING OR SNOW BOARDING |
| <input type="checkbox"/> RIDING AS A PASSENGER IN A SMALL PRIVATE AIRPLANE | <input type="checkbox"/> HUNTING OR SHOOTING FIREARMS |
| <input type="checkbox"/> WATERSKIING | <input type="checkbox"/> OTHER HIGH RISK ACTIVITY(IES) (SPECIFY): |
- _____
- _____

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

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

PARENT OR LEGAL GUARDIAN

TODAY'S DATE (MONTH/DAY/YEAR) SIGNATURE AND
NAME OF STUDENT APPLICANT

SIGNATURE AND NAME OF FATHER OR LEGAL
GUARDIAN SIGNATURE AND NAME OF MOTHER OR
LEGAL GUARDIAN

PRINT STUDENT'S NAME (FIRST, LAST)

USA High School Choice Terms & Conditions

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

PAGE 1 of 2

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.

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 \$500 deposit. The student will be accepted into the program only after Student Exchange Australia New Zealand Ltd has determined that the student meets all suitability and eligibility requirements. Participation is dependent on availability of places in the selected program and approval by the overseas host organisation.

Included in the Program

Personal interview; pre-departure orientation; 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); 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 Ltd's overseas partner; 24/7 emergency phone service; medical/accident, travel, cancellation and public liability insurance; visa processing assistance where needed.

Not Included in the Program

Round trip transportation to your departure city; passport and visa fees, flight chaperone; all items of a personal nature; expenses for extra-curricular school or elective activities; sports programs; entertainment; meals away from host home; 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.

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.

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 sent home to their home country at natural parent/guardian expense.

1. While in the host country, students must obey all the laws of the host government, including laws covering immigration, all State and Local government laws, as well as the rules set by the host school, the host family, the host organisation and Student Exchange Australia New Zealand Ltd.
2. Students must demonstrate a determined effort at school and maintain full-time school attendance and academic results.
3. Students must not travel independently and must comply with all Student Exchange Australia New Zealand Ltd and host organisation release conditions and procedures.
4. Students must not drive any motorised vehicle (eg. car, van, ute, truck, motorcycle, moped, tractor, quad bike) except when supervised by legally qualified instructors as part of the student's school experience.
5. Students must not smoke or use any prohibited substance during the program period. Alcohol may only be consumed in accordance with the Alcohol Authority.
6. Students must demonstrate a genuine commitment to assimilate with their host community and host family.
7. Students may not participate in hazardous activities without prior written approval by natural parents/guardians, host family and Student Exchange Australia New Zealand Ltd on the Hazardous Activities Release. Approval is required regardless of whether or not the hazardous activity is covered by insurance.

These rules must be read in conjunction with the Terms & Conditions of participation, Medical and General Authority, Travel Authority, Alcohol Authority, Insurance Policy and student and parent handbooks.

Student Exchange Australia New Zealand Ltd, overseas host organisations and any school/s the student attends reserve the right to terminate the participation in the program if your conduct is considered by them to be seriously in breach of program rules or detrimental to or incompatible with the program and in that event they may return that student home at the natural parent/guardian expense.

Expenses During the Program

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

Passport and Visa

The student must have a current passport with a minimum validity of six months after the anticipated return date, and a visa for the country of destination, if required. Please note that visa decisions are the sole responsibility of the relevant Consular authorities. Student Exchange Australia New Zealand Ltd shall not in any way be liable for injury, damage, loss or delay howsoever caused which derives from the decisions of Consular authorities.

Host Family

Host family selection is solely at the discretion of the overseas host organisation of Student Exchange Australia New Zealand Ltd. 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 Ltd cannot guarantee placements in any specific area, 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 Ltd 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.

Inoculations

Each country has its own requirements for inoculations. You should consult with your family physician, local health authority or SEANZ for the latest requirements in your host country. The results of a recent medical examination and immunisation history are part of the application and are required for the student's safety, visa application and school enrolment.

Insurance

Students are provided with personal accident and medical coverage, as well as travel, cancellation and public liability insurance while participating in the program. Parents should review the policy to ensure the cover is adequate for the student. Some exclusions for special or pre-existing conditions apply.

Program Cancellation

Cancellation will only be accepted in writing and will be effective at the date received by Student Exchange Australia New Zealand Ltd. 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 Ltd – Full refund
2. If a student is not accepted by the overseas partner – Full refund
3. If Student Exchange Australia New Zealand Ltd cancels a program at any time prior to departure – Full refund
4. If a student withdraws from the program:
 - a. Before interview – Full refund less \$250
 - b. After interview but before formal acceptance – Full refund less \$500
 - c. After formal acceptance:
 - i. After application but before I-20 application fee is paid: 50% of the Program Management Price is forfeited.
 - ii. After I-20 but before visa is issued: 50% of the Program Management Price, 10% of the School and Accommodation Price and the application fee is forfeited.
 - iii. After Student Visa is obtained but before arrival: 100% of the Program Management Price, 25% of the School and Accommodation Price and the application fee is forfeited.
 - iv. Student cancels because he/she is denied a visa: 50% of the Program Management Price and Application fee is forfeited.
 - v. After having arrived on program: Refunds are calculated on a case by case basis. A minimum of 100% of the Program Management Price and 25% of the School and Accommodation Price and insurance and application fee is forfeited.
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).

Price Guarantee

Student Exchange Australia New Zealand Ltd 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 \$500 has been received by Student Exchange Australia New Zealand Ltd.

Scholarships and Discounts

Scholarships and/or Early Bird Discounts are not available for this program.

Responsibility

Student Exchange Australia New Zealand Ltd, its 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 Ltd, its 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 Guarantees Act 1993 (if applicable).

Alterations to the Program

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

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.

CONTINUES OVERLEAF

USA High School Choice Terms & Conditions



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

PAGE 2 of 2

TRAVEL AUTHORITY

We, the parents or legal guardians of the student, hereby authorise Student Exchange Australia New Zealand Ltd, its overseas representatives and the family or families 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 Ltd 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 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.

I have read the above travel authorisation and agree that I will only travel in accordance with these authorised travel arrangements whilst participating in the Student Exchange Australia New Zealand Ltd program.

ALCOHOL AUTHORITY

We, the parents or legal guardians of the student, acknowledge that Student Exchange Australia New Zealand Ltd and its overseas host organisations prohibit the consumption of alcohol by our son/daughter during the program period unless as indicated below.

Parents/legal guardians must tick one of the boxes below.

- I/we forbid my/our child to drink alcoholic beverages at any time during the program period.
- I/we allow my/our child to drink alcoholic beverages during the program period only in the presence and under the close supervision of our child's adult host family members and where permitted by law and the rules of the program.

MEDICAL AND GENERAL AUTHORITY


We the parents or legal guardians of the student grant Student Exchange Australia New Zealand Ltd, its employees and overseas partners, the school where the student may be assigned, and the 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 Ltd, 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 so act. This authority extends to giving permission for surgical operations or any other treatment. With this application we also authorise Student Exchange Australia New Zealand Ltd 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 Ltd of any material changes to the medical condition of the student. If reasonably required by SEANZ during the program we will authorise the release to SEANZ of medical information concerning the student.

We grant Student Exchange Australia New Zealand Ltd, its employees and overseas representatives and the 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 Ltd program in which the student is participating.

ACCEPTANCE

- 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 Ltd, its partners, employees or coordinators where such claim relates to force majeure.
- We grant Student Exchange Australia New Zealand Ltd permission to use any photographic or any other type of material 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 Ltd programs.
- 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 SEANZ to terminate the student's participation in the program.

Signature of Student 

Name of Student _____

Date _____

Signature of Parent/Legal Guardian 

Name of Parent/Legal Guardian _____

Date _____

Signature of Parent/Legal Guardian 

Name of Parent/Legal Guardian _____

Date _____

PAYMENT SCHEDULE & CREDIT CARD AUTHORITY

Full payment must be received prior to departure.

Tick applicable box and complete credit card details below:

I/we authorise and request Student Exchange Australia New Zealand Ltd to debit my/our credit card (details provided below) with the \$500 deposit when the application is submitted, followed by the balance of the program management fee in the following instalments:

1. 50% of the balance of the Program Management fee when our son/daughter is formally accepted onto the Student Exchange Australia New Zealand Ltd program.
2. 50% of the Program Management fee when the placement is completed and before the I-20 is sent to our son/daughter.

VISA MASTERCARD

Expiry Date (Month/Year)

Account Number

Cardholder Name _____

Signature(s) 

Date _____

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.