

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		

Photos <input type="checkbox"/> Attach one smiling photo in the box provided. <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.	Attach one smiling photo here
--	-------------------------------

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 _____	Postcode _____						
State _____	Postcode _____						
Permanent Mailing Address <i>(if different from residential)</i> _____ _____							
Suburb _____	Postcode _____						
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: _____

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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)

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?

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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.

- 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.
- 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.
- Students must not travel independently and must comply with all Student Exchange Australia New Zealand and overseas host organisation release conditions and procedures.
- 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.
- 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.
- 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.
- 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.
- 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.

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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:

- If a student is not accepted on to the program by Student Exchange Australia New Zealand – Full refund
 - If a student is not accepted by the overseas partner – Full refund
 - If Student Exchange Australia New Zealand cancels a program at any time prior to departure – Full refund
 - 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
 - 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.

STANDARDS OF CONDUCT (Pg.1)

Student Name: _____

CETUSA strives to promote a positive learning experience during the student's exchange program. We, the undersigned student participant and natural parent(s)/legal guardian(s), understand that while on the program and in the hosting country, participants must adhere to and abide by the following Standards of Conduct during the exchange program:

ACADEMIC AND CULTURAL EXCHANGE PROGRAM

1. SCHOOL

We understand that:

- a) The student is on an Exchange Visitor or Student Visa and must attend school regularly and obey all school rules.
- b) The student is expected to show an interest in his/her schoolwork and to fully participate in all classes, completing all coursework in a timely manner.
- c) The student is expected to maintain a minimum of a C average and pass all courses. Failure to do so will result in the student's program being reviewed.
- d) If the school or CETUSA decides the student needs a language tutor to be successful, CETUSA will help to arrange for such a tutor. Tutoring costs will be the sole responsibility of the student and/or natural parents.
- e) If the student is given a failing mark in attitude as an official complaint from the school, their program will be reviewed.
- f) Dismissal from school will result in termination of the program.
- g) The student is on an Exchange Visitor or Student Visa and is expected to attend school. A truancy letter from the school will be grounds for the student's program to be reviewed. Excess absences will also be grounds for a program review.
- h) CETUSA does not guarantee that student will receive a diploma or be able to participate in graduation.

2. CONVALIDATION AND TRANSCRIPTS

We understand any and all Convalidation/Apostille requirements are entirely the student's responsibility, including school transcripts and attendance letters, notarization of documents, and all costs associated with the convalidation and Apostille process. CETUSA encourages students to use a service such as Convalidation Services, LLC to assist with this process.

3. EXTENSIONS

We understand a student on the Fall Semester Program may transfer to the Academic Year Program by applying and paying the difference in fees plus the established surcharge only if there is no change of Host Family and school. Any student who extends and stays beyond the scheduled return without notifying CETUSA and filling out proper paperwork will be considered terminated from the program. The US Department of Homeland Security will be notified that CETUSA is no longer responsible for the student.

4. LEAVING THE PROGRAM

We understand a student may not leave the program without the express written consent of CETUSA. Students are not permitted to return home during their program; doing so will be considered leaving the program. A student may temporarily return home due to a death or serious illness in the immediate family or for other bona fide emergency situations as determined by CETUSA with proper verification. When a student leaves the program, except for emergencies, he/she may not return, and the program is terminated.

5. MEDICAL CO-PAY AND OTHER COSTS

We understand that if the student gets ill or requires medical attention, the Host Family will seek medical care for him/her. However, the host family is not financially responsible for this care. All co-pays and medical expenses not covered by the student's insurance program are the responsibility of the student and natural family.

HOST FAMILIES

1. HOST FAMILY REGULATIONS

We understand that each Host Family has rules and regulations which help it to function effectively. It is imperative each student makes every possible effort to understand what his/her Host Family expects and the rules governing the household. Each student must be respectful to his/her Host Family. Disrespectful behavior toward Host Family or repeated violation of their rules may cause the student's program to be reviewed. Furthermore, we understand the student's activities must be approved by the Host Family. At all times, the student's Host Family must know where the student is, with whom and when the student will return.

2. MONEY

We understand each student is responsible for purchasing his/her own personal items, including but not limited to clothing, entertainment, etc., and for his/her own spending money. Each student is required to have at his/her disposal a minimum of \$250 each month. CETUSA is not responsible for any lost or stolen money. It is against CETUSA regulations for a student to place his/her money in the Host Family's bank account. Furthermore, no student shall lend to or borrow from any member of his/her Host Family. It is the student's responsibility to manage their own money.

3. WORK AND JOBS

We understand students sponsored by CETUSA are in the country on an Exchange Visitor Visa. It is against the law for these students to hold or seek a job. Exceptions may be baby-sitting, lawn mowing or odd jobs offered to the student by his/her Host Family or Host Family acquaintances. Odd jobs must be approved by Student Services staff prior to student beginning the job.

 PLEASE INITIAL- Student: _____ Father (Legal Guardian): _____ Mother (Legal Guardian): _____

STANDARDS OF CONDUCT (Pg.2) Student Name: _____

4. INTERNET AND E-MAIL

We understand that the Host Families are not required to have Internet access. While use of the Internet and email is generally deemed acceptable, it may also be detrimental to a student's program. Therefore:

- a) Students must respect and abide by their Host Family and school rules in relationship to use of computers, Internet and e-mail.
- b) Students are not permitted to download illegal or unauthorized music, movies, videos, games, photos, applications or the like.
- c) If the student downloads such material, any and all costs and fines will be the responsibility of the student and his/her natural family.
- d) Unauthorized or illegal downloads will cause the student's program to be reviewed and may result in termination of the student's program.
- e) During their program, students are not allowed to join or participate on sites such as Tinder, Match.Com, or other online dating sites.

5. CELL PHONES

We agree CETUSA has the right to limit cell phone privileges when it is in the student's best interest as determined by CETUSA. Students must not be put on the host family's cellphone plan, and CETUSA will have no responsibility for losses if this should occur.

TRAVEL AND VISITS

1. TRAVEL

We understand that:

- a) Students must travel directly from their home country to the U.S. Host Family home at inception of the Program, without deviation, unless said deviation is for supervised orientation days and is approved by CETUSA no less than one month prior to inbound travel date. No deviation is allowed without approval of Student Services. Host family, natural parents nor coordinator can give this approval. It must come from Student Services in the HSP office.
- b) Students must fly directly from the Host Family's home to their natural family's home at the conclusion of their CETUSA program.
- c) Student must arrive no sooner than 7 days before the school start date and depart no more than 7 days after end of classes and/or graduation.
- d) Students will be permitted to travel while in the host country only with the following conditions:
 - 1) If traveling with the Host Family for longer than overnight, the CETUSA Coordinator must be informed of travel dates and given a phone contact where student can be reached in case of emergency.
 - 2) Travel of more than two nights with the Host Family or for any other travel requires a Travel Release form to be submitted to the CETUSA office at least two weeks before the date of travel to assure all approvals and background checks are done.
 - 3) If travel is with anyone other than the Host Family, the supervising individual on the trip **must be 25 years of age or older**, Host Family must approve, and the same rules listed above apply. Criminal Background Checks will be required for such travel of anyone age 18 or older.
 - 4) School and group-sponsored trips are permitted; but the Host Family must approve, and the CETUSA Coordinator must be notified at least two weeks before the trip so a Travel Release form can be filled out.
 - 5) Students are not permitted to travel independently by bus or train.
 - 6) Students are not permitted to travel independently by air unless on a CETUSA-approved group-sponsored trip.
- e) For travel outside the U.S., the DS-2019 form must be signed by an authorized CETUSA staff member before travel is permitted. This is the student's responsibility and must be done at least 60 days in advance. Refer to your Handbook for details regarding Authorization to travel. Unauthorized travel by a student will result in his/her program being reviewed. Do not purchase tickets prior to CETUSA approval.

2. VISITS WITH RELATIVES AND FRIENDS

We understand visits with relatives and friends of the natural family are prohibited except in the last two weeks of the student's program.

- a) Earlier visits by natural family and friends can cause disruption of the student/Host Family relationship.
- b) During their program, students also may not visit or be visited by relatives living in the US.
- c) If such an event occurs, the student's program will be reviewed.
- d) If a student's placement is jeopardized by a visit from natural family, relatives or friends of natural family, CETUSA will not guarantee being able to find a new Host Family placement for them.
- e) Approval by both the Host Family and CETUSA must be obtained prior to any visit, including at the end of the program.
- f) Natural family and friends should not expect the student's host family to accommodate them.
- g) Students cannot stay overnight with natural parents during visits at the end of program. Student must remain in the host family home.
- h) Students are prohibited from returning to their home country for visits during their program.

LAWS AND STAYING SAFE

1. LAW VIOLATIONS

We understand if a student admits to violating a criminal law, is arrested and charged with a violation, or if reliable information is received that the student will be arrested and charged, the student's program will be reviewed, and he/she may be returned to his/her home country as soon as legally possible. Students are expected to obey all laws of their host country, state, city and community.

2. DRUGS

We understand the purchase, possession and/or use of illegal (non-prescribed) drugs is forbidden, and no association is to be maintained with anyone involved with drug use in any way. The use of any mind-altering prescription drugs (including anti-depressants, ADD or ADHD medications or any drugs that treat compulsive behavior are also forbidden. Violation of this will result in the program being reviewed. Furthermore, CETUSA reserves the right to conduct drug testing on the student at CETUSA's discretion at any time during the student's program. CETUSA must be informed of any medications, including homeopathic ones, the student brings (or is sent) from home.

PLEASE INITIAL- Student: _____ Father (Legal Guardian): _____ Mother (Legal Guardian): _____

STANDARDS OF CONDUCT (Pg.3) Student Name: _____

3. ALCOHOL

We understand students are not allowed to consume any alcoholic beverage even if served in the host family home. We also understand the purchase, possession and/or use of alcoholic beverages, including beer and wine, is forbidden and will result in the student's program being reviewed. If a student is in a situation where alcohol is offered to them or is served/consumed by minors, the student must immediately contact their host parent or coordinator to let them know and to make arrangements to be picked up. Failure to do so will result in the student's program being reviewed.

4. PORNOGRAPHY

We understand the purchase, possession, viewing and/or downloading of pornography is against the law and is not permitted. If a student is found to have done so, his/her program will be reviewed.

5. SEXTING

We understand sexting is a punishable offense in the USA in order to protect children from sexual predators. Teenagers who text nude or partially nude photos of themselves or their friends can be charged with distribution of child pornography. Those who receive the pictures can be charged with possession of child pornography. Sexting is a serious offense and will result in the student's program being reviewed.

6. DANGEROUS ACTIVITIES

We understand dangerous activities such as skydiving, hang gliding, glider riding, parachute jumping, parasailing, jet skiing, snowmobiling, motorcycling, all-terrain vehicle riding, bungee jumping, riding in private aircraft, hot air balloon riding, hunting and/or using weapons (**including but not limited to:** guns, rifles, bows/arrows, etc.) are prohibited and participation in them will result in the student's program being reviewed. We understand some Adventure Sport insurance plans may cover these activities, but such coverage does not constitute permission to participate in these dangerous activities. They are prohibited and will result in the student's program being reviewed.

7. DRIVING

We understand, due to the danger involved and the lack of liability/medical insurance coverage, a student may not, under any circumstances, drive a motorized vehicle. This includes but is not limited to automobiles, trucks, motorcycles, motor scooters, all-terrain vehicles, golf carts, snowmobiles, riding lawnmowers, etc. Driver's Training is also not allowed. Violations will result in the student's program being reviewed.

8. HITCHHIKING

We understand hitchhiking is extremely dangerous. Students are not permitted to hitchhike, either alone or with friends, at any time on their program. Violations will result in the student's program being reviewed.

9. TOBACCO USE

We understand the purchase, possession and/or use of tobacco products is forbidden. This includes but is not limited to: cigarettes, chewing tobacco, nicotine patches, vapor or electronic cigarettes, hooka products, snuff, etc. Violations will result in their program being reviewed.

10. SEX AND DATING

We understand the exchange experience is not intended to be a time in which romantic attachments are formed. Dating while on the program is subject to the host family rules. Exclusive dating is discouraged. Exchange students are ambassadors of their country; therefore, it is extremely important the students' moral behavior be beyond reproach at all times. If a student is involved in a sexual relationship while sponsored by the CETUSA program, or if it is found a student is pregnant or has caused a pregnancy while on the CETUSA program, the student's program will immediately be reviewed.

11. LIFE-CHANGING DECISIONS

We understand students are not allowed to make life-changing decisions while on their program. Decisions such as marriage, engagement to be married, change of religion, acquiring tattoos or body piercings, making body modifications, altering plans for career or for college education, etc. must be put aside until after the student returns home. Violations will cause the student's program to be reviewed.

DECISIONS AND DETERMINATIONS FINAL AUTHORITY

We understand and agree:

- 1) Students must respect all decisions made by CETUSA and its coordinators or staff.
- 2) CETUSA reserves the right to terminate a student's program if there should arise, in the judgment of CETUSA officials, a condition likely to be detrimental to the health or well-being of the student.
- 3) CETUSA reserves the right to review the student's program if he/she violates the Standards of Conduct or for other disciplinary problems.
- 4) Review of the student's program may result in a decision up to termination of the program and immediate return of the student to their home country.

AGREEMENT

We, the student and parent(s) or legal guardian(s), have read and understand all of the above rules. We agree to obey these rules, and we understand that disobeying them could result in the student's dismissal from the program and being returned to his/her home country. We also understand and acknowledge that US Host Families are volunteers and are **not** monetarily compensated.

Signature of Student

Date

Signature of Father or Legal Guardian

Date

Signature of Mother or Legal Guardian

Date



RELEASES Pg. 1

Student Name: _____

LIABILITY RELEASE

We, the undersigned, as the participant, and the parent(s) or legal guardian(s) of a participant in a program organized and directed by CET Management (CET), hereby release CET, its Officers, Board of Directors, Agents, its Subsidiaries, Affiliates (i.e. CET Management UK, LTD; CET USA; CET International; etc.), Coordinators, Host Families and Schools where the participant may be assigned, from any and all current and future claims, charges, costs and/or causes of action, including but not limited to negligence, for loss of property, personal injury, illness, accident or death sustained by the participant for the duration of the CET program, whether covered by insurance or not. Separate and apart from CET we hereby release the Host Family from any and all current and future claims, charges, costs and/or causes of action for loss of property, personal injury, illness, accident or death sustained by the participant for the duration of the CET program, whether covered by insurance or not. We further understand and agree we are responsible for any loss, damage or injury caused by the participant in the CET exchange program.

We understand and agree that the participant will be subject to authorities and teachers of the school where he/she may be assigned and that he/she must follow the rules set forth by the Host Family with whom he/she may live.

CONDITIONS OF APPLICATION

We have read and understand the Standards of Conduct and agree that the participant must follow and abide by these rules and regulations as outlined. We understand that CET does not guarantee the participant will obtain a diploma, be able to take part in graduation activities, play on any sports team or live in a home without pets.

As the parent(s) or legal guardian(s) of the participant we agree to supply our child with a minimum of \$250 per month in spending money to cover his/her needs and expenses for the duration of his/her exchange program and return home. We understand and agree that CET is not responsible for my/our child's money or personal property, whether lost or stolen, while he/she is participating in the CET exchange program. Further, we understand and agree that should there be a geographical move of my/our child, for any reason whatsoever, the cost of transportation shall be borne by the participant. We grant CET permission to use photographs, or any other materials in which the participant may appear, for promotional or publicity of the organization's programs.

We understand and grant permission, at CET's sole discretion, for student drug testing while on program. If we have personally misrepresented, or have knowledge of misrepresentation of any portion of this application, we understand that CET has the option of immediately dismissing the participant from the CET program and repatriating the participant. In the event of repatriation, we shall bear all costs incurred and understand that any and all program fees are nonrefundable.

TRAVEL TO THE U.S.A.

I/We acknowledge and agree that my/our child must travel directly from their home country to the U.S. host family home at inception of the Program, without deviation, unless said deviation is approved by CET no less than one month prior to inbound travel date. Exceptions will only be made for supervised orientation days.

I/We acknowledge flights will be arranged to arrive at the listed airport on the placement letter without deviation, unless authorized by CET office personal. I/We understand that the student must fly directly from the host family home to the natural family's home at the conclusion of the program. I/We further understand that violation of such may be grounds for immediate repatriation.

PROGRAM START

I/We acknowledge that my/our child's program with CET starts 7 days prior to the school start date and will adhere to CET's policy that my/our child will not arrive in the United States prior to that time. It is State Department regulation that CETUSA must be provided with flight information before the student flies.

PROGRAM END

I/We acknowledge that my/our child's program with CETUSA ends 7 days after the last official day of school and/or graduation date and will adhere to CET's policy that my/our child will return to the home country at that time.

Signature of Student

Date

Signature of Father or Legal Guardian

Date

Signature of Mother or Legal Guardian

Date



RELEASES Pg. 2

Student Name: _____

MEDICAL RELEASE AUTHORIZATION

In case of illness, accident or injury, I/We grant permission to CET Management (CET), its representatives, the high school where my/our child is enrolled, and/or my/our child's Host Family to authorize examination and treatment for my/our child, by qualified medical personnel.

I/We also grant CET, the high school where my/our child is enrolled, and his/her Host Family, all necessary permissions to act as legal guardians, especially in emergencies, whether medical or other, including surgical operations or any other treatment.

I/We also grant permission for medical personnel and/or medical facilities to release health information (verbal and/or written) and/or medical records regarding my/our child's treatment, diagnosis, and/or account/billing information to CET, its representatives, and/or my/our child's Host Family.

This authorization also grants permission to release information regarding my/our child in order to receive any and all inoculations or immunizations required by federal, state and/or school authorities for participation in the CET program.

I/We also grant permission to CET to release any and all medical account/billing information or Explanation of Benefits to third party agents for the purpose of payment and/or collection of payment. I/We understand and accept that it is my/our ultimate responsibility to take any and all steps required with regard to processing and/or payment of any and all medical bills.

This Medical Release Authorization shall be valid for the entire duration of the CET program in which my/our child is participating.

Signature of Father or Legal Guardian

Date

Signature of Mother or Legal Guardian

Date

TRAVEL AUTHORIZATION

I/We authorize CET Management (CET), its representatives, and my/our child's Host Family to allow my/our child to travel, within the guidelines as established in the CET Standards of Conduct.

This authorization does not eliminate the necessity of obtaining our signature(s) on a Travel Release Form at the time of any CET approved travel for the duration of my/our child's participation in this program.

Signature of Father or Legal Guardian

Date

Signature of Mother or Legal Guardian

Date

PROGRAM AGREEMENT Pg. 1

Student Name: _____

PROGRAM AGREEMENT

Council for Educational Travel, U.S.A., its agents, principals, sponsors, affiliates, directors, officers, employees and attorneys (collectively CETUSA), the undersigned parent(s) or legal Guardians(s) ("Guardian") and Student ("Student"), understand and agree to the terms and conditions stated in this Agreement ("Agreement") relating to the Student's participation in CETUSA's Student Exchange Program ("Program"). Guardian and Student are referred to collectively as the Participants ("Participants"). Adults(s) and their resident children who volunteer to host a Student for the Program term are referred to as the Host Family ("Host Family").

A Admission and Placement: CETUSA considers such criteria as Student application packet materials, academic background, high school transcripts, age, education level, physical and mental health, references, essay, and personal interviews in determining whether to admit the Student into the Program. CETUSA has the sole discretion to determine whether the Student will be admitted into the Program and such determination is final. All preferences and characteristics of the Student may not be accommodated in the placement process. Further, CETUSA relies solely on volunteer host families to select a Student. In some cases, a student may be placed with a single-parent host with no other minor children in the home and/or in a home with one additional exchange student, and by signature below, student and parents/guardians hereby agree to such placement. Once the Student is selected, a Host Family devotes considerable time, effort and resources to hosting the Student. CETUSA cannot control or guarantee the timing or selection and placement of Students, nor even that a Student will be selected in time for the commencement of the school term and/or beginning of the CETUSA exchange Program. Any Student not selected by a family and/or accepted by a secondary school or placed by the Program in a family or school by the beginning of the Program and/or school term may be offered, if eligible and at the sole discretion of CETUSA, to participate in a subsequent school term or exchange Program. Final acceptance of the Student into the CETUSA Program is based on the availability of Form DS-2019, Certificate of Eligibility for Exchange Visitor Status.

B Living Expenses: Guardians agree to provide the Student the equivalent of \$250 (U.S.) minimum per month to cover incidentals and pocket money. Participants must reimburse the Host Family for all extraordinary expenses incurred on Student's behalf such as personal telephone calls, school expenses, household and/or property damage, etc.

C Air Travel: Parents and/or guardians agree to purchase a round-trip ticket for the Student's travel between home and host countries. CETUSA has the right to seek reimbursement for any and all costs associated with air travel for the Student in the event an airline ticket is not provided by the parent and/or guardian, and the Student must be returned to their home country. Should legal proceedings become necessary with regard to recovery of air travel costs, the prevailing party shall be entitled to recovery of any and all legal fees and costs. Additionally, for insurance purposes as well as arrangements for airport pick up, CETUSA must be notified prior to the departure of the student from his or her home country to the U.S. Parents and/or guardians will be responsible for any and all medical, accident and/or liability costs incurred due to failure to inform CETUSA of flight arrival information resulting in lack of proper insurance coverage.

D Internet Use: Host families are not required to have internet access. In the U.S., it is prohibited/illegal to copy, reproduce or resell a movie, song or other media files that has a copyright without their permission. If you did not pay for a song, movie or other media file that has a copyright, then downloading that file is a crime. The student is expected to abide by school and host family rules with regard to use of the internet and electronic mail. The Student is not permitted to visit, view or download any pornographic sites/material, nor will the student be permitted to download materials including but not limited to music, movies, games, applications, photos or the like. Should the student download such materials, any and all costs associated with such internet use and/or downloads will be the responsibility of the student and his/her parent(s)/guardian(s). Failing to comply with said rules for internet and electronic mail use may be cause for program termination and repatriation. All legal charges and fines will be the responsibility of the student and natural parents.

E Dissimilarities or Differences Abroad: In addition to learning the host country's language, the Student is expected to adapt to the culture and lifestyle of the Host Family and host country. There may be significant cultural, economic and lifestyle differences between the Student's home country and host country. The host country may have different health care services, living conditions, road and transportation systems, educational approaches and systems, criminal justice systems, civil liberty laws, customs and values. The Program offers numerous opportunities for the Student; however, Participants must be aware and accept these differences and the uncertainties associated with traveling and living in another country. The Student's level of maturity must be adequate to recognize and cope with these possibilities. Guardians must take responsibility to educate and prepare the Student for the challenges associated with foreign travel and living abroad. Program representatives are available by telephone to provide assistance on an ongoing basis during the Student's participation in the Program. However, the Program cannot and does not provide constant direct supervision of the Student and does not act in the capacity of loco parentis. Guardians retain all rights and duties relating to the welfare of the Student. As a condition of acceptance into the Program, the Participants agree to hold CETUSA harmless for all injuries and/or damages incurred during the Student's participation in the Program resulting from any risks associated with international travel and living abroad, and any negligence and/or intentional acts caused by any third party, including, but not limited to, any member, guest, employee or agent of the Host Family or other persons in the host country.

PLEASE INITIAL- Student: _____ Father (Legal Guardian): _____ Mother (Legal Guardian): _____

CONSENT AGREEMENT

F. Health Care Treatment: The Guardian(s) and/or Student consent and authorize CETUSA, or any adult Host Family member to obtain any medical, dental, surgical, psychological, psychiatric or hospital care, deemed necessary by any health care provider, for the health, treatment and care of the Student, provided the necessary healthcare treatment is not associated with a pre-existing condition (prior to program participation), during Student's participation in the Program. Any problems arising from inadequate or improper care shall be the responsibility of the health care provider. CETUSA shall not be liable for any failure to secure or the adequacy of medical attention. The Guardian(s) and/or Student authorize the health care provider to release the Student to CETUSA, or any adult Host Family member. Further, the Guardian(s) and/or Student authorize the health care provider to release all health care records relating to the Student to CETUSA. I/We understand and accept that it is my/our ultimate responsibility to take any and all steps required with regard to processing and/or payment of any and all medical bills.

G. Legal Proceedings: In accordance with the Parent(s) and/or Guardian(s), said Parent(s)/Guardian(s) and Student consent and authorize CETUSA or any adult Host Family member to pursue or defend any legal action or proceedings regarding the Student during Student's participation in the Program in accordance with the natural parents. Any and all legal fees and costs will be the responsibility of the Guardian(s). Neither CETUSA nor any Host Family member shall be obligated to pursue or defend any such legal action or proceedings. The Guardian(s) and/or Student authorize any court, law enforcement agency, or any other government agency to release the Student to CETUSA, or any adult Host Family member in the event that the Student is detained or held by any such entity or government agency.

H. Use of Student's Name and Likeness: The Guardian(s) and/or Student consent to the use of Student's first name, photograph, film or video likeness of Student 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 would commence upon completion of Student's program.

I. Rules for Students: The Standards of Conduct for CETUSA Students ("Rules") have been established by CETUSA as minimum standards of participant conduct, and any infraction may result in immediate repatriation (return) of Student to his/her home country at the expense of the Guardian(s). Each Student and his or her Guardian(s) must acknowledge that they understand and have agreed to adhere to the Rules prior to the Student's final program acceptance. CETUSA does not guarantee Student will obtain a diploma, be able to participate in graduation activities or play on a sports team. CETUSA reserves the right to conduct drug testing, CETUSA's sole discretion, on Student at any time while he/she is on program. Should Parent and/or Guardian or Student refuse such testing, Student may be repatriated to his/her home country.

J. Problem Notification and Resolution: As the Student is living as a member of a Host Family and not under continual supervision or control of CETUSA staff, it is the responsibility of the Student to advise CETUSA of any significant problems, including but not limited to health, safety or welfare of the Student, adjustment to school, culture, language, etc. In addition, the Student must notify CETUSA of any misunderstandings or problems with the Host Family. CETUSA will intervene, if necessary, and attempt to resolve the problem.

If necessary, CETUSA may in its sole discretion, seek a replacement Host Family, if possible within the same community. If the Student does not make a good faith and substantial effort to resolve the problem, CETUSA may return the Student to his/her home country. If the Student violates any terms of this Agreement, CETUSA may, in its sole and absolute discretion, terminate the Student's participation in the Program and immediately repatriate the Student to his/her home country.

K. Agreement between Participants and Originating Exchange Organization: Participants understand that CETUSA is not a party to any agreement between Participants and the originating student exchange organization through which the participants enrolled in the Participant's home country ("Originating Exchange Organization"). Participants acknowledge and agree that the laws of their home country shall exclusively govern any dispute or claim arising out of any agreement with the Originating Exchange organization. Participants acknowledge and agree that the Originating Exchange Organization is solely responsible to the Participants for injury or damage from a violation of any such agreement. CETUSA assumes no duties or responsibilities for any acts or omissions of the Originating Exchange Organization.

L. General Release, Indemnification and Hold Harmless Provisions: As a condition of Student's participation in the Program, Participants agree to release and hold harmless CETUSA for injury, loss, delay, or any other damage and expense incurred by Participants due to (i) any incident beyond CETUSA's reasonable control, including, without limitation, acts of God, acts of war, or government actions and restrictions; (ii) any events directly or indirectly caused by intentional or negligent acts or omissions by any third party, including but not limited to any member, guest, employee or agent of the Host Family or other persons in the host country; (iii) risks associated with foreign travel and living abroad, including but not limited to risks associated with health care services, living conditions, sanitation conditions, road and transportation systems, criminal justice systems, civil liberty laws, customs, and values; (iv) any differences in the living conditions and standards between

Participants' home and home country and the host home and host country; and (v) any act or omission of the Originating Exchange Organization.

PLEASE INITIAL- Student: _____ Father (Legal Guardian): _____ Mother (Legal Guardian): _____

PROGRAM AGREEMENT Pg. 3 Student Name: _____

CONSENT AGREEMENT (continued)

As further condition of Student's participation in the Program, Participants agree to indemnify and hold harmless CETUSA from any liability or expense, including court costs and attorney fees, resulting from any injury, loss or any other damage or expense caused by the Student during his/her participation in the Program.

M. Arbitration and Venue: This Agreement shall be deemed to have been made in the State of California, USA and its validity, construction, breach, performance and interpretation shall be governed by the laws of the State of California, USA. The parties to the Agreement acknowledge and agree that any dispute or claim arising out of this Agreement, any resulting or related transaction, or the relationship of the parties, shall be decided by neutral, exclusive and binding arbitration in the County of Orange, State of California, USA. Either party may appear telephonically at the arbitration hearing. The award of the arbitrator may be enforced in any court of competent jurisdiction located in the United States. In the event that the arbitration clause is deemed void or inapplicable, each party expressly consents to and submits to the personal jurisdiction of the federal or state court(s) of Orange County, California, USA. In any action, including arbitration, brought for breach of this agreement, the prevailing party shall be entitled to recover reasonable attorneys' fees and costs, including but not limited to the costs of arbitration. The parties agree that any arbitration dispute and any claim that may arise under, or out of, in connection with or relating to this Agreement or any breach hereof, shall remain at all times confidential

N. Authority of Parent/Guardian: Each parent/guardian who signs this Agreement represents and warrants that he or she, together with the other parent/guardian who signs this Agreement, if any, is the custodial parent/guardian of the Student and has full authority to sign this Agreement on behalf of the Student as his/her legal guardian without the consent or approval of any other person, and agrees to indemnify and hold CETUSA harmless for any liability or expense, including court costs and attorneys' fees resulting from any breach or claim of this representation.

O. Ratification of Agreement: In the event the Student is under the age of 18 at the time of execution of this Agreement, and the Student attains 18 years of age while participating in the Program, Student agrees that continued participation in the program after he/she attains 18 is deemed a ratification and adoption of all the terms and conditions of this Agreement.

P. CETUSA Program Agreement Controls: Where there are any differences between this Agreement and any other program materials, the Agreement shall control. CETUSA cannot be legally bound or committed by any person other than a fully authorized representative. Parties are required to follow this Agreement and cannot vary from its terms.

Q. Modification: This Agreement shall not be modified except by a writing that is executed by all the parties hereto.

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

We have read and fully understand the program materials and agree to adhere to the CETUSA Standards of Conduct for Students and the CETUSA Program Agreement and Consent Agreements. We further understand that we are obligated to inform CETUSA of any significant changes to the Student's health conditions that may occur after the signature of the Student's Certificate of Health.

Full Name of Student (Please Print)

Signature of Student

Date

Full Name of Father or Legal Guardian (Please Print)

Signature of Father or Legal Guardian

Date

Full Name of Mother or Legal Guardian (Please Print)

Signature of Mother or Legal Guardian

Date

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.

Falsified or undisclosed information about any medical history, conditions, allergies or medications may lead to immediate termination.

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 marked **YES** above questions with the year of occurrence.

Allergies? YES NO If yes, please explain on separate sheet. 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, the dosage and why it is needed. This includes Homeopathic supplements and remedies. Not listing a medication or condition may 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 no, 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"/> | Orthopedic Problems |
| <input type="checkbox"/> | <input type="checkbox"/> | ADD or ADHD | <input type="checkbox"/> | <input type="checkbox"/> | Epilepsy | <input type="checkbox"/> | <input type="checkbox"/> | Pneumonia |
| <input type="checkbox"/> | <input type="checkbox"/> | Anxiety/Panic Attacks | <input type="checkbox"/> | <input type="checkbox"/> | Hepatitis | <input type="checkbox"/> | <input type="checkbox"/> | Pulmonary Disease |
| <input type="checkbox"/> | <input type="checkbox"/> | Asthma | <input type="checkbox"/> | <input type="checkbox"/> | Hernia | <input type="checkbox"/> | <input type="checkbox"/> | Rheumatic Fever |
| <input type="checkbox"/> | <input type="checkbox"/> | Bipolar Disorder | <input type="checkbox"/> | <input type="checkbox"/> | Kidney Disease | <input type="checkbox"/> | <input type="checkbox"/> | Scarlet Fever |
| <input type="checkbox"/> | <input type="checkbox"/> | Cardiac Disease | <input type="checkbox"/> | <input type="checkbox"/> | Malaria | <input type="checkbox"/> | <input type="checkbox"/> | Self-Injury/Cutting |
| <input type="checkbox"/> | <input type="checkbox"/> | Cancer (Any Type) | <input type="checkbox"/> | <input type="checkbox"/> | Menstrual Disorder | <input type="checkbox"/> | <input type="checkbox"/> | Sleep Disorder |
| <input type="checkbox"/> | <input type="checkbox"/> | Congenital Anomalies | <input type="checkbox"/> | <input type="checkbox"/> | Migraines or Serious Headaches | <input type="checkbox"/> | <input type="checkbox"/> | Suicidal Thoughts |
| <input type="checkbox"/> | <input type="checkbox"/> | Convulsive Disorders | <input type="checkbox"/> | <input type="checkbox"/> | Neurological Disorders | <input type="checkbox"/> | <input type="checkbox"/> | Typhoid Fever |
| <input type="checkbox"/> | <input type="checkbox"/> | Depression | <input type="checkbox"/> | <input type="checkbox"/> | Obsessive-Compulsive Disorder (OCD) | <input type="checkbox"/> | <input type="checkbox"/> | Thyroid Disease |
| <input type="checkbox"/> | <input type="checkbox"/> | Diabetes | <input type="checkbox"/> | <input type="checkbox"/> | Oppositional Defiance Disorder (ODD) | <input type="checkbox"/> | <input type="checkbox"/> | Ulcer |
| <input type="checkbox"/> | <input type="checkbox"/> | Eating Disorders | <input type="checkbox"/> | <input type="checkbox"/> | Orthodontic Braces/Dental Problems | <input type="checkbox"/> | <input type="checkbox"/> | Vertigo, Dizziness |

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

Any Visual or Hearing problems? YES NO If yes, please put year of occurrence and list on medical sheet _____

Has student had any operations 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: _____

Physician's Name (Printed): _____ Date: _____

Physician's Address: _____

Place
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: _____/_____/_____

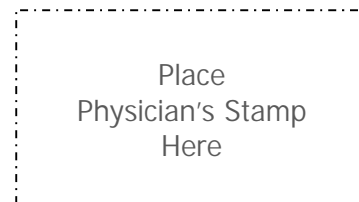
Current Status:

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.

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.

IMMUNIZATION RECORD

Student Name: _____ Date of Birth: ____/____/____
Month Day Year

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 5 years of the program end date.
4. **Hepatitis A** : 2 doses. 1st and 2nd must be at least 6 months apart.
5. **Hepatitis B** : 3 doses. 2nd must be 30 days after 1st, 3rd must be at least 6 months after 1st dose.
6. **Covid-19** : 2 doses (unless J&J Janssen or other 1-dose vaccine)
7. **Meningococcal** : 1 dose at 11-12 years, 2nd dose at age 16
8. **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.
9. **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.

Vaccinations	1st write date as Month/Day/Year	2nd write date as Month/Day/Year	3rd write date as Month/Day/Year	4th write date as Month/Day/Year	5th write date as Month/Day/Year
Polio (IPV or OPV)	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
DTaP or DTP (These dates cannot be the same as Tdap dates).	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
Tdap (REQUIRED to have been given within 5 years of program end date).	___/___/___	___/___/___			
Hepatitis A	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
Hepatitis B	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
COVID-19 (2 doses)	___/___/___	___/___/___	Booster ___/___/___	Vaccine Brand:	
Meningococcal	___/___/___	___/___/___	___/___/___	Type (MCV4, ACW4Y, Other):	
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)		BCG ___/___/___	

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.

Must be signed, stamped and dated by physician

Physician's Signature: _____ Date: _____

Physician's Name (Printed): _____

Physician's Address: _____

Place Physician's
Stamp
Here

Attach Copy of Student's Original Immunization Record Here

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: _____
 What type of school does the student currently attend? Boarding Public Private Other _____
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 will the student have completed by program start date? 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 any 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. Does the student have any type of learning disability or need any type of special accommodations while in school
 (for example: tutor, speech pathologist, verbal testing, etc.) YES NO If YES, what? _____
22. Please add any other information you think is appropriate: _____

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



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.

US Grading Scale		Foreign 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 three (3) years of school. Prior to arrival, if a student fails their current grade or class after acceptance, their program will be in review and the school may rescind their acceptance of the student.

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	½ Year Grade	Final Grade	Courses	½ Year Grade	Final Grade
Calendar Year: 20____/20____ U.S. School Grade Level: _____			Calendar Year: 20____/20____ U.S. School Grade Level: _____		
Courses	½ Year Grade	Final Grade	Courses	½ Year Grade	Final Grade

Signature: _____ Date: _____

Title: _____

Must be signed, stamped and dated

Official
School
Stamp
Here

ENGLISH ORAL INTERVIEW

Please circle the score (1 to 10) which best describes this student's ability to understand and speak English. Use the guidelines next to each score for your evaluation. Please only circle one number.

STUDENT'S NAME: _____

- | | |
|----|---|
| 10 | Absolute proficiency in English. Student is able to both understand and converse, dealing with abstract terms. Thinks in English. |
| 9 | Student possesses near fluency. Sentence structures are near perfect. Can understand and respond to difficult questions. English knowledge includes abstract terms. Will have no problem at all in communication when he/she arrives in the country he/she is going to. |
| 8 | English responses, although not perfect, come naturally. In other words, student responds clearly in English. Has good vocabulary and understands almost everything. Can respond intelligently, but needs improvement. |
| 7 | Student can understand most. Speaking ability is good, but needs practice. Student can go beyond basic responses. Knows many words, but needs to think before responding. |
| 6 | Student understands basic English. Vocabulary deals with everyday common terms. Thinks quickly but it is evident that he/she is translating. Gets lost when conversation departs from basics. Makes mistakes, but is understandable. Can carry on a conversation. |
| 5 | Student can understand much more than he/she can communicate, however makes an effort. Can respond in some sentence forms even if grammar and structure are not perfect. |
| 4 | Student evidently understands basic English sentences and is able to respond even if only in words. Grammar and sentence structure are poor, but understandable. A few weeks of total immersion in English will improve his/her ability. |
| 3 | Student understands words, but not sentence thoughts. Speaking ability is limited to a few words. |
| 2 | Student understands a few words, but has little or no ability to communicate. Student may also refuse to use English. |
| 1 | Student cannot understand and knows little or no English. |

Please give your reasons for this score and any suggestions you may have for this student.

Briefly describe your relationship with this student.

Name of Interviewer: _____

Position: _____

Date of Interview: _____