



American Language Programs, Inc

Program Application

INSTRUCTIONS:

1. Please type or print legibly
2. Read and sign the agreement & release forms
3. Attach two passport size photographs
4. Attach a copy of your passport
5. **Payment of a non-refundable application fee of \$150.00 USD made payable to American Language Programs, Inc.**

Send completed, signed application with photos, copy of passport, and visa, travel medical insurance name and policy number and non-refundable application fee to:

American Language Programs, Inc.
56 Hobbs Brook Road
Weston, Massachusetts 02493 USA

HOW DID YOU HEAR ABOUT OUR PROGRAM?

- Yahoo AOL MSN Google Netscape Excite AltaVista Lycos
 ESLUS.org GoAbroad.com StudyAbroad.com Other Internet source: _____
 Teacher Parent Friend Postcard/Flyer Other: _____

For which program are you applying?

- Boston, Massachusetts Orlando, Florida Phoenix, Arizona
 New York City/New Jersey Palm Beach/Miami, Florida
 San Francisco, California Los Angeles, California Vancouver, British Columbia, Canada

I. GENERAL INFORMATION

STUDENT INFORMATION

Name: _____ Date of Birth: _____

Address: _____ City _____ State _____ ZIP _____

Country: _____ Home Phone: _____ Email Address: _____

Citizenship: _____ Passport #: _____ Passport Expiration Date: _____

Note: It is your sole responsibility to inquire about and obtain all necessary travel documents, such as a valid passport with an appropriate expiration date, all necessary visas, re-entry permits, travel medical insurance or other documents. We strongly advise to begin preparing the necessary travel documents well ahead of time.

If you are not a U.S. or E.U. citizen, do you need a visa to travel on the program itinerary? Yes No
If yes, attach a copy of the visa and proof of returning to your home country (return ticket, re-entry permit, and other applicable documents)

PARENT / LEGAL GUARDIAN INFORMATION

PRIMARY EMERGENCY CONTACT

Name: _____

Home Address: _____

Home Phone: _____ Business Phone: _____

Email Address: _____ Fax: _____

SECONDARY EMERGENCY CONTACT

Name: _____

Home Address: _____

Home Phone: _____ Business Phone: _____

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TRAVEL ARRANGEMENTS

Would you like assistance in arranging independent travel? Yes No

If yes, please specify: _____

II. PROGRAM FEE & SPECIAL OFFERS

Note: Please consult our web site for detailed information on the program fee, special offers and financial aid.

Please check below if you are eligible for any special offers:

Referral Name of your referral(s): _____

CANCELLATIONS & REFUNDS

Refer to legal clause on immersion contracts.

III. PERSONAL PROFILE

FOREIGN LANGUAGE

Describe your proficiency in the language of the host country (English): _____

For how long and where have you studied this language? _____

Have you ever lived, studied or traveled in a foreign country? Yes No

If yes, where and for how long? _____

Have you ever lived, studied or traveled in the United States? Yes No

If yes, where and for how long? _____

On which aspects of the language would you like to put a particular emphasis during your studies? *(please choose up to three)*

- | | | |
|--|---|---|
| <input type="checkbox"/> Vocabulary | <input type="checkbox"/> Grammar | <input type="checkbox"/> Pronunciation |
| <input type="checkbox"/> Reading comprehension | <input type="checkbox"/> Writing skills | <input type="checkbox"/> Speaking and listening comprehension |
| <input type="checkbox"/> Practicing the language | <input type="checkbox"/> Other: _____ | |

Specific Requirements of Employment: _____

INTERESTS & HOBBIES

Please tell us what your interests and favorite activities are in the following areas:

Academics and Languages (e.g. foreign languages, history, geography, literature, science, ...) _____

Athletics and Recreation (e.g. running, swimming, ...) _____

Arts (e.g. music, dance, painting, drama, photography, ...) _____

(Initials) _____

Other interests (e.g. cooking, excursions, ...) _____

What activities would you propose to include in the program? (e.g. visits to historical sites, museums, performances, athletics, ...)

EVERYDAY LIFE

What are your favorite ways to spend time? _____

Do you consider yourself more of a quiet or outgoing person? _____

Do you prefer to spend more time indoors or outdoors? _____

DIET

What are your favorite foods? _____

Do you have any special dietary needs or practices? (e.g. vegetarian, kosher, ...) _____

What foods can you not eat *at all*?

- Red meat Chicken Fish Shellfish Milk & dairy products
- Wheat Soybeans Eggs Sugar Spices
- Mayonnaise Peanuts Fruits Other _____

Do you have any food allergies? Please describe in detail: _____

IV. HOMESTAY PLACEMENT PREFERENCES (IF APPLICABLE)

Note: The Program will make every reasonable effort to accommodate your preferences. The information you provide herein will be used to guide us during the family selection process. However, we cannot guarantee that your host family will correspond to all of your preferences indicated below. Please note that adapting to a different environment and way of living is an essential part of a successful homestay experience.

Would you prefer a non-smoking family? Yes No

Would you prefer a family with:

 Other American students? Yes No

 Other children / adolescents? Yes No

 Pets? Yes No

Other preferences:

Affix Self-Portrait Photograph Here

(Initials) _____

V. PROGRAM RULES AND SAFETY GUIDELINES

GENERAL RULES

1. **General Demeanor.** The students are expected to behave in a respectful, courteous and friendly manner with regard to the Program staff, fellow students, teachers, host family members and general public. Since this is an international program, it is especially important for the students to be sensitive and respectful with regard to people of all races, ethnicities, nationalities, religious beliefs, cultural backgrounds and traditions.

The students are expected to follow the instructions and directions of the Program staff. The students must respect the property of the host family, language school, student residence or hotel, and any other institution associated with the Program.

2. **Academic Commitment.** Since the primary objective of the Program is an academic one, the students are required to attend classes on a daily basis and in a timely manner, as scheduled by the Program and the host academic institution. The only acceptable reason for missing class is a medical condition or ailment, in which case the student is required to notify the Local Organizer (L.O.) immediately and to see a physician.
3. **Curfew.** The students are required to respect the curfew and return to their residence by a designated time every evening, as determined by their host family.

SAFETY RULES AND GUIDELINES

The safety and well being of our students are the paramount objectives of our Program. To that end we have developed and will stringently enforce a set of safety rules and guidelines. These rules are in place to protect you from the risks associated with foreign travel. We ask that you read these rules carefully and abide by these rules at all times, including your time with the host family, other international students and free time. The Program safety rules and guidelines take precedence over any other regulations and instructions that may be given to our students by their host family, the school staff or the staff of any athletic and recreational facilities, transport operators or any other persons or organizations.

Please also note that any violation of the safety rules will result in your immediate departure from the Program, at the expense of your parents, without refund.

1. **Travel and Personal Safety.** The students are required to remain within the territory of the host community (the host town), as defined by the Local Organizer (L.O.), other Program premises (school campus, host family residence), and areas of Program activities, such as athletics, recreation, excursions and travel sites. Permission for independent travel beyond these areas may be granted by the Local Organizer (L.O.) upon a written authorization of the student's parents or legal guardians (see the Parental Authorization Form below). The students are allowed to travel with their host families, but they are asked to have their host parent notify the Local Organizer (L.O.) ahead of time about their travel itinerary, if traveling beyond the host community.

The students are advised not to travel alone and always to exercise caution, common sense and good judgment when choosing their itinerary, and to remain alert as to the safety of their environment. The students are also advised to behave in a discreet and responsible manner, and to exercise good judgment and caution when striking acquaintances with people who are not affiliated with the Program. The students are required to respect the curfew and not to leave their residence after hours.

2. **Motorized Vehicles and Traffic.** The only motorized vehicles authorized by the Program to transport the students are: the Program bus, the Program van, a host family car driven by a host parent or a family member with a valid driver's license, public transport and a licensed taxi service. Under no circumstances may the students use any other motorized vehicles (e.g. cars, vans, golf-carts, boats, motorcycles, mopeds, etc.) whether driven by a student or by any other third person; nor may they hitchhike or accept rides from persons other than Program staff or host family members. Any instance of hitchhiking or use of a non-authorized motorized vehicle is a most serious violation of the Program safety rules. The students may ride bicycles in which case they are required to wear helmets.

The students are specifically warned about the dangers associated with traffic. The local standards of driving and respecting the traffic rules may be significantly lower than in the students' home community. Students are urged to pay utmost attention and to remain alert when crossing streets, riding their bicycles or using any type of transport.

3. **Alcohol and Controlled Substances.** The use of controlled substances or hard liquor (except beer and wine) is not allowed. The students are only allowed to consume wine or beer with their host families or during Program meals, as long as they do so responsibly and in very limited quantities (one or two glasses maximum). In any event, students bear the sole responsibility for exercising good judgment and moderation in order to avoid alcoholic intoxication. Any instance of alcoholic intoxication or drunkenness, as determined by the Local Organizer (L.O.), is a most serious violation of the Program safety rules.
4. **Night Life.** The students are not allowed to visit bars, nightclubs, discotheques, and other establishments that serve hard liquor; this does not concern restaurants and cafes that serve food and non-alcoholic beverages. On occasion, visits to discotheques and other evening outings may be organized by the Program and supervised by the staff. Such visits may be canceled at any time, at the discretion of the Local Organizer (L.O.), if they jeopardize the safety and well being of the students, as determined by the Local Organizer (L.O.).

(Initials) _____

In the evenings, the students are required to remain in groups and let the Program staff know about their whereabouts. The students must return to their residences by curfew time. It is particularly important that the students respect the program safety rules and guidelines, remain alert and careful during the late hours.

5. **Athletic and Recreational Activities; Water Safety.** The students are required to submit a copy of a swimming proficiency certification (or any other document/proof showing swimming ability) before they participate in swimming or any other water-related activities. The students are urged to exercise utmost caution when swimming and sun bathing. The students may only swim on beaches that are supervised by lifeguards or Program staff, only during daytime, and only when the weather conditions are suitable (i.e. when there are no high winds or waves). The students are required to remain within a reasonable distance from the shore, as determined by the Program staff, and in all cases, to remain within the area marked by buoys, flags and other safety markers. Diving from elevated surfaces (e.g. rocks, boats, trampolines) is not allowed under any circumstances. The students are not to swim alone or unsupervised.

The students are not allowed to participate in any water sports and activities that are not specifically authorized and supervised by the Program staff, such as water-skiing, sailing, para-sailing, surfing, wake-boarding, rafting, kayaking, as well as renting boats or jet-skis, among others. Should the students express interest in such activities, and provided that they have a written authorization of their parents or legal guardians (see the Parental Authorization Form below), the Program may organize such activities and provide proper supervision.

The students are also required to ask for authorization before participating in any other activities, athletic or recreational, that are not included in the Program and listed in the present application. Certain activities are not allowed under any circumstances, such as sky diving, bungee jumping, hang gliding, scuba diving, deep sea diving, and rock climbing.

VI. AGREEMENT & RELEASE

The following document constitutes an agreement between American Language Programs, Inc. ("the Program"), and its students and their parents or legal guardians ("the Participant"). This agreement and the preceding application comprise the full and complete agreement between the Participant and the Program and cannot be revised, except in writing, by the Program. This agreement will come into effect when the complete application of the Participant is approved by the Program, and it will be governed by the laws of the State of Massachusetts.

1. Acceptance of Program Terms, Conditions, and Rules

- 1.1 The Participant has fully read and understood the terms, conditions and rules set forth in the preceding application. The Participant fully and unconditionally accepts these terms, conditions and rules, and understands that their violation may entail an interruption of his or her participation in the program, resulting in an early return home at the expense of his or her parents, without refund. The Participant further understands that his or her participation in the program may be terminated without refund if the Participant is expelled from school, disciplined by civil authorities, or if the Program determines, at its sole discretion, that the conduct of the Participant is incompatible with the goals, interests, harmony, or integrity of the program, or with the interests or well-being of other students. The Participant agrees to indemnify the Program if his or her actions cause the Program and its affiliates to sustain financial loss, damages or liability.
- 1.2 The Participant specifically understands that any violation of the Program Safety Rules and Guidelines, as well as any violation of the written or verbal safety instructions of the Program staff, will result in immediate expulsion from the program and early return home at the expense of his or her parents, without refund. Such violations include but are not limited to:
- i. Unauthorized departure from Program premises, as defined in the Program Safety Rules and Guidelines, item 1.
 - ii. Departure from the family residence, student residence or hotel after hours.
 - iii. Driving or using any motorized vehicles or boats not authorized by the Program, including hitch-hiking or accepting a ride from any persons other than the Program staff, host family members with a valid driver's license, or a licensed taxi service.
 - iv. Participation in athletic or other activities not authorized by the Program.
 - v. Alcoholic intoxication or substance abuse.
 - vi. Actions harmful to the Participant's own well-being and health.

The Participant agrees that in any of the instances described in Section 1.2, items i) to vi), as well as in the case of any other violation of the Program Safety Rules and Guidelines, he or she unconditionally releases the Program from any responsibility and claims for damage, injury, loss, or expense of any nature resulting thereof.

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2. Events Beyond the Program's Control. Actions of Third Parties

The Program will make every reasonable effort to insure that the suppliers of academic, housing, food, recreational, transport, travel and other services are selected in accordance with the standards of competence prevalent in the local community. As a result, the Program is not responsible for any negligent or willful act or the failure to act of any such supplier or of any other third party over whom the Program has no control. Furthermore, the Participant releases the Program from any responsibility and claims for damage, injury, loss, or expense of any nature resulting from events beyond the control of the Program, including but not limited to acts of crime, terrorism, strikes, political unrest, sickness or quarantine, government restrictions or regulations. This release also applies to any losses arising from any traffic or transport accident, the use or selection of any vehicle, or from any act or omission by any host family, other Program participants and students, bus or car rental agency, boat, airline, railroad, taxi or tour service, hotel service, restaurant, school, language center or other firm, agency, company or individual, unless the loss is caused by the gross negligence of the Program.

3. Exercising Caution and Common Sense

The Participant understands that he or she is responsible for exercising caution and common sense at all times to avoid injuries and losses. This includes observing traffic and safety rules pertaining to pedestrians, passengers and bicyclists; remaining alert and paying utmost attention for traffic; using safety measures and devices, such as bike helmets or safety belts; maintaining the possession and ensuring the safety of personal belongings; and exercising good judgment when choosing and monitoring the safety of the surrounding environment.

4. Limits of Supervision

The Participant understands and agrees that the Program cannot supervise its students at all times. As a rule, the group activities will be supervised by the Program staff. However, the students will not be supervised by the Program staff during classes, free time, the time with their host families, and independent travel. During such times it is especially important that the students respect the program safety rules and guidelines and exercise caution and good judgment in order to provide for their safety and well being. The Participant specifically releases the Program from any responsibility and claims for damage, injury, loss, or expense of any nature resulting from occurrences which took place during the student's free time, time with the host family and independent travel.

5. Safety and Health Information

The Participant further understands that if the Participant or the Participant's parents or legal guardians would like to inquire about or will have concerns regarding the safety and health conditions associated with any particular area, environment, service, transport, carrier or activity, as well as any medical issues (such as immunization), the Program, upon their request, will provide them with all the information available to the Program, and refer them to other sources, such as governmental agencies or professional organizations in the home country or the host community. The Participant releases the Program from any liability related to such information.

6. Acknowledgment of Inherent Dangers

The Participant understands that travel and athletic activities may involve certain inherent risks and dangers to health, safety and personal property. The Participant voluntarily decides to participate in such activities and to assume all risks and the associated responsibility. The Participant further releases the Program from any responsibility and claims for damage, injury, loss, or expense of any nature resulting from such activities, unless they are caused by the gross negligence of the Program. The Participant's parents or legal guardians understand that prior to or during the program they may be asked to provide a signed waiver or release document granting their son or daughter permission and authorization to take part in certain activities or sports, thereby releasing the Program from any and all liability.

7. Medical Conditions and Treatment

The Participant understands that he or she is required by the Program to arrange for private health and accident insurance.

The Participant understands that in the event of a medical ailment or emergency the Program may take such actions, as it deems necessary under the circumstances, including securing medical treatment of the Participant and his or her transportation back home. The Participant understands that the standards of medical treatment may be different from those in his or her home country and releases the Program from any liability relating to such medical treatment.

The final determination of the medical treatment is the decision of the Participant's parents or legal guardians. In the case of emergency or until such determination is made by the Participant's parents or legal guardians, the Program will make every reasonable effort to insure that the selected medical providers meet the standards of competence prevalent in the local community.

The Participant agrees to compensate the Program, immediately upon returning home, for any expenses incurred as a result of such medical treatment and transportation that are not covered by the student's insurance. The Participant agrees that the Program is not responsible for any uninsured losses.

The Participant specifically understands and agrees that the Program cannot be held responsible for any consequences arising from pre-existing medical, emotional or other conditions and dispositions of the Participant, including but not limited to ailments, trauma, depression, eating disorders or dietary habits. The Participant understands that the Medical Form submitted to the Program must be accurate and complete, without errors or omissions, and that any errors or omissions in the Medical Form will jeopardize the safety and health of the Participant during the program, and may result in the interruption of his or her participation in the program and an early return home at the expense of his or her parents, without refund.

8. Changes and Cancellations

The Participant understands that the Program reserves the right to make changes, cancellations, or substitutions as a result of changing conditions, safety considerations, the interests of the group, or emergency situations. The Participant understands that if he or she leaves the program, there will be no refund of the program fee.

9. Travel Documents and Requirements

The Participant understands that it is his or her sole responsibility to inquire about and obtain all necessary travel documents, such as passports and visas, with appropriate expiration dates. The Participant agrees to release the Program from any responsibility and claims for damage, injury, loss, or expense of any nature resulting from his or her failure to obtain the necessary travel documents that may hinder his or her participation in the program. The Participant further agrees that such failure does not constitute grounds for withdrawal with refund.

10. Housing Conditions

The Participant understands that the housing conditions in host family residences vary, and that these conditions may be different from those in the Participant's home country. The Participant should make every effort to follow the culture they are immersed in (i.e. willingness to try new foods, meet new people, etc.).

11. Baggage and Personal Property

The Participant releases the Program from any responsibility and claims for damage, loss, or expense of any nature resulting from lost or stolen baggage or personal property.

12. Publicity Materials

The Participant understands that the Program may use students' statements and photographs in its publicity materials, such as the Program brochure and the web site, and hereby grants the Program permission for such use.

References in this agreement to "the Program" shall include American Language Programs, Inc., and all of its agents, employees, directors, group leaders, chaperons, teachers, host schools and school officials. References to "the Participant" shall include the applicant, his or her parents, legal guardians or other adults who are responsible for the applicant.

Student Signature: _____ Date: _____

I am the parent or legal guardian of the above (minor) applicant. I have read the Program Description, including its terms, conditions and rules, as well as the Program Safety Rules and Guidelines and the foregoing Agreement and Release, and I agree to be legally bound thereby:

Parent / Legal Guardian Signature: _____ Date: _____

Parent / Legal Guardian Name (Printed): _____

Did you remember to

- ✓ Sign the agreement and release forms making sure to initial each page?
- ✓ Attach two passport size photographs?
- ✓ Attach a copy of your passport?
- ✓ Appendix A. Parental Authorization Form
- ✓ Appendix B. Medical Information Form

Thank you for taking the time to fill out this application. We are looking forward to seeing you soon!

(Initials) _____
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APPENDIX A. PARENTAL AUTHORIZATION FORM

Participation in certain activities and sports, travel beyond the Program premises (such as visitation with friends and relatives), as well as remaining unsupervised in the evenings (while on "free time") are allowed only with the explicit written permission of the student's parents or legal guardians, as provided in this form. Please carefully review and fill it out. Without the parental authorization, the student will not be allowed to participate in these activities.

1. ATHLETIC ACTIVITIES

The following athletic activities may be offered to the students. These activities are not mandatory, and the student is completely free to choose whether or not to participate in any of them. Please indicate whether you authorize your son or daughter to participate in any of these activities by checking the corresponding box in the list below. By choosing to participate in athletic activities indicated below, you (the student and his or her parent or legal guardian) understand and recognize certain inherent risks associated with such activities and agree to accept them. You also attest that you (the student) are physically and medically fit to participate in such activities.

- | | | |
|--|---|---|
| <input type="checkbox"/> Volleyball (& Beach Volleyball) | <input type="checkbox"/> Bowling | <input type="checkbox"/> Swimming (pool) |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Weight-lifting | <input type="checkbox"/> Swimming (sea) |
| <input type="checkbox"/> Soccer | <input type="checkbox"/> Aerobics | <input type="checkbox"/> Sailing (& Para-sailing) |
| <input type="checkbox"/> Softball | <input type="checkbox"/> Hiking | <input type="checkbox"/> Surfing |
| <input type="checkbox"/> Tennis (& Table Tennis) | <input type="checkbox"/> Running | <input type="checkbox"/> Wake-boarding |
| <input type="checkbox"/> Badminton | <input type="checkbox"/> Bicycling | <input type="checkbox"/> Rafting |
| <input type="checkbox"/> Frisbee | <input type="checkbox"/> Horseback Riding | <input type="checkbox"/> Kayaking |
- Other (indicate other athletic activities you are interested to participate in): _____

2. TRAVEL BEYOND PROGRAM PREMISES AND VISITATION WITH THIRD PERSONS

Please indicate whether you are giving your son or daughter permission to travel beyond the Program Premises, unaccompanied by the Program Staff or the host family: Yes No

If yes, please provide the planned travel dates and itinerary: _____

Does the student have your permission to visit relatives or friends outside of the Program Premises? Yes No

If yes, please provide the following information:

Name of the person and relationship to the student: _____

Address and phone number of the person: _____

Planned dates and itinerary of the visit: _____

May the student stay at this person's residence overnight? Yes No

I, _____, mother/father/legal guardian of _____
(name of the parent or legal guardian) (circle one) (name of the student)

give my son/daughter permission to participate in activities outlined in items 1 and 2 of the present form. I have been advised of the associated risks and I release the Program from any responsibility and claims for damage, loss, injury or expense of any nature resulting from these activities.

Signature

Date

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APPENDIX B. MEDICAL FORM

Note: The information provided below will be shared with the American Language Programs, Inc. staff and, in the case of necessity, with the host family, medical care providers, and physicians in the host country. If any medical ailment, accident or other relevant event occurs after this application is completed and before the beginning of the Program, you are asked to immediately notify us about it.

Student Name: _____ Date of birth: _____

Height: _____ Weight: _____ Blood Type: _____ Pulse: _____ B/P: _____

Does the student have any abnormalities concerning height, weight, blood pressure or pulse? Yes No

If yes, please explain: _____

Is the student currently taking any medications or injections? Yes No

If yes, identify the medications, reasons for usage, dosages, and frequency: _____

Does the student have any health conditions that may partially or fully restrict his or her participation in various program activities (e.g. walking or traveling for extended distances, swimming or other athletics) or is there any medical information that should be considered for a home placement? Yes No

If yes, please explain: _____

Does the student have (or has ever had) any of the following ailments, conditions, or problems associated with:

Allergies	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Measles	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Appendicitis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Mumps	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Asthma	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Poliomyelitis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bones or joints	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Respiratory system	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cardiovascular system	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Rheumatic Fever	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Chicken Pox	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Rubella	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cough (persistent, recurring)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Seizures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Sleepwalking	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Digestive system	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Tuberculosis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Headaches (persistent, recurring)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other: _____		
Hepatitis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, type: _____		

If yes on any of the above, please identify type, severity, treatment, medication taken, dosage, and frequency:

Has the student had any of the following immunizations? Please specify the month and the year:

	Yes	Month / Year	Month / Year	Month / Year	Month / Year	Month / Year
BCG	<input type="checkbox"/>	_____	_____	_____	_____	_____
Diphtheria	<input type="checkbox"/>	_____	_____	_____	_____	_____
Hepatitis	<input type="checkbox"/>	_____	_____	_____	_____	_____
Measles	<input type="checkbox"/>	_____	_____	_____	_____	_____
Mumps	<input type="checkbox"/>	_____	_____	_____	_____	_____
Poliomyelitis	<input type="checkbox"/>	_____	_____	_____	_____	_____
Pertussis	<input type="checkbox"/>	_____	_____	_____	_____	_____
Rubella	<input type="checkbox"/>	_____	_____	_____	_____	_____
TB Test	<input type="checkbox"/>	Which type? _____ Date _____		Result (+ / -) _____		
		If positive, was chest x-ray done? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date _____	Result (+ / -) _____	
Tetanus	<input type="checkbox"/>	_____	_____	_____	_____	_____

(Initials) _____

Has the student ever consulted a psychologist, psychiatrist or any other specialist for an emotional, psychological, nervous, or eating disorder or condition? Yes No

Does the student have a history of, or present evidence of, emotional trauma, instability, disorder, depression, or an eating disorder? Yes No

Note: Foreign travel, homestay, and the need for adaptation to a different culture, climate, food, language, social environment and a way of living, may be demanding of student's spirit and involve emotional stress. Such a transition may severely exacerbate any existing medical, emotional, psychological, dietary and other problems, disorders and conditions of the student. Therefore, it is very important to complete the present medical form accurately and truthfully. Withholding or distorting any relevant information will jeopardize the safety, health and well being of the student, host family, other students and hinder the efforts of our staff to assist the student who may need particular attention and care, or in the case of an emergency.

If the student will be taking any medications or injections during the program, make sure that he or she brings along an adequate supply of these medications. We also recommend bringing a copy of the original prescription – in the event of loss this may expedite replacement.

I, the undersigned, certify that a thorough physical examination of the student has been given and all important recent medical information has been included in this form, that nothing relevant has been omitted, and that the student is able to travel. I understand that the omission of any information could be harmful to the student's health.

Physician Signature: _____

Physician Name: _____ Degree: _____

Physician Address: _____ Date: _____

Your signature below attests that the information in this application is correct and complete. I understand that inaccurate or incomplete information could be harmful to the student's health.

Student Signature: _____ Date: _____

Parent / Legal Guardian Signature: _____ Date: _____

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