



アメリカ交換留学 参加申込書



お申込注意事項

- 申込書は、お申込マニュアルをご参考にしていただき正確に記載を行うようにしてください。
- 申込書を提出することで、ISE交換留学オンライン登録への許可を頂くものといたします。
- 申込書は、原則として全て英語で記載をしてください。
- 申込書の記載内容をもとに、ISE交換留学のオンライン登録を行うようになります。また、サインを頂いている資料、並びに別途提出を頂いた写真は登録サイトへアップロードにて提出がされるようになります。
- 学生の写真、並びにフォトアルバムの写真は、写真ファイルにてメールやUSB等で提出してください。
- 申込書と一緒にパスポート（顔写真のページ）のコピー、過去2年分の英文での成績証明書を提出してください。
- 申込書は、コピーを頂き一部控えとして保管をするようにしてください。

お申込みの手順

Step 1	Step 2	Step 3	Step 4
申込書の提出	デポジット (現金) の支払い	受け入れの可否	残金のお支払い
原則として、必要書類を全て揃えて提出してください。	申込書提出後、約 10 日以内となります。お支払い後の手続き開始となります。	ISE 担当者にて審査。 ● 最大 1 か月程度かかります。 ● スカイインタビューなどが行われることもあります。	受入の決定後、約 1 か月以内の残金の支払いとなります。
Step 5	Step 6	Step 7	Step 8
追加書類	ビザの申請	学校・滞在先の決定	オリエンテーション&渡航
追加書類提出、追加予防接種が必要になります。 *予防接種は、医療機関にてその予定を組んでください。	残金のお支払い後、数週間にて、DS2019 が発行され、ビザ申請となります。	渡航先の決定は、規定より 8 月 31 日が期限となります。 *エリア希望がなかった際は、リクエスト費用の支払いが必要となります。	渡航や、現地生活の案内内容をしっかり理解して、渡航ください。

参加プログラム

申込締切

学年プログラム: 8 月/9 月開始	3 月 31 日
学期プログラム (前期) : 8 月/9 月開始	3 月 31 日
学期プログラム (後期) : 12 月/1 月開始	9 月 30 日

申込締め切り日までに、Step2 までを行わなければなりません。また、締め切りギリギリでの手続きになると、地域の選択ができなくなり、渡航先の決定は 8 月以降になることが多いです。

お申込書提出先

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【留学時期】

- 留学期間：2018年～2019年（1学年：およそ10か月、1学期：およそ5か月）
- 渡航時期：2018年8月/9月、2018年12月/2019年1月
- 帰国時期：2019年5月/6月、2018年12月/2019年1月

【募集期間】

- 2018年8月/9月開始：2017年5月1日～2018年3月31日
- 2018年12月/2019年1月開始：2017年5月1日～2018年9月30日
 - 募集は、締め切り前においても定員になり次第に締め切りになります。
 - エリアや州のリクエストがある方は、早めのお申込をお勧めいたします。
 - 動物アレルギーなどがある方は、早めのお申込をお勧めいたします。ホームステイ先には限りがあり、締め切り間際での申込でアレルギーなどのリクエストがある際には、受け入れ拒否となることがあります。

【参加資格】

- プログラム参加時に15歳～18歳以下の方
- ELTISにて所定の点数を取得している方
- 過去2年間の学業成績が平均以上である方、不登校や病気等により出席率が著しく不良でない方
- アメリカ高校、または州などが指定する予防接種を受けることのできる方
- 過去にF1ビザ、J1ビザでアメリカ留学経験のない方
- 英語をはじめとして、学習意欲が高い方、また自立した生活が送れる方
- 心身ともに健康で、チャレンジ精神が旺盛な方、また海外文化、宗教や文化、人種などに偏見のない方

【参加必要書類】

- プログラム申込書
- 過去2年間の英文での成績証明書
- パスポートのコピー（取得済みの方）

【申込同意事項】

私（私たち）は、偽りなく情報の提供を行います。この情報はプログラム受入の可否の決定、ホームステイ先の決定などに際して必要な情報として扱われます。また、プログラムの趣旨、参加資格、渡航先の決定時期、確認事項、返金規約を理解、並びに同意し申込を行います。

生徒署名

氏名	日付 年 月 日
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保護者署名

氏名	日付 年 月 日
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【確認事項】

- **契約（申込）の締結**：書面（メール、またはファックスなど）にて、当機構がお申込の意思を確認し、申込書受理を書面（メールまたはファックスなど）にて通知した日を契約（申込）締結日とします。
- **手続きの開始とデポジット**：お申込の確認後、デポジット（申込金）の受領したのちに手続きを開始します。この費用は後日プログラム費用へ充当されます。
- **契約（申込）の解除**：以下の理由の一つにでも該当するときは、契約を解除することができるものとします。また、その際は返金規約に則ります。アメリカ滞在中に契約の解除が行われた際は、速やかに帰国に関わる全ての手配を学生負担にて行い、帰国をすることとします。
 - 指定期日までに留学費用その他の費用の支払いを行わない場合。
 - 申込内容に虚偽または重大な遺漏があった場合。
 - 申込後、または渡航後に学校、ホームステイ、サポートスタッフ、また当機構による指示、注意に背く行動があった場合。
 - 高校よりの退学処分、ホームステイよりの退去処置、またはISEよりプログラム除籍処置があった場合。また、強制帰国となった場合。
 - 暴力行為（言動、WEB や SNS 等への書き込みを含む）、不法行為、違法行為等が発覚した場合。
 - その他、申込人の留学が不適切であると合理的に判断する事情がある場合。
- **返金時期**：渡航前、渡航後に関わらず、キャンセル、退学等にて返金が生じる際は、現地教育機関等、または ISE からの返金手続きには数ヶ月の期間がかかる場合があります。また、当機構では返金額の一切を立て替えてご返金いたしません。
- **返金レート**：日本円での返金を行う際のレートは、現地教育機関等、または ISE より日本側へ返金があった日、または当機構より返金を行う日の三菱東京 UFJ 銀行 TTB レートを採用して行います。よって、お支払い時とは異なる為替レートの採用となることを予めご理解ください。レートによっては支払い時の日本円額と返金による受け取り額が大きく異なることもありますが、その損失分に関しては当機構では一切補償は行いません。
- **トラブルの解決**：留学中には、学校、ホームステイなどにて様々なトラブルが発生することがあります。アメリカ交換留学において、当機構ではトラブルが発生した際には ISE 本部へ対応、並びに解決を行うように依頼を行います。実際の対応には ISE 本部、地域委員が担当するようになり、当機構が直接トラブル解決へ介入をすることはできません。また、ISE の決定事項に関与することはできません。可能な限りで ISE 本部へ迅速に解決するように働きかけます。
- **プレースメント先決定時期**：ホームステイ先、並びに就学する学校は、規定により 8 月 31 日までの決定が最終期限となります。交換留学運営団体は、この日までに受け入れ先の通知を行えばよい規定となっています。（時差の関係でアメリカ 8 月 31 日は、日本の 9 月 1 日になります。）可能な限りで早めにお知らせするように努めていますが、期限間近での決定通知となることもあります。その後、すぐに航空券等の手配を行い渡航になります。ビザは事前に申請・取得するようになります。

【返金規約】

キャンセル時期 (理由に関わらずプログラムのキャンセル、自主退学、学校からの退学処分、ホームステイからの退去処分、強制帰国など)	返金額/キャンセル費
ISE より受け入れ却下となった時	アプリケーション費用（\$ 250）を除いて、デポジットは返金いたします。
ビザが却下されたとき	10 万円 または US\$1000 を除く全額返金（またはその金額の請求）
契約締結後	10 万円 または US\$1000 を除く全額返金（またはその金額の請求）
ISE からの受け入れ決定後	70%の返金（または 30%の請求）
学校、またはホームステイ決定後	50%の返金（または 50%の請求）
渡航後	返金無し（または 100%の請求）
注意：学校決定後にキャンセルを行った際に、返金不可となる費用がある場合はその支払い義務が発生します。 地域の指定費：学校またはホームステイ決定後は返金不可	



Student's Information (参加生徒の情報)

 <p>Student's Picture 顔写真をファイル で提出してください。</p>	First Name (名)		Family Name (姓)	
	英語		英語	
	漢字		漢字	
	Street Address (住所)			
City (市)		Prefecture (県)	Zip Code (郵便番号)	
Telephone No. (固定電話)	Mobile phone (携帯電話)	E-mail (できる限りアメリカでも使用できるアドレス)		
Gender (性別)	Place of Birth (出生市町村)	Country of Birth (出生国)	Country of Residence (居住国)	
<input type="checkbox"/> Male <input type="checkbox"/> Female				
Date of Birth (誕生日)	Country of Citizenship (国籍)	Passport (パスポート番号)	Skype ID (持っている方のみ)	
(mm-dd-yyyy)				

Parent Information (保護者の情報)

Parent 1 (保護者 1)		Parent 2 (保護者 2)	
Name (氏名)		Name (氏名)	
Date of Birth / Age (誕生日/年齢)	(mm-dd-yyyy) Age:	Date of Birth / Age (誕生日/年齢)	(mm-dd-yyyy) Age:
Speaks English (英語を話せますか?)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Speaks English (英語を話せますか?)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contact Number (電話番号)		Contact Number (電話番号)	
Employed By (勤務先)		Employed By (勤務先)	
Occupation (職業)		Occupation (職業)	
Does Parent 1 live with student? (申込学生と一緒に住んでいますか?)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does Parent 2 live with student? (申込学生と一緒に住んでいますか?)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Emergency Contact (緊急連絡先)

Name (氏名)	Relationship to Student (申込学生との関係)
Address (住所)	
Phone Number (電話)	E-mail

Sisters and Brothers (兄弟)

Name (氏名)	Brother or Sister (兄・姉)	Date of Birth(mm-dd-yyyy) / Age	Living at home?(同居)
	<input type="checkbox"/> Brother <input type="checkbox"/> Sister	/	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Brother <input type="checkbox"/> Sister	/	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Brother <input type="checkbox"/> Sister	/	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Brother <input type="checkbox"/> Sister	/	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Personal Information (学生情報)**

以下の項目から興味がある内容を3つ以上6つ以内でチェックしてください。

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Aerobics | <input type="checkbox"/> American Football | <input type="checkbox"/> Art/Painting | <input type="checkbox"/> Arts & Craft |
| <input type="checkbox"/> Attending concerts | <input type="checkbox"/> Backpacking | <input type="checkbox"/> Badminton | <input type="checkbox"/> Baseball |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Bike Riding | <input type="checkbox"/> Bowling | <input type="checkbox"/> Boy Scouts/Girl Scouts |
| <input type="checkbox"/> Camping | <input type="checkbox"/> Church activities | <input type="checkbox"/> Community work | <input type="checkbox"/> Computer |
| <input type="checkbox"/> Cooking/Baking | <input type="checkbox"/> Dancing | <input type="checkbox"/> Family Activities | <input type="checkbox"/> Field Hockey |
| <input type="checkbox"/> Fishing | <input type="checkbox"/> Fitness Training | <input type="checkbox"/> Going to the movies | <input type="checkbox"/> Golf |
| <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Handball | <input type="checkbox"/> Museums | <input type="checkbox"/> Music |
| <input type="checkbox"/> Painting/Drawing | <input type="checkbox"/> Photography | <input type="checkbox"/> Picnics | <input type="checkbox"/> Playing board games |
| <input type="checkbox"/> Racquetball | <input type="checkbox"/> Raising animals | <input type="checkbox"/> Reading | <input type="checkbox"/> Riding horses |
| <input type="checkbox"/> Sailing/boating | <input type="checkbox"/> School activities | <input type="checkbox"/> Sewing | <input type="checkbox"/> Shopping |
| <input type="checkbox"/> Snow Skiing | <input type="checkbox"/> Snow sports | <input type="checkbox"/> Soccer | <input type="checkbox"/> Hiking/Backpacking |
| <input type="checkbox"/> History | <input type="checkbox"/> Ice Hockey | <input type="checkbox"/> Ice Skating | <input type="checkbox"/> Inline Skating |
| <input type="checkbox"/> Listening to classical music | <input type="checkbox"/> Listening to popular music | <input type="checkbox"/> Martial arts | <input type="checkbox"/> Surfing |
| <input type="checkbox"/> Swimming | <input type="checkbox"/> Table tennis | <input type="checkbox"/> Tennis | <input type="checkbox"/> Theater |
| <input type="checkbox"/> Track and Field | <input type="checkbox"/> Travel | <input type="checkbox"/> Visiting relatives | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Walking | <input type="checkbox"/> Watching sports | <input type="checkbox"/> Watching TV | <input type="checkbox"/> Water Skiing |
| <input type="checkbox"/> Windsurfing | <input type="checkbox"/> Woodworking | <input type="checkbox"/> Wrestling | <input type="checkbox"/> Writing |

Please list any other specific interests, hobbies and activities and any awards or commendations:
(その他の興味のあること、趣味、活動、また表彰などを記載してください。)

Primary Language (第一言語)	Secondary Language (第二言語)	How many years have you studied English? (これまで何年間英語学習をしていますか?)
Do you play in a band? (バンドをしていますか?)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what instrument(s)? (Yesの時その詳細)
Do you participate in any competitive sports? (スポーツしていますか?)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what sport(s)? (Yesの時その詳細)
Religious Affiliation (信仰している宗教はありますか?)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what sport(s)? (Yesの時その詳細)
Are you active in any church groups? (教会グループなどの活動をしていますか?)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
How often do you attend church? (教会へはどの頻度で行きますか?)	<input type="checkbox"/> Do not attend Church (行かない) <input type="checkbox"/> Occasionally (時折) <input type="checkbox"/> Weekly (毎週) <input type="checkbox"/> More than once per week (週に1回以上) <input type="checkbox"/> Religious Holidays (宗教ホリデー時)	
Would you be willing to attend church with your host family? (ホームステイファミリーと教会へ一緒に行くのも良いですか?)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you smoke? (喫煙しますか?)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you allergic to animals? (動物にアレルギーはありますか?)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what animal(s)? (Yesの時その詳細)
		If you are allergic, is your allergy controlled by medications? <input type="checkbox"/> Yes <input type="checkbox"/> No (Yesの時、アレルギーは薬でコントロールできていますか?)
Are you allergic to medications? (薬にアレルギーはありますか?)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what medication? (Yesの時その詳細)
		If you are allergic, is your allergy controlled by medications? <input type="checkbox"/> Yes <input type="checkbox"/> No (Yesの時、アレルギーは薬でコントロールできていますか?)
List the chores for which you are responsible at home (日常で自分の役割としている家事を記載してください。)		
Briefly give reasons for wanting to become an exchange student. (交換留学へ参加したい理由を記載してください。)		



Student Letter of Introduction (学生の自己紹介)

ホームステイファミリーに向けた自己紹介を書いてください。自己紹介には、趣味や興味、あなたの家族、地域について、アメリカで行いたいこと、ホームステイ先でどんな生活がしたいか、そしてなぜこのプログラムに参加をしたいかなどを記載してください。提出はや別のノートへの記載、ワードファイルからプリントなどでも構いません。内容は必ず英文で作成してください。



Parents Letter of Introduction (保護者からのお子様の紹介)

保護者の方へ：下記にご参加をされるお子様について記載をしてください。記載内容は、お子様の長所、ご家庭での振る舞い、家族として行っていること、お子様へ期待すること、留学生活で成長してほしいこと、ホームステイファミリーにお子様に関して知っていただきたいこと、ホストファミリーの助けになることなどをご記載ください。提出はや別のノートへの記載、ワードファイルからプリントなどでも構いません。

Student and Family Photo Album (写真)

ホームステイファミリーへの自己紹介をするための、ご自身の写真、友達との写真。思い出の写真、家族との写真などを提出してください。(8-10枚程度) 写真はJPEGファイル、またはPNGファイル(各ファイル2MB以下)にて提出をお願いします。各写真にはその状況などの説明・コメントを入れてください。

 ファイルで提出	 ファイルで提出	 ファイルで提出	 ファイルで提出	 ファイルで提出
 ファイルで提出	 ファイルで提出	 ファイルで提出	 ファイルで提出	 ファイルで提出



TRANSCRIPT OF GRADES

This side is to be completed and signed by the School Administrator

School's Name _____

Address _____

Telephone _____

Public or Private Public Private _____

Administrator's Name _____

GRADE CONVERSION CHART

Please explain your grading system.

American Grades		Country Equivalent	Comments or explanations
Superior	A+	_____	_____
Excellent	A	_____	_____
Very Good	A- or B+	_____	_____
Good	B or B-	_____	_____
Average	C	_____	_____
Sufficient	C-	_____	_____
Poor	D	_____	_____
Fail	F	_____	_____

What grade level will student have completed upon arrival in the USA? 9th 10th 11th 12th _____

Upon arrival, will the student have completed secondary school in his/her home country? Yes No _____

Does the student need to have his/her transcript convalidated? Yes No _____

Enrollment in the exchange program is primarily for a cultural exchange. A high school diploma or graduation is not guaranteed to any student. Credit for academic achievements earned while abroad shall be determined solely by the student's native school upon the completion of the program. While the program cannot guarantee specific courses will be available for this student, please list any courses you recommend this student be enrolled in while participating in the exchange program, especially for those who need to convalidate their grades.

Administrator's Name: _____

Official School Stamp: _____

Administrator's Signature: _____

Date: _____

**Pages 9 and 10 must be completed by Present English teacher**

The purpose of this form is to help us evaluate this student's reading, writing, and verbal English language skills. It is crucial that your evaluation be as accurate as possible. Rating a student better than his or her actual ability may result in serious problems for the student and the host school. We trust you will be conscientious during this interview and will complete our form carefully, accurately and honestly. Thank you.

Reading: *When asked to read aloud in English from a book, magazine, or newspaper, the student is able to:*

- Excellent Read with few errors and can easily explain its meaning.
- Good Read well except for very difficult terms and can explain most of the ideas.
- Fair Read most of the vocabulary and explain the basic idea.
- Poor Read and understand only the simplest words, and can explain little or none of the meaning.

Writing: *When asked to write a short essay in English stating what he or she hopes to gain from being an exchange student, the student:*

- Excellent Writes fluently using lengthy sentences and abstract terms, with a good English vocabulary and sentence structure.
- Good May use irregular grammar, but uses fair vocabulary in lengthy sentences.
- Fair Writes only simple sentences with elementary vocabulary. Grammar is extremely irregular, but understandable.
- Poor Uses very limited vocabulary and is difficult to understand.

Verbal: *Estimate the student's ability to understand and speak English after engaging the student in English-only conversation about current events.*

- Excellent Student is nearly fluent and can understand and respond to difficult questions including abstract terms. Will have no problem communicating upon arrival.
- Good Student can understand most conversation. Responds slowly at times, but with appropriate answers. Is inquisitive and is able to pose necessary questions correctly.
- Fair Student's speaking ability is limited to a few basic words or phrases. Comprehension is limited. Student gets frustrated and easily reverts to his/her native language.
- Poor Student can understand basic English, but is translating. Makes mistakes, but can be understood.

Signature of Teacher

Date



Pages 9 and 10 must be completed by Present English teacher

- Ability to express oneself* Excellent Very Good Good Fair Poor Inadequate
- Emotional stability and maturity* Excellent Very Good Good Fair Poor Inadequate
- Self-reliance and independence* Excellent Very Good Good Fair Poor Inadequate
- Effectiveness with people* Excellent Very Good Good Fair Poor Inadequate
- General knowledge* Excellent Very Good Good Fair Poor Inadequate
- Impression he/she will make abroad* Excellent Very Good Good Fair Poor Inadequate

Please briefly comment about this student's motivation, reason for wanting to be an exchange student, potential for success, study habits, and any other information you think will assist us in evaluating this individual.

English Teacher's

Name

Signature

School

Address

Phone Number

Date of Interview (mm/dd/yyyy)

Date of Evaluation (mm/dd/yyyy)

Signature of Teacher

Date



MEDICAL HISTORY - Have you had?

- No Yes Diabetes
- No Yes Cancer
- No Yes Chickenpox
- No Yes Epilepsy
- No Yes Have you ever been hospitalized, had surgery or been treated for a chronic medical illness?
Please Explain:
- No Yes Strokes / Cerebral Hemorrhage
- No Yes Concussion or Head Injuries
- No Yes Broken Bones
- No Yes Sexually Transmitted Disease

SYSTEMIC REVIEW - Do you have the following?

Eyes-Ears-Nose-Throat:

- No Yes Eye disease or injury
- No Yes Double Vision
- No Yes Chronic sinus trouble
- No Yes Impaired hearing
- No Yes Episodes of unconsciousness
- No Yes Do you wear glasses?
- No Yes Chronic Headaches
- No Yes Ear Disease
- No Yes Dizziness
- No Yes Nosebleeds

Skin

- No Yes Skin disease, hives, eczema
- No Yes Jaundice
- No Yes Have you been in good general health most of your life?
If not, please explain.

ALLERGIES AND SENSITIVITIES - Is there a history of skin reaction or other reaction or sickness following injections or oral administration of:

- No Yes Penicillin or other antibiotics
 - No Yes Aspirin, empirin or other pain remedies
 - No Yes Any foods, such as egg, milk or chocolate
 - No Yes Novocaine or other anesthetics
 - No Yes Any other drug or medication
 - No Yes Any other allergies?
- List: _____
List: _____
- No Yes Pets/Animals
Please explain. _____
- No Yes Any other allergies?
If yes, please list: _____

PSYCHOLOGICAL ISSUES - Have you ever suffered from and/or received treatment for any of the following psychological issues:

- No Yes Attention Deficit Hyperactivity Disorder (ADHD)
- No Yes Impulse-control disorders
- No Yes Anxiety disorders
- No Yes Dissociative disorders
- No Yes Eating disorders
- No Yes Cutting behavior (Factitious disorders)
- No Yes Depression
- No Yes Substance Abuse
- No Yes Other

If you answered yes to any of these, please provide a detailed explanation:

Student Signature

Parent/Guardian Signature



Page [12] - Clinical Evaluation

To Be Filled Out by Family Physician

MEASUREMENTS AND OTHER FINDINGS

Height: _____ inches Weight: _____ lbs Build: _____
Color Hair: _____ Color Eyes: _____

Check each item	Normal	Abnormal
Head, Face, Neck, Scalp	<input type="radio"/>	<input type="radio"/>
Nose	<input type="radio"/>	<input type="radio"/>
Sinuses	<input type="radio"/>	<input type="radio"/>
Mouth and Throat	<input type="radio"/>	<input type="radio"/>
Ears - General (int. & ext.)	<input type="radio"/>	<input type="radio"/>
Drums (perforated)	<input type="radio"/>	<input type="radio"/>
Eyes	<input type="radio"/>	<input type="radio"/>
Ophthalmoscopic	<input type="radio"/>	<input type="radio"/>
Pupils	<input type="radio"/>	<input type="radio"/>
Ocular Motility	<input type="radio"/>	<input type="radio"/>
Lungs and Chest	<input type="radio"/>	<input type="radio"/>
Heart	<input type="radio"/>	<input type="radio"/>
Vascular System	<input type="radio"/>	<input type="radio"/>
Abdomen and Viscera	<input type="radio"/>	<input type="radio"/>

Check each item	Normal	Abnormal
Anus and Rectum	<input type="radio"/>	<input type="radio"/>
Endocrine System	<input type="radio"/>	<input type="radio"/>
G - U System	<input type="radio"/>	<input type="radio"/>
Upper Extremities	<input type="radio"/>	<input type="radio"/>
Feet	<input type="radio"/>	<input type="radio"/>
Lower Extremities	<input type="radio"/>	<input type="radio"/>
Spine, other Musculoskeletal	<input type="radio"/>	<input type="radio"/>
Body Marks, Scars, Tattoos	<input type="radio"/>	<input type="radio"/>
Skin, Lymphatics	<input type="radio"/>	<input type="radio"/>
Neurologic	<input type="radio"/>	<input type="radio"/>
Psychiatric	<input type="radio"/>	<input type="radio"/>
Pelvic (female only) <input type="radio"/> vaginal or <input type="radio"/> rectal	<input type="radio"/>	<input type="radio"/>

Medical Notes: _____

BLOOD PRESSURE

Sitting: _____ Recumbent: _____ Standing: _____

PULSE (arm at heart level)

Sitting: _____ After Exercise: _____ 2 Minutes After: _____
Recumbent: _____ After Standing 3 Minutes: _____

LABORATORY FINDINGS

Urinalysis (A. Specific Gravity): _____ Albumin: _____ Sugar: _____

Serology (Specify Test): _____ Blood Type & RH Factor: _____

Tuberculosis (Clearance must be within 6 months) BCG (TB Vaccine) Date: _____

Skin Test Date: _____ Result: Positive Negative

Chest X-Ray Date: _____ Result: Positive Negative

(NB! if positive, chest x-ray information mandatory)

Are you aware on any physical or psychological condition that the student may have that would impact their ability to travel to the United States to participate in a high school exchange program (yes/no)?

No

Yes (please explain): _____

Physician's Name _____ Signature _____

Address _____ Date of Exam _____

**IMMUNIZATIONS REQUIRED FOR SCHOOL ADMITTANCE**

Pupils enrolled in kindergarten through grade 12 (in the United States) are required to have written proof on file at their public or nonpublic school that they have been immunized against DTaP (diphtheria, pertussis, tetanus), poliomyelitis, measles, mumps, rubella, hepatitis B and varicella. Failure to do so is cause for exclusion from school. Required immunizations may vary from state to state.

MINIMUM IMMUNIZATION REQUIREMENTS:

Five or more doses of DTaP

Three or more doses of trivalent oral polio vaccine (TOPV).

Two doses measles vaccine.

Two doses mumps vaccine.

Two doses rubella vaccine.

Two doses of Hepatitis A vaccine.

Three doses of Hepatitis B vaccine.

Two doses of Varicella vaccine (Two doses required if first dose issued after thirteenth birthday).

Two doses of Meningococcal vaccine (Two doses required if older than 16).

If the final dose of any of the above vaccines occurs before the third birthday, a booster shot is required.

IMMUNIZATIONS	DATES (mm/dd/yyyy)					
	1st	2nd	3rd	4th	5th	6th Booster, if required
DTaP	1st	2nd	3rd	4th	5th	6th Booster, if required
TOPV	date of disease	1st	2nd	3rd	4th Booster, if required	
Measles	date of disease	1st	2nd	3rd Booster, if required		
Mumps	date of disease	1st	2nd	3rd Booster, if required		
Rubella	date of disease	1st	2nd	3rd Booster, if required		
Varicella (chickenpox)	date of disease	1st	2nd	3rd Booster, if required		
Hepatitis A	1st	2nd				
Hepatitis B	1st	2nd	3rd			
Meningococcal	1st	2nd				

Any immunizations not available in your country are available here, but they are expensive and are not covered by insurance. The student must be prepared to pay for any immunizations they receive in the USA. Please make every effort to obtain all immunizations before your departure from your home country.

Signature of Physician

Date



Authorization to Treat a Minor and HIPAA Release

(We) the undersigned parent(s), or legal guardian of _____, (hereafter "Exchange Student"), do hereby authorize and consent to the following:

Authorization to Treat a Minor or Dependent

I do hereby state that I have legal custody of the aforementioned Minor. I grant my authorization and consent for International Student Exchange (ISE), its officers, staff, Regional Managers, Area Representatives and Host Families (hereafter "Designated Adults") to administer general first aid treatment for any minor injuries or illnesses experienced by the Exchange Student. If the injury or illness is life threatening or in need of professional medical treatment, I authorize the Designated Adults to summon any and all professional emergency personnel to attend, transport, and treat the minor and to issue consent for any medical or psychological treatment, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, psychologist, psychiatrist, nurse practitioner or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care.

I also understand that certain vaccinations may be required for the Exchange Student to participate in certain schools and that the vaccination requirements vary across each state in the United States. If the documentation of these vaccinations has not been included in the student application submitted to ISE, I authorize the Designated Adults to have the required vaccines administered to the Exchange Student. I agree to assume financial responsibility for all expenses related to the administration of these vaccines.

It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Designated Adult in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

HIPAA-Compliant Authorization for Release of Health Information

I hereby authorize the protected health information for Exchange Student to be released as specified in this HIPAA compliant Authorization.

1. Description of Information To Be Disclosed: I authorize the release of any and all records and information pertaining to the Individual's medical care, treatment, and physical and psychological condition.
2. Entities Authorized to Disclose: I authorize any hospital, clinic or other medical facility, physician, nurse, physical or occupational therapist, chiropractor, psychiatrist, psychologist, medical practitioner, pharmacy, emergency medical service, basic life support service, advanced life support service, insurance company, the Medical Information Bureau or any other person or entity licensed to create and/or maintain protected health information for the Individual to disclose the Individual's health information as described above.
3. Information Disclosed To: I authorize the Individual's information to be disclosed to:

Company - International Student Exchange ("ISE") 119 Cooper Street, Babylon, NY 11702 Any of ISE's Student Facilitators, Program Managers, or Corporate Officers.

The information will be used to assist the student, Designated Adults, and his/her natural family manage patient care. I authorize any third-party record retrieval agent to retrieve the protected health information as described above for use by Agent and other authorized recipients.

4. Expiration Date: This authorization expires three years after the date I sign it.
5. Right to Revoke: I understand that I have the right to revoke this authorization at any time by notifying Agent and the medical record custodian in writing. The revocation would not be effective for any actions taken in reliance upon this authorization prior to the receipt of revocation.
6. Re-disclosure: I recognize that protected health information disclosed to Agent or other authorized recipients may no longer be protected by HIPAA or other federal laws.
7. Eligibility for Benefits: Treatment, payment, enrollment in a health plan, or eligibility for health insurance benefits may not be conditioned on my signing this authorization.
8. Facsimiles: A copy or facsimile of this authorization is as valid as the original.
9. My Right to a Copy: I hereby understand that I have a right to a copy of this fully-executed authorization which I can obtain from ISE's representative in my home country

I have read and understood this authorization and authorize the disclosure of the protected health information as described above.

Parent/Guardian Signature

Date



In the City of _____, country of _____, on the _____ day of _____ in the year of _____, I/ We the undersigned parents of _____ my/our son/daughter, and I, the "Exchange Student", understand and agree that this agreement shall constitute a binding contract between the undersigned and "ISE". "ISE" is defined to include: International Student Exchange, Inc., its affiliates, and their owners, directors, officers, and employees.

- 1. The J-1 Secondary School Program is a cultural exchange program where the Exchange Student will live with a volunteer family in the United States and attend school during the entire length of the program.
2. The volunteer host families are screened by ISE in accordance with USDOS and CSIET standard and vary in many ways including family composition, geographic location, size of the home, standard of accommodation and numerous other factors.
3. The Exchange Student will accept placement with a family of any race, creed, or color or family composition. Live as a member of your host family, respect your host family and their rules and customs, and accept the responsibilities given to you. ISE, in its sole discretion, is responsible for choosing a student's host family placement. Rejection of a placement or a request to be relocated from my host family after arrival without material cause, can result in termination from ISE's exchange program.
4. The Exchange Student agrees to follow the regulations of the J-1 Exchange Visitor Visa and the U.S. State as well as all ISE program rules that are detailed in the ISE student handbook.
5. The Exchange Student will abide by the federal, state, and local laws of the United States and any state, city, town, county or other jurisdictional region.
6. Under these laws, consumption of alcoholic beverages by anyone under the age of 21, and the use or possession of illegal or un-prescribed prescription drugs, and the use of tobacco product by anyone under the age of 18 is prohibited.
7. The Exchange Student will attend the arrival orientation.
8. The Exchange Student will read and carefully consider all materials made available that relate to safety, health, legal, environmental, political, cultural and religious conditions in your host town. Be aware of local conditions that may present health or safety risks when making daily choices and decisions.
9. The Exchange Student will respect the host high school's guidelines and policies, including those with regard to conduct, delinquency, grade levels, participation in graduation ceremonies, and issuance of a high school diploma. The exchange student will obey all lawful orders of school officials.
10. The Exchange Student must maintain a C+ average or higher in all courses at the host high school, evaluated on a quarterly basis. Courses must include English (other than English as a second language) and an American History course and two other academic courses. Attend school every day that it is in session and follow school policies with regards to absences.
11. The Exchange Student may be required to hire tutors, at their own expense, if in the opinion of ISE and/or school officials, their language skills are inadequate for the program.
12. The Exchange Student will travel only with adult members of the Host Family, the ISE Area Representative, on official school trips, or ISE sponsored trips. Travel home during the program is prohibited. Travel with or visits from natural family members are not permitted.
13. The Exchange Student understands that driving or purchasing a motorized vehicle (car, motorcycle, boat, or any other vehicle requiring a driver's license) is prohibited. Driving is permitted with the instructor of an official driver's education course and only during class hours. This is solely for the purpose of obtaining a driving license and does not allow the student to drive after a license is obtained.
14. The Exchange Student will have access to a minimum of \$300 U.S. dollars per month to cover personal expenses. Do not borrow money from your host family. Do not lend money to your host family.
15. The Exchange Student will arrive no more than five days prior to the start of the school and depart no more than five days after the end of school.
16. Participation in extra-curricular activities or athletics is not guaranteed. Employment is not allowed on either a full or part-time basis while on the J-1 visa high school program. However, students may accept sporadic or intermittent employment such as babysitting or yard work.
17. Exchange Student's primary intention for participation in the program, and primary focus during the program, should be the cultural exchange experience. Graduation from an American high school is uncommon and at the discretion of the school. Students are not to ask the host family or any ISE staff for assistance in entrance to college in the US, campus visits, test preparation or change their visa or immigration status.
18. The Exchange Student may not initiate any life-changing decisions or actions while on the program, including changing religions (though a student is free to explore the tenets of any religion), pregnancy, adoption or marriage. Students may not alter their body in any way while on the program (for example, with tattoos or body piercings).
19. The Exchange Student will be dismissed from the program if they suffer from a medical condition or psychological condition that ISE deems to be overly burdensome to the Host Family or ISE staff.
20. The Exchange Student will refrain from obscene, indecent, violent or disorderly conduct while on the program. Exchange Students shall also refrain from perpetrating any form of harassment - including but not limited to; violent threats, physical abuse, sexual harassment, harassment based on sexual orientation, gender, race, religion or any other factor - of host family members, ISE staff, fellow students, school staff, members of the community or any other individuals.
21. Exchange students shall not engage in any self-endangering behaviors. In addition, students shall refrain from any other conduct likely to bring the U.S. State Department or ISE into notoriety or disrepute.
22. Any material that an Exchange Student publishes on the internet (such as on social networking sites or blogs) that violates Program Rules will be grounds for student dismissal.
23. The Exchange Student and his Parents acknowledge that ISE reserves the right to dismiss any student who fails to uphold any and all of the rules listed above, detailed in the student handbook, or detailed in any government or industry regulation. ISE also reserves the right to dismiss students for other inappropriate behaviors and/or actions not explicitly stated in the rules above or student handbook, that in ISE's reasonable judgment negatively impact the host family, community or program. In the event that a student is dismissed from the program, the parent or natural guardians are responsible for all additional expenses incurred above those of the regular program costs. In the case of early dismissal, program fees will not be reimbursed.
24. The Exchange Student and his Parents acknowledge that ISE is not acting in the capacity of in loco parentis with respect to you, and that your natural parents still retain all of their rights and obligations and are expected to maintain regular and frequent (once or twice per month) contact with you via phone, email, social media or VOIP.

Signature of Parent _____ / / _____ Date

Signature of Student _____ / / _____ Date



Student's Name _____

We, as Parents of the Undersigned Student, do hereby authorize the exchange organization, the exchange organization's Area Representative, and the American Host parents as agents of the Undersigned Parents, to make the determination for student travel for the duration of students participation in the Academic Year Program.

It is understood that this Authorization is given in advance only when the Student is traveling and supervised by an exchange program Representative, Host Parent or by a Representative of a school program, or with tours sponsored by the exchange organization. We understand that the Student may not travel unsupervised.

_____/_____/_____/_____
Signature of Parent Date Signature of Student Date



Page [19] - Personal Interview & English Fluency Assessment

Rev: 12/2014

Please complete this section indicating level of student's English comprehension and communication. This form should be completed after the mandatory ten (10) minute English language interview is conducted. No other comments should be included other than notes about the oral interview.

Student's Name _____

In my estimation, this student understands and speaks English at the following level:

- Excellent
- Advanced
- Intermediate
- Advanced Beginner
- Beginner

Please note student's strengths and weaknesses with spoken English:

Please note any other factors that could affect student's ability to communicate in English after his/her arrival in the United States:

Interview conducted by:

Name

Signature

Approved by the International Agent:

Name

Date



Student's Name _____

You can choose your region if you so desire. Both the Semester and Academic Year students can choose a region. You must request a regional choice by printing and signing this page. Your application must be received in the U.S. Office prior to April 15th.

The student exchange company reserves the right in August, if a placement is not forthcoming, to place a student out of their Regional Choice area. No extra fee is then collected.

If you would like to specify a region, select option A, confirm your request of region, print this page, sign it and upload it back into the system with original signatures.

If you do not want a regional choice, select option B. If option B is selected you do not need to print this page, sign it and upload it back into the system.

- A. I would like to request a specific regional choice.
- B. I do not wish a regional choice.

Note: There will be additional charges if you make a regional choice, please contact your representative for details.

Select your regions below, then click Next:

West



Central



South



East



Student's Name (print clearly) _____

Student's Signature _____

Parent's Name (print clearly) _____

Parent's Signature _____



Student's Name _____

Students may select state preferences for an additional fee. You may select any three states, except Alaska or Hawaii.

A good-faith effort will be made to place the student in any one of their three choices, but there is no guarantee that the student will be placed in one of the three selected states.

If a placement is not available in the selected states, the student will be placed in another state and the student's international representative will be notified. The student may not reject a placement because it is not in one of their preferred states.

The state preference fee will also be waived if the student is not placed in a preferred state.

Please enter you three state preferences below, sign and upload the form.

State Choice Price: Please contact your rep for current prices for state guarantees.



Yes, submit my choices as indicated below. No, I am not interested in a state choice.

1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____

Student's Name (print clearly)

Student's Signature

Parent's Name (print clearly)

Parent's Signature



Page [23] - Double Placement Authorization

Rev: 12/2014

In compliance with 22 CFR 62.25 (b) - 1, _____, and we, as Parents of the Undersigned Student, do hereby authorize the exchange organization to place _____ in a home with one additional exchange student.

_____/_____/_____
Signature of Parent Date Signature of Student Date