



## 2012-2013 Student Application

Name \_\_\_\_\_

Program Type:     Academic Year             Fall Semester

Nationality \_\_\_\_\_

Overseas Partner \_\_\_\_\_

**Ayusa**

## General Instructions

- Please use dark ink to complete this application and be sure to write clearly.
- Each section of the application is intended for a different person or group of people to fill out.
- Please read the instructions for each section carefully and ask your Ayusa Agent if you are unsure of anything before you begin to fill out the application.
- All sections of the application must be completed in English.
- Please remove any staples prior to returning the application to your Ayusa Agent. Do not paste anything other than photos in the photo album section and **do not include or use any binders**. Ayusa Headquarters' staff must be able to feed the application into a photocopier.
- Only complete applications will be considered for admission to the program.

## Part 1: Student Section

(To Be Completed By The Student)

### • Headshot Photos

Instructions: Please attach 2 smiling headshot photos, 3.5 x4.5 centimeters. Student's faces should be clearly visible without anything covering his/her face. It is important that the student be smiling in the photo, even if he/she is not accustomed to taking photos this way.

### • Biographical Information

Instructions: This information is used to generate your DS-2019 Certificate of Eligibility which you will need in order to apply for your J-1 visa. Please ensure that this information is legible and accurate. Please confirm that the student will be at least 15 years old and no older than 18 1/2 on the program start date.

### • Getting to know you

Instructions: These pages will help Ayusa staff to become familiar with your interests and habits. It will also help to introduce you to potential host families.

### • Short essays

Instructions: Please write at least 3 in complete, thoughtful sentences for each question.

### • Student Letter

Instructions: Please write a letter in English, printed legibly in black ink. The letter should not exceed the space provided on the page. This letter should be addressed to the host family members who will share their home with you during your program. Please be as thorough as possible so that the host family will have a good understanding of you, and answer all the questions. Lastly, please do not write your last/family name, hometown or name of school in your letter; this is for confidentiality purposes prior to the confirmation of your placement. Please answer these questions in your letter:

1. What do you want the host family to know about you?
2. Why do you want to attend high school and live in the U.S. with an American family?
3. What is your life like in your home country (relationships with family, home, friends, school)?
4. What plans do you have for your future education and career?

### • Passport Copy

Instructions: Insert a photocopy of your passport in this section.

### • Birth Certificate

Instructions: Insert a photocopy of your Birth Certificate in this section.

### • Host Family/Community Placement Agreement

Instructions: Student must sign.

## Part 2: Parent Section

(To Be Completed By The Student's Parent(s))

### • Family Information

#### • In the Case of an Emergency

Instructions: Contact must not be parent.

#### • Parent Letter

Instructions to Parents: Please write a letter, printed legibly in black ink, or typed, and write in English if possible. This letter should be addressed to the host family who will share their home with your son or daughter during his/her program. Please be as thorough as possible so that the host family will have a good understanding of your son or daughter. Describe your teenager's personality and character and answer these questions:

1. What do you want the host family to know about your son or daughter?
2. What helpful advice can you offer to help the host family better understand your son or daughter?
3. What might be challenging for your son/daughter in the U.S.?

#### • Additional Instructions and/or Advice to Host Family

Instructions: Please use this space to give instructions regarding administering medications, your son/daughter's health, or any other advice you would like to give. It is very important that this section is complete and truthful so that we can support your student should any problems arise.

#### • Consent to Take Driver's Training

Instructions: Parents must read the Consent to Take Driver's Training section carefully. Check one of the boxes and sign the consent to either allow your son/daughter to take, or prohibit your son/daughter from taking a Driver's Training Course.

#### • Private High School Option

Instructions: Parents must fill out.

#### • Permission to Participate

Instructions: Parents must sign.

#### • Host Family/Community Placement Agreement

Instructions: Parents must sign.

### Part 3: Academic Section

(To Be Completed By The Student's English Teacher And School Official)

- **English Teacher Recommendation**

Instructions: This important document will help you to gain entrance into an American high school. Your current English teacher should provide a thorough and honest assessment of your English capabilities.

- **School Official Recommendation**

Instructions: A school official (not the English teacher) must complete the School Recommendation.

- **Official Transcripts**

Instructions: You must obtain and submit official transcripts, including grades, for your last three full years of school. You may include grades for classes you are currently attending. Include Junior high school transcripts if necessary. Insert the official transcripts in this section.

- **School Official Agreement**

Instructions: School Official must sign.

### Part 4: Health Section

(To Be Completed By A Physician Who Is Not Related To The Student)

Instructions: Please bring this section with you when you go to your doctor for an examination. All questions must be answered, and as detailed as possible.

- **Health Basics**

- **Health Statement**

- **Allergy Details**

- **Immunization Record**

Instructions: This information must be complete; if not, indicate when student will be completing immunizations.

- **Physician Agreement**

Instructions: Physician must sign.

### Part 5: Ayusa Overseas Partner Section

(To Be Completed By The Student's Ayusa Overseas Partner)

- **Program Information**

Instructions: Please specify which program the student is applying for and the preferred departure airport.

- **Student Interview**

Instructions: Prior to the interview, please review the Ayusa Student Handbook so you are familiar with our policies and procedures. The interview must be conducted primarily in English and in person. Please keep in mind that students should not come to the U.S. only because their parents want them to. The student should be interviewed separately from his/her natural parents. Also, it is important to determine the student's level of maturity and flexibility to adjust to living with an American host family. The student should demonstrate a strong desire to integrate into the host family lifestyle. All Ayusa host families are volunteers; as such, it is the student's responsibility to adapt to the host family, high school, and American way of life. As your discussion develops feel free to ask the questions in any order, but make sure to provide answers to all questions.

- **Grade Conversion Chart**

Instructions: Please enter the student's grades as represented on the official transcripts, and then convert the grades to the U.S. equivalent. Also fill in the grading scale chart to correspond to each year of school. Please indicate whether the last year's transcripts are complete academic year transcripts or progress reports.

- **SLEP test**

Instructions: Please carefully follow all of the instructions for administering the SLEP test as outlined in the SLEP Test Manual. Be sure to include the original scored SLEP test with the application.

- **Ayusa Overseas Partner Agreement**

Instructions: Ayusa Overseas Partner must sign.

### Part 6: Ayusa International Program Agreement

(To Be Completed By The Student, Student's Parents, And Ayusa Agent)

- Program Agreement (required)
- Double Placement Agreement

### Part 7: Photo Album

(To Be Completed By The Student)

- **Minimum of 4 photographs**

Instructions: Select 4-8 pictures of you, your family and friends in the places you live or frequently visit, doing the things you usually do or like to do. Either print them out on a color printer or paste them on a piece of paper. On the paper, write an explanation about each picture, capturing the true spirit of your daily life. The album will give your host family an understanding of your family, home and lifestyle. Please represent yourself positively and feel free to express your creativity.

STUDENT SECTION

**1A BIOGRAPHICAL INFORMATION**

1) FAMILY NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_  
 MIDDLE NAME \_\_\_\_\_ NICKNAME \_\_\_\_\_

2) GENDER:  FEMALE  MALE

3) BIRTH DATE: MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_

4) CITY OF BIRTH \_\_\_\_\_ COUNTRY OF BIRTH \_\_\_\_\_

5) COUNTRY OF CITIZENSHIP \_\_\_\_\_

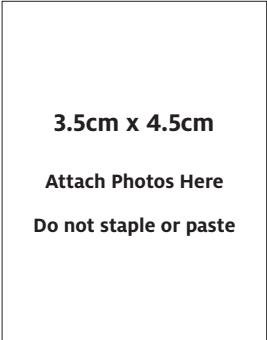
6) COUNTRY OF LEGAL PERMANENT RESIDENCE \_\_\_\_\_

7) ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_  
 PROVINCE \_\_\_\_\_ POSTAL/ZONE CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

8) PREFERRED AIRPORT \_\_\_\_\_

9) HOME TELEPHONE NUMBER: COUNTRY CODE \_\_\_\_\_ CITY CODE \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

10) E-MAIL \_\_\_\_\_ (Email is used for updates/newsletters during the program year)



**1B GETTING TO KNOW YOU**

1) **Personality Characteristics:** Check the box which most accurately represents your personality on the scale provided from 1 to 5.

	1	2	3	4	5	
Adaptable/Flexible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appreciates Routines
Mature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Young for his/her age
Independent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Needs Guidance
Open-minded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has strong opinions
Sense of Humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serious
Sociable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reserved
Active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Low-key

2) **Interests and Hobbies**

Check all boxes that describe your current interests and hobbies:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Badminton                   | <input type="checkbox"/> Debating         | <input type="checkbox"/> Martial arts        | <input type="checkbox"/> Swimming         |
| <input type="checkbox"/> Band/orchestra              | <input type="checkbox"/> Drama/Theater    | <input type="checkbox"/> Painting/drawing    | <input type="checkbox"/> Table Tennis     |
| <input type="checkbox"/> Basketball                  | <input type="checkbox"/> Fishing          | <input type="checkbox"/> Photography         | <input type="checkbox"/> Tennis           |
| <input type="checkbox"/> Bike riding                 | <input type="checkbox"/> Fitness          | <input type="checkbox"/> Playing Cards       | <input type="checkbox"/> Visiting museums |
| <input type="checkbox"/> Board games                 | <input type="checkbox"/> Gardening        | <input type="checkbox"/> Politics            | <input type="checkbox"/> Volleyball       |
| <input type="checkbox"/> Choir/Singing               | <input type="checkbox"/> Gymnastics       | <input type="checkbox"/> Reading             | <input type="checkbox"/> _____            |
| <input type="checkbox"/> Church activities/clubs     | <input type="checkbox"/> Handball         | <input type="checkbox"/> Running/Jogging     | <input type="checkbox"/> _____            |
| <input type="checkbox"/> Community Service           | <input type="checkbox"/> Hiking           | <input type="checkbox"/> Sailing             | <input type="checkbox"/> _____            |
| <input type="checkbox"/> Computer science/technology | <input type="checkbox"/> Horseback riding | <input type="checkbox"/> Sewing              | <input type="checkbox"/> _____            |
| <input type="checkbox"/> Cooking                     | <input type="checkbox"/> Ice Hockey       | <input type="checkbox"/> Skiing/Snowboarding | <input type="checkbox"/> _____            |
| <input type="checkbox"/> Dance (formal)              | <input type="checkbox"/> Music            | <input type="checkbox"/> Soccer              | <input type="checkbox"/> _____            |

3) Of the above, which three are most important to you? \_\_\_\_\_

4) Which activities do you hope to continue while in the United States? \_\_\_\_\_

**STUDENT SECTION**

**1B (continued)**

**Lifestyle, Health, and Beliefs**

- 5) What are your household responsibilities? \_\_\_\_\_  
\_\_\_\_\_
- 6) Do you have a curfew at home?  Yes  No  
If yes, what time is your curfew during the week? \_\_\_\_\_ on weekends? \_\_\_\_\_
- 7) How much time do you spend studying at home per week? \_\_\_\_\_
- 8) Are you willing to live in a home where other people smoke?  Yes  No  It depends \_\_\_\_\_
- 9) Do you have any pets at home?  Yes  No If yes, what kind of pets? \_\_\_\_\_
- 10) Are you able to live in a home with pets?  Yes  No  
If no, please describe why. Please be as detailed as possible. \_\_\_\_\_
- 11) Have you ever lived away from your parents?  Yes  No If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_
- 12) Have you ever lived or traveled outside your country?  Yes  No If yes, where? \_\_\_\_\_
- 13) Have you previously been on a student exchange program?  Yes  No If Yes, did you have a J1 or F1 Visa?  Yes  No
- 14) Do you follow a special diet (e.g. vegetarian, lactose-free)?  Yes  No If yes, please provide details \_\_\_\_\_  
\_\_\_\_\_
- 15) Are you able to prepare meals for yourself if the host family is unable to do this on some occasions?  Yes  No
- 16) Indicate the languages you speak and the number of years studied (please also include your native language):  
 Language \_\_\_\_\_ Years of Study \_\_\_\_\_  
 Language \_\_\_\_\_ Years of Study \_\_\_\_\_  
 Language \_\_\_\_\_ Years of Study \_\_\_\_\_  
 Language \_\_\_\_\_ Years of Study \_\_\_\_\_
- 17) What is your religious affiliation or denomination? If you do not have one, please leave blank.
- 18) If you do participate in religious activities, please indicate how frequently:  
 Every Day  Once per week  Once per month  Rarely  Never
- 19) How actively would you like to pursue your religion while in the United States?  
 Every Day  Once per week  Once per month  Rarely  Never

<b>1</b> Student	2 Parent	3 Academic	4 Health	5 Overseas Partner	6 Program Agreements	7 Photos
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**STUDENT SECTION**

**PLEASE PRINT CLEARLY. ANSWERS SHOULD BE AT LEAST 3 SENTENCES.**

**1C**

**SHORT ESSAYS**

1) Have you volunteered or participated in community service? Please describe your participation, and if/how you would like to participate in the United States.

2) What do you think will be the most challenging part of being an exchange student?

3) If you experience homesickness in the United States, how do you plan on dealing with it?

<b>1</b> Student	2 Parent	3 Academic	4 Health	5 Overseas Partner	6 Program Agreements	7 Photos
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STUDENT SECTION

**1C** (continued)

4) Describe a time when you were sad or upset. What happened and how did you overcome this?

5) Describe in detail an interest or your participation in an activity that you enjoy. What difference has it made in your life and in the lives of others?

6) What are your future goals?

STUDENT SECTION

**1C** (continued)

7) What do you plan on pursuing and/or accomplishing while in the United States?

8) What are your best character traits?

**HOST FAMILY/COMMUNITY PLACEMENT AGREEMENT**

I understand there is no "perfect" host family or community and I am prepared to accept the host family or community Ayusa selects for me.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

<b>1</b> Student	2 Parent	3 Academic	4 Health	5 Overseas Partner	6 Program Agreements	7 Photos
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STUDENT SECTION

1D STUDENT'S LETTER

Please write a letter in English, printed legibly in black ink. The letter should not exceed the space provided on this page. Please refer to the general instructions for what to include in your student letter. **Do not include your last name, the name of your hometown or school.** This letter will be used by your future host family to help them determine if you are a right fit for their family. Please print clearly.



Dear Host Family,

**PARENT SECTION**

STUDENT NAME: \_\_\_\_\_

**2A FAMILY INFORMATION**

1) FATHER: LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_  
 COUNTRY CODE \_\_\_\_\_ CITY CODE \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_  
 WORK PHONE \_\_\_\_\_  
 HOME PHONE \_\_\_\_\_  
 MOBILE PHONE \_\_\_\_\_  
 E-MAIL \_\_\_\_\_

2) MOTHER: LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_  
 COUNTRY CODE \_\_\_\_\_ CITY CODE \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_  
 WORK PHONE \_\_\_\_\_  
 HOME PHONE \_\_\_\_\_  
 MOBILE PHONE \_\_\_\_\_  
 E-MAIL \_\_\_\_\_

3) STUDENT LIVES WITH:  BOTH PARENTS  MOTHER ONLY  FATHER ONLY  OTHER: \_\_\_\_\_

4) PARENTS ARE:  MARRIED  SEPARATED  DIVORCED  OTHER: \_\_\_\_\_  
 If separated, divorced, or other was checked, who is legally responsible for student? \_\_\_\_\_

5) List other family members who live in the home (brothers, sisters, grandparents, etc).

NAME	AGE	GENDER	RELATIONSHIP
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6) Please list any medication or supplements, either over-the-counter (does not require a prescription) or prescription that your son or daughter is currently taking, even if infrequently. For what reason does your son or daughter take this medication? How frequently?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**2B IN THE CASE OF AN EMERGENCY**

Ayusa representatives will do everything possible to contact the student’s parents in case of emergency. Please provide the name of an additional contact in case the parents cannot be reached.

1) NAME (MUST BE SOMEONE OTHER THAN NATURAL PARENT): \_\_\_\_\_  
 2) COUNTRY CODE \_\_\_\_\_ CITY CODE \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_  
 3) Do you know anyone in the U.S. Who can be contacted in case of emergency?  Yes  No  
 If yes, please provide the name, address and phone number(s).  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4) Please use space below for additional instructions and/or advice.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

1 Student	2 Parent	3 Academic	4 Health	5 Overseas Partner	6 Program Agreements	7 Photos
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PARENT SECTION

STUDENT NAME: \_\_\_\_\_

2C MEDICAL RELEASE AUTHORIZATION

**Medical Release Authorization:**

I hereby authorize Ayusa, the host parents and the Community Representative, without liability or expense to themselves, to take whatever action they deem appropriate with regard to my son's or daughter's health and safety. They may place my son or daughter in a hospital for medical services and treatment or, if no hospital is readily available, may place them in the hands of a local medical doctor for treatment. I also authorize any physician to release any information acquired in the course of examination or treatment. I understand that I will be responsible for any costs accrued due to medical treatment that is not covered by the insurance policy. I certify that the above information is correct to the best of my knowledge. This authorization shall be valid for the entire duration of the Ayusa program. Please note the Student Application and Admission Section on pg. 22 of the Program Agreement regarding student medical information disclosures.

PARENT/GUARDIAN NAME: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

1 Student	2 Parent	3 Academic	4 Health	5 Overseas Partner	6 Program Agreements	7 Photos
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PARENT SECTION

2D

PARENT LETTER(S)

Please insert Parent Letter(s) in this section. Please refer to the instructions on the General Instructions page for guidance about what to include in the letter. Please also consider the following question when writing your letter: What would a potential Host Family appreciate about your son or daughter?

Dear Host Family,

## PARENT SECTION

STUDENT NAME: \_\_\_\_\_

2E

## CONSENT TO TAKE DRIVER'S TRAINING

As the parent of the applying student, I understand Ayusa's rules regarding driving motor vehicles. I understand that my son or daughter is not guaranteed the right to take driver's training and that Ayusa students can only take driver's training if it is in accordance with state laws and/or local school policy. I also understand that many school districts do not allow exchange students to participate in driver's training.

I give permission to my son/daughter to take Driver's Training if it is available and if it is in accordance with state laws.

I do not give permission to my son/daughter to take Driver's Training.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2F

## PRIVATE HIGH SCHOOL OPTION

1) Are you willing to pay tuition for private high school for your son/daughter?  Yes  No (Indicating "yes" may lead to a private school placement.)

2) Please indicate the range of tuition costs that you are willing to pay:

\$150 - \$300 per month

\$300 - \$500 per month

\$500 - \$750 per month

more than \$750 per month

2G

## PERMISSION TO PARTICIPATE

My son/daughter has my permission to apply for, and to participate in, an international study experience sponsored by Ayusa International.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## HOST FAMILY/COMMUNITY PLACEMENT AGREEMENT

I understand there is no "perfect" host family or community and I agree to accept the host family or community Ayusa selects for my son or daughter.

\_\_\_\_\_  
Parent Signature\_\_\_\_\_  
Date

## ACADEMIC SECTION

STUDENT NAME: \_\_\_\_\_

3A

## LANGUAGE SKILLS

1) **Reading Comprehension:** Given an American newspaper or magazine article of at least five paragraphs, the student:

- Excellent Understands and explains its meaning clearly and completely. Student understands at least 9 out of every 10 words.
- Good Understands most of its meaning. Student understands 7-8 out of every 10 words.
- Fair Understands the basic vocabulary and explains the basic idea of the article. Student understands 5-6 out of every 10 words.
- Poor Understands only the simplest words and can explain little, or none of the article's meaning. Student understands 1-4 out of every 10 words.

2) **Writing:** When asked to write a short essay stating an opinion about his or her school, town, political view or sports interests, the student:

- Excellent Writes with near fluency using lengthy sentences, abstract terms, and strong vocabulary. Student uses English grammar rather than translating the grammar of the native language into English.
- Good Uses good vocabulary. Student writes lengthy and sensible sentences and sometimes uses irregular grammar, but meaning is clear.
- Fair Can make only simple sentences using limited or basic vocabulary. Student uses extremely irregular grammar, but meaning is clear.
- Poor Writes incomplete, short or basic sentences, using only limited vocabulary. At times it is difficult to understand what the student means.

3) **Speaking and Understanding Conversation:** After engaging the student in at least 15 minutes of active English conversation, using both abstract terms and idiomatic phrases, rate the student's ability to speak and understand English conversation.

- 10 Student is fluent in English. Student is able to both understand and converse, using sophisticated vocabulary and clear, correct sentence structure. Student has no trouble with abstract subjects or most idioms. Student thinks in English.
- 9 Student is nearly fluent and uses near-perfect sentence structures. Student can understand and respond to difficult questions. English language knowledge includes abstract terms. Student will have no problems communicating, when he or she arrives in the U.S.
- 8 English responses come somewhat naturally. Student has a very good vocabulary and understands almost everything. Student can respond intelligently, however, needs practice.
- 7 Student can understand most conversation. Speaking ability is good, but needs practice. Student can go beyond basic responses and elaborate thoughts. Student knows many words, but needs to think before responding.
- 6 Student understands basic English. Vocabulary includes most common terms. Student thinks quickly; however, it is evident that he or she is translating. Student gets lost when conversation involves abstract terms. Student makes mistakes, but is understandable. Student can carry on a basic conversation.
- 5 Student can understand much more than he or she can communicate; but tries to improve. Student can respond in sentence form even if grammar and structure are not perfect. Student is understandable.
- 4 Student evidently understands basic English sentences and is able to respond, even if only in words or phrases. Grammar and sentence construction is poor, but understandable.
- 3 Student understands words or phrases, but not complete sentences. Speaking ability is limited to a few words or phrases.
- 2 Student understands a few words, but has little or no ability to communicate beyond a few words. Student may even refuse to use English.
- 1 Student is unable to understand conversation and knows little or no English.

ACADEMIC SECTION

STUDENT NAME: \_\_\_\_\_

3B ENGLISH TEACHER'S RECOMMENDATION

- 1) How long have you known the student? \_\_\_\_\_ year(s) \_\_\_\_\_ month(s)
- 2) How long have you had the student as an English language student? \_\_\_\_\_ year(s) \_\_\_\_\_ month(s)
- 3) How many years has the student been studying English, either in public or private school? \_\_\_\_\_ years

**Please comment on the following:**

4) Student's overall progress in English:

5) Student's English language abilities, performance (oral/written), and motivation:

6) How is English taught in the student's classroom (e.g. through conversation, audio tapes, books and written materials, etc.)?

7) Student's cooperation with classroom and school policies and expectations:

Teacher's Name (Please Print): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

## ACADEMIC SECTION

STUDENT NAME: \_\_\_\_\_

3C

## SCHOOL RECOMMENDATION

- 1) Has the student skipped or repeated a year?  Yes  No If yes, please explain why and offer an assessment on the student's performance since the skipped/repeated year.
- 2) Does the student have a history of continuous or frequent absences from school?  Yes  No If yes, please explain.
- 3) Does the student have any special educational needs (i.e. as a result of dyslexia, word blindness)?  Yes  No If yes, please explain why and outline any special requests that the student may have.
- 4) Has the student had any adjustment or disciplinary problems at school or in the community?  Yes  No If yes, please explain.
- 5) How many total years of schooling does the student plan to complete prior to university or entrance into the work force? \_\_\_\_\_
- 6) How many of those years will the student have completed by August 2012? \_\_\_\_\_
- 7) By the start of the program, will the student have graduated from secondary school (i.e. completed all schooling s/he plans to complete prior to university or employment) ?  Yes  No If yes, please explain.

**SCHOOL OFFICIAL AGREEMENT**

All of the information I have provided in this section of the Student Application is true and accurate and I have not withheld any information.

\_\_\_\_\_  
School Official's Signature\_\_\_\_\_  
Date

HEALTH SECTION

STUDENT NAME: \_\_\_\_\_

4A

HEALTH STATEMENT

In this section, please give full information including dates and details about every disease, disorder, or impairment the student has had. Include extra descriptions or statements if necessary on a separate piece of paper.

1) Does the student have or has s/he had any of the following?

	YES	NO	DATE		YES	NO	DATE
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	_____	Learning Difficulties	<input type="checkbox"/>	<input type="checkbox"/>	_____
Anorexia	<input type="checkbox"/>	<input type="checkbox"/>	_____	Learning Disability	<input type="checkbox"/>	<input type="checkbox"/>	_____
Appendicitis	<input type="checkbox"/>	<input type="checkbox"/>	_____	Malaria	<input type="checkbox"/>	<input type="checkbox"/>	_____
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	_____	Measles	<input type="checkbox"/>	<input type="checkbox"/>	_____
Attention Deficit and/or Hyperactive Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____	Mumps	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bulimia	<input type="checkbox"/>	<input type="checkbox"/>	_____	Parasites	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	_____	Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>	_____	Poliomyelitis	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cough (Persistent)	<input type="checkbox"/>	<input type="checkbox"/>	_____	Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>	_____
Depression	<input type="checkbox"/>	<input type="checkbox"/>	_____	Rubella (German measles)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	_____	Scarlet Fever	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dyslexia	<input type="checkbox"/>	<input type="checkbox"/>	_____	Seizure Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____
Eating Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____	Sleepwalking	<input type="checkbox"/>	<input type="checkbox"/>	_____
Enuresis	<input type="checkbox"/>	<input type="checkbox"/>	_____	Smallpox	<input type="checkbox"/>	<input type="checkbox"/>	_____
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	_____	Speech difficulties	<input type="checkbox"/>	<input type="checkbox"/>	_____
Goiter (Struma)	<input type="checkbox"/>	<input type="checkbox"/>	_____	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	_____
Headache (Persistent or Migraine)	<input type="checkbox"/>	<input type="checkbox"/>	_____	Typhoid Fever	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hepatitis A, B, or C	<input type="checkbox"/>	<input type="checkbox"/>	_____	Ulcer	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hernia	<input type="checkbox"/>	<input type="checkbox"/>	_____	Vertigo, Dizziness	<input type="checkbox"/>	<input type="checkbox"/>	_____
				Word Blindness	<input type="checkbox"/>	<input type="checkbox"/>	_____

2) If you answered "Yes" to any of the above, please give details and outcome for each condition. Note any continuing care required or say "none."

3) Has the student experienced disease, impairment or abnormality of any of the following?

	YES	NO	DATE		YES	NO	DATE
Abdominal Organs	<input type="checkbox"/>	<input type="checkbox"/>	_____	Brain, Nervous System	<input type="checkbox"/>	<input type="checkbox"/>	_____
Genito-Urinary System	<input type="checkbox"/>	<input type="checkbox"/>	_____	Skin (Acne, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bones, Joints	<input type="checkbox"/>	<input type="checkbox"/>	_____	Ears or Hearing	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heart or Blood Vessels	<input type="checkbox"/>	<input type="checkbox"/>	_____	Tonsils, Nose or Throat	<input type="checkbox"/>	<input type="checkbox"/>	_____
Blood, Endocrine System	<input type="checkbox"/>	<input type="checkbox"/>	_____	Eyes or Vision	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lungs, Respiratory System	<input type="checkbox"/>	<input type="checkbox"/>	_____	Varicose Veins	<input type="checkbox"/>	<input type="checkbox"/>	_____

4) If you answered "Yes" to any of the above, please give details and outcome for each condition. Note any continuing care required or say "none."

**HEALTH SECTION**

STUDENT NAME: \_\_\_\_\_

**4B HEALTH BASICS**

- 1) For how long has the student been your patient? \_\_\_\_\_
- 2) Height: \_\_\_\_\_ cm
- 3) Weight: \_\_\_\_\_ kilos
- 4) Please list any medication or supplements, either over-the-counter (does not require a prescription) or prescription that the student is currently taking, even if infrequently. For what reason is he/she taking this medication? How frequently? Please give as many details as possible, including whether or not the student will bring medication with him/her to the United States.
- 5) If the student is required to take medication while s/he participates in the Ayusa program, will s/he bring a sufficient supply?  Yes  No

MEDICATION	PURPOSE	FREQUENCY	IS STUDENT REQUIRED TO TAKE THIS MEDICATION WHILE ON THE PROGRAM?	WILL THE STUDENT BRING A SUFFICIENT SUPPLY TO LAST THE ENTIRE DURATION OF THE PROGRAM?
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

6) Please complete the following ophthalmic information only if the student wears glasses or contact lenses.

	<b>SPHERE</b>	<b>CYLINDER</b>	<b>AXIS</b>	<b>PRISM</b>	<b>BASE</b>
<hr/>					
(OD) Ocular Dexter <hr/>					
(OS) Ocular Sinister <hr/>					
Add: <hr/>					
Base Curve: <hr/>					
Other: <hr/>					

## HEALTH SECTION

STUDENT NAME: \_\_\_\_\_

**4B (continued)**7) Pupillary and knee reflexes normal?  Yes  No

8) Has the student ever been hospitalized? If yes, please give dates, diagnosis, treatment, and outcome description of each illness or accident.

9) Does the student have any past or current symptoms of eating disorders, depression, nervous breakdown, fatigue, nightmares, stammering, stuttering, anxiety attacks, or other similar nervous, emotional or mental conditions? If so, please describe.

10) Has the student ever displayed symptoms of drugs or alcohol abuse? If yes, has the student ever been hospitalized or counseled as a result?

11) Will the patient require any orthodontic care during the coming year? If yes, please describe frequency and type of care required.

12) Are there any restrictions on the student's participation in physical education and/or sports activities? If yes, please explain.

**HEALTH SECTION**

STUDENT NAME: \_\_\_\_\_

**4C ALLERGY DETAILS**

- 1) Is there a medical reason why the student cannot live in a home with a pet?  Yes  No If yes, please explain:
  
- 2) Will the student need special meals to accommodate an allergy?  Yes  No If yes, please explain:
  
- 3) Please list any allergies the student has and indicate the severity of the allergy, if it can be controlled by medication, and what medication the student takes or is willing to take for the allergy while living in the U.S.

	Allergic to	Severity	Controllable with Medication?	Medication	Will the student bring sufficient supply for the entire duration of program?
<b>ANIMALS</b>		<input type="checkbox"/> Severe <input type="checkbox"/> Medium <input type="checkbox"/> Mild	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name: <input type="text"/> <input type="checkbox"/> OTC <input type="checkbox"/> Prescription	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Severe <input type="checkbox"/> Medium <input type="checkbox"/> Mild	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name: <input type="text"/> <input type="checkbox"/> OTC <input type="checkbox"/> Prescription	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Severe <input type="checkbox"/> Medium <input type="checkbox"/> Mild	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name: <input type="text"/> <input type="checkbox"/> OTC <input type="checkbox"/> Prescription	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>FOODS</b>		<input type="checkbox"/> Severe <input type="checkbox"/> Medium <input type="checkbox"/> Mild	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name: <input type="text"/> <input type="checkbox"/> OTC <input type="checkbox"/> Prescription	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Severe <input type="checkbox"/> Medium <input type="checkbox"/> Mild	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name: <input type="text"/> <input type="checkbox"/> OTC <input type="checkbox"/> Prescription	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Severe <input type="checkbox"/> Medium <input type="checkbox"/> Mild	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name: <input type="text"/> <input type="checkbox"/> OTC <input type="checkbox"/> Prescription	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>DUST &amp; POLLEN</b>		<input type="checkbox"/> Severe <input type="checkbox"/> Medium <input type="checkbox"/> Mild	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name: <input type="text"/> <input type="checkbox"/> OTC <input type="checkbox"/> Prescription	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Severe <input type="checkbox"/> Medium <input type="checkbox"/> Mild	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name: <input type="text"/> <input type="checkbox"/> OTC <input type="checkbox"/> Prescription	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Severe <input type="checkbox"/> Medium <input type="checkbox"/> Mild	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name: <input type="text"/> <input type="checkbox"/> OTC <input type="checkbox"/> Prescription	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>MEDICATIONS</b>		<input type="checkbox"/> Severe <input type="checkbox"/> Medium <input type="checkbox"/> Mild	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name: <input type="text"/> <input type="checkbox"/> OTC <input type="checkbox"/> Prescription	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Severe <input type="checkbox"/> Medium <input type="checkbox"/> Mild	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name: <input type="text"/> <input type="checkbox"/> OTC <input type="checkbox"/> Prescription	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Severe <input type="checkbox"/> Medium <input type="checkbox"/> Mild	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name: <input type="text"/> <input type="checkbox"/> OTC <input type="checkbox"/> Prescription	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>OTHER</b>		<input type="checkbox"/> Severe <input type="checkbox"/> Medium <input type="checkbox"/> Mild	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name: <input type="text"/> <input type="checkbox"/> OTC <input type="checkbox"/> Prescription	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Severe <input type="checkbox"/> Medium <input type="checkbox"/> Mild	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name: <input type="text"/> <input type="checkbox"/> OTC <input type="checkbox"/> Prescription	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Severe <input type="checkbox"/> Medium <input type="checkbox"/> Mild	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name: <input type="text"/> <input type="checkbox"/> OTC <input type="checkbox"/> Prescription	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Severe <input type="checkbox"/> Medium <input type="checkbox"/> Mild	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name: <input type="text"/> <input type="checkbox"/> OTC <input type="checkbox"/> Prescription	<input type="checkbox"/> Yes <input type="checkbox"/> No

HEALTH SECTION

STUDENT NAME: \_\_\_\_\_

**4D IMMUNIZATION RECORD**

VACCINE	DATE EACH DOSE WAS GIVEN:				
	1 <sup>st</sup> DAY/MO/YR	2 <sup>nd</sup> DAY/MO/YR	3 <sup>rd</sup> DAY/MO/YR	4 <sup>th</sup> DAY/MO/YR	5 <sup>th</sup> DAY/MO/YR
<b>DTP (Diphtheria, Tetanus, Pertussis)</b> (5 doses. First dose not to be given before 6 weeks of age, 4 weeks between doses 1 & 2 and 4 & 5, 24 weeks between 3 & 4)					
<b>Additional Tetanus</b> (1 dose of additional Tetanus is needed if DTP was not within the last 5 years)					
<b>Polio</b> (4 doses, first dose not to be given before 6 weeks of age, 4 weeks between doses 1 & 2 and 6 weeks between does 2 & 3 and 3 & 4)					
<b>Measles</b> (2 doses, first dose not to be given before 12 months of age, minimum of 4 weeks between doses)					
<b>Rubella</b> (2 doses, first dose not to be given before 12 months of age, minimum of 4 weeks between doses)					
<b>Mumps</b> (2 doses, first dose not to be given before 12 months of age, minimum of 4 weeks between doses)					
<b>Hepatitis B</b> (3 doses, no minimum age for first dose, 4 weeks between dose 1 & 2, and 8 weeks between doses 2 & 3)					
<b>Varicella (Chicken Pox)</b> Please check one box below and provide date. Previously Contracted <input type="checkbox"/> OR Date _____ Immunization <input type="checkbox"/>					
Please <u>check one box</u> below and provide date. <b>Tuberculosis</b> (Immunization date) <input type="checkbox"/> OR TB/Tine Skin Test Date with negative result <input type="checkbox"/> OR Clear copy of a negative Chest x-ray <input type="checkbox"/>					

**4E CONCLUSION**

1) In conclusion, please give your opinion of the general state of the student's health.

- Excellent  Good  Fair  Poor

- I have given a thorough physical examination and reviewed the medical history of the candidate and certify that all important medical information has been included and that the above information is true and accurate.
- I affirm that the patient is stable, both physically and mentally, to participate in an exchange program abroad.

\_\_\_\_\_

Physician Name (Please Print) City Country

\_\_\_\_\_

Office Phone Fax

\_\_\_\_\_

Physician's Signature (Required) Date

## AYUSA OVERSEAS PARTNER SECTION

STUDENT NAME: \_\_\_\_\_

## 5A

## PROGRAM INFORMATION

- 1) Program:  Academic Year  Fall Semester
- 2) Program Year: \_\_\_\_\_
- 3) Preferred airport of departure from home country: \_\_\_\_\_

## 5B

## STUDENT INTERVIEW

- 1) \_\_\_\_\_  
Interviewer Name (Please Print)
- 2) \_\_\_\_\_  
Interview Date
- 3) Was the interview at least one hour in length?  Yes
- 4) Was interview conducted in person?  Yes
- 5) Was interview conducted in English?  Yes
- 6) Please describe the most predominant aspects of the student's character.

7) What are the student's hopes and expectations for the program?

8) How does the student hope to achieve these expectations?

## AYUSA OVERSEAS PARTNER SECTION

STUDENT NAME: \_\_\_\_\_

**5B (continued)**

9) Explain that host families volunteer to share their lives with an exchange student. What does the student feel would be expected of him/her while living with a host family?

10) As far as you can tell, does the student have any special needs that may influence the host family placement?

11) Ask the student to describe how he/she hopes to personally grow from this exchange experience.

12) Ask the student if he/she has any medical concerns or physical/health needs that may affect his/her exchange. For example, an eating disorder, diabetes, or epilepsy. Please be discrete when asking these questions.

## AYUSA OVERSEAS PARTNER SECTION

STUDENT NAME: \_\_\_\_\_

**5B (continued)**

- 13) Discuss expectations regarding communication with natural family and friends. For reference, please consult the Ayusa Participant Handbook. To fully adapt and benefit from their experience in the U.S, it is expected that students will limit their contact with friends and family at home to one phone call or e-mail per week. Students are expected to abide by any restrictions imposed by the host family regarding phone and computer use. Do you have any concerns about what is expected of the student?
- 14) Discuss computer and internet use expectations. Internet access may not be available in host family homes. If internet is available, students are expected to abide by host family rules as well as Ayusa Internet Safety Rules, (p. 21 Participant Handbook). In general, students should limit internet use to occasional educational research and weekly contact with friends and family at home. Private information and identity should never be shared online. They should think about the consequences before posting any information and images online. Do you have any concerns about the student complying with this policy?
- 15) Discuss transportation options that are acceptable while the student is on program, and clarify that driving is not allowed. Does the student understand this rule?
- 16) Does the student have any strong likes/dislikes, phobias/fears or dietary restrictions?

1 Student	2 Parent	3 Academic	4 Health	5 Overseas Partner	6 Program Agreements	7 Photos
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AYUSA OVERSEAS PARTNER SECTION

STUDENT NAME: \_\_\_\_\_

**5B** (continued)

17) Are there any aspects about the student or the student’s description of his/her parents that raise concerns for you or that you feel Ayusa should know?

18) What does the student see as the most challenging part of fitting into a new family? Discuss the fact that the student needs to adapt and change to fit into a host family; it is not up to the family to adjust to the student. Describe how the lifestyle most likely will be very different, giving examples of differences in home, food, and communities.

19) Please describe a time the student demonstrated maturity and/or flexibility.

## AYUSA OVERSEAS PARTNER SECTION

STUDENT NAME: \_\_\_\_\_

**5B (continued)**

- 20) Ayusa students are not permitted to convert to a religion different from their own, and host families are instructed not to pressure students to participate in religious activities or change their beliefs. However, attending church and/or youth groups are an important community activity for many American families. Have you discussed with the student the importance of participating in religion-related activities with the host family?  Yes  No
- 21) Discuss how the definition of the “traditional American family” is changing and the student must be willing to be placed in any of the below living arrangements (this is not a time to express preferences but instead to learn about all placement possibilities):
- A single parent with one or more children at home
  - A young couple with no children
  - An older couple with no children
  - A remote rural area
- Have you discussed all possible living arrangements with the student?  Yes  No
- 22) Placement Preferences (student is free to choose or indicate preference in the below living arrangements) after discussing placement possibilities above.
- Is the student willing to live with another exchange student in a Double Placement?  Yes  No (Please make sure this matches what is checked in the Program Agreements section)
  - Is the student willing to live with a single adult with no children?  Yes  No
- 23) How would you describe the student’s spoken English language ability?
- 24) At the conclusion of the interview, how would you summarize this student? What makes this student special or unique? Please be as detailed as possible. This is a chance for you to set this student apart from others.



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## PROGRAM AGREEMENTS

### For 2012-2013 Participants

#### Ayusa International Program Agreement

Ayusa International, its agents, affiliates, officers, directors, staff, regional and local representatives (collectively “Ayusa”) and the undersigned parent(s) or legal guardian(s) (“Parents”) and student (“Student”), understand and agree to the terms and conditions stated in this Program Agreement (“Agreement”) relating to Student’s participation in Ayusa’s student exchange program (“Program”). Parents and Student are referred to collectively as the Participants (“Participants”). Adults and their resident children who volunteer to host a student for the Program term are referred to as the Host Family (“Host Family”). The United States, where the Student’s program is taking place, will be referred to as the Host Country (“Host Country”).

**Selection Standards:** All Ayusa Students must meet the selection standards for exchange visitors established by the U.S. Department of State (22 CFR 62) and the Council on Standards for International Educational Travel (CSIET) which include but are not limited to English proficiency, bona fide student status, and academic preparation. Ayusa does not recruit or place students on the basis of their athletic ability, does not guarantee participation in school sports or driver’s education, nor does Ayusa in any way guarantee students will graduate or receive a diploma from their U.S. high school.

**Student Application and Admission:** Ayusa considers many criteria in determining whether to admit the Student into the Program including but not limited to a Student’s application packet, academic background, high school transcript, age, education level, physical and mental health, references, essay, and personal interview. Ayusa accepts Students with the expectation that the information contained in the Student Application is complete and true. Any breach of one of the Statements of Truth within the Student Application could provide grounds for consideration of dismissal from the program at any time, prior or during the program. Ayusa has the sole discretion to determine whether the Student will be admitted into the Program and such determination is final.

**Important:** If any changes occur or are made to the information contained in the Health Section (such as a change in Student’s medication), Ayusa Agent must inform Ayusa in writing.

**Placement and Diversity:** While Ayusa makes every effort to take individual needs into consideration in placing Students with Host Families, Ayusa may be unable to accommodate all preferences and characteristics of the Student in the placement process. Ayusa expects each student to adjust to the family selected for him or her, regardless of their ethnicity or the size of the community. It is important to understand that there is no “perfect” Host Family and community. Students must accept the Host Family and community Ayusa selects and make every effort to become a member of the Host Family and community and participate successfully in the academic high school program.

**Dissimilarities or Differences in the Host Country:** In addition to learning the language of the Host Country, the Student is expected to make every effort to adapt to the culture and lifestyle of the Host Family and the Host Country. There may be significant cultural, economic, and lifestyle differences between the Student’s home country and Host Country including those in health care services, living conditions, transportation systems, educational systems, criminal justice, civil liberties, customs, values and acceptable behavior with regards to age and gender. Living conditions may also vary between Host Families even within the same community. Participants must be aware of and accept these differences as part of the Program, and accept the risks associated with traveling and living in another country. The Student’s level of maturity must be adequate to recognize and cope with these differences and challenges.

Parents must take responsibility to educate and prepare the Student for the inherent risks associated with foreign travel and living abroad. Ayusa Agents will regularly monitor the Student’s progress and are available in person or by telephone to provide regular ongoing support and emergency assistance during the Program. However Ayusa cannot and does not provide constant direct supervision of the Student. The Student must be responsible for taking the initiative to communicate with Ayusa and seek help as soon as she/he needs assistance.

As a condition of acceptance into the Program, the Participants agree and hold Ayusa 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 person in the Host Country.

**Living Expenses:** Parents agree to provide the Student with a sufficient amount of spending money to cover personal expenses and incidentals during the Program so as not to be a burden on the Host Family. Ayusa recommends US\$200 per month. Students must reimburse the Host Family for extraordinary expenses such as personal telephone calls, medical bills, textbooks, school activity fees, or damages that may occur.

**Financial Responsibility:** We recommend that students not open joint savings/checking accounts/cell phone agreements or engage in any other financial agreements with their Host Families. Ayusa is not responsible for financial restitution to students or the natural parents resulting from these agreements.

## PROGRAM AGREEMENTS

## Ayusa Program Rules And Policies For 2012-2013 Participants

As part of the Ayusa program application process, students and their natural parents sign an agreement to abide by the Ayusa program rules. These rules are designed to protect our students, host families, and schools, and provide the general framework for a successful program experience.

The Ayusa Rules are summarized as follows:

### **Rule 1: Host Family Regulations**

Students must obey host family regulations including, but not limited to, rules regarding curfew, household chores, dating, contact with home, and computer and phone privileges (including personal laptops and cell phones). Students are responsible for covering the cost of all long-distance and international telephone calls as they incur them. Students may not have guests in the host family's home without their host family's consent and supervision.

### **Rule 2: Academic Life**

Ayusa is an academic program. Students are responsible for attending school and achieving a C or better grade in every class. They must follow all academic and behavioral requirements as defined by their high school or Ayusa. If the school administration determines that a student is no longer welcome to attend due to behavioral or academic problems, the student may be dismissed from the Ayusa program.

Ayusa does not in any way guarantee that students may enroll in twelfth grade classes, graduate, or receive a diploma from a U.S. high school. Students must accept and obey their school's policies.

### **Rule 3: Local, State and National Laws**

Students are subject to the authority and laws of their host country and must obey all national, state, and local laws and regulations. Students must use their best judgment and learn these laws. Ignorance of the law is not considered a legal defense for breaking it. Exchange students are not exempt from legal prosecution. Participants agree to hold Ayusa blameless for any or all consequences that may result from a student breaking the law of the land. Breaking the law is grounds for dismissal from the Ayusa program.

### **Rule 4: Drugs**

The use or possession of non-prescription drugs or controlled substances is illegal. Students may only take medications prescribed by their doctor or medicines commercially available in the host country. Some medications that are commercially available in other countries require a doctor's prescription in the United States. Use of illegal drugs is grounds for dismissal from the Ayusa program. Exchange students arrested for drug use or possession face the same penalties as citizens of the United States, including mandatory fines or prison terms, and will be immediately dismissed from the Ayusa program.

### **Rule 5: Drinking and Smoking**

Students may not drink or purchase alcoholic beverages, including beer and wine. The minimum drinking age in the United States is 21 years. Arrest and expensive fines may result from violating this law, and it is grounds for immediate dismissal from the Ayusa program. Students are not allowed to smoke nicotine (cigarettes, cigars, chewing tobacco, etc.) and will face Ayusa disciplinary procedures if they violate this rule.

### **Rule 6: Driving**

Students may only participate in a driver's education program offered by their high school. They are not guaranteed an opportunity to obtain a driver's license. Students may not drive motor vehicles, except during participation in a formal driver's education program at their high school, because students' insurance does not cover these activities. This ban applies to four-wheelers, jet-skis, tractors, and any other motorized vehicle. Students may only participate in school sponsored driver's education with the permission of the local school, natural parents, host parents, and Ayusa. Students are not allowed to be passengers on motorcycles, motorbikes, or scooters. They are not allowed to purchase or own any motor vehicle.

### **Rule 7: Life-Changing Events**

Ayusa students may not initiate any "life-changing" decisions, events, or actions while in the program. This includes changing religion (though a student may explore the tenets of any religion), pregnancy, and marriage. Students are expected to refrain from sexual activity while in the Ayusa program. Students may not alter their body (tattoos, body piercings, etc.) in any way while in the program, even if they have permission from their natural parents.

Regarding religion: Host families should understand that students are not required to attend any religious services. However, in the spirit of learning about their host family's values and lifestyle, Ayusa encourages students to attend religious services or activities if they are an integral part of the family's life. If students are uncomfortable with the religious content of services or activities, they are not required to participate.

Students may be dismissed from the program if they suffer from a life-threatening medical condition, such as cancer, depression, or an eating disorder

## PROGRAM AGREEMENTS

### **Rule 8: Travel**

For safety and security reasons, Ayusa needs to know the whereabouts of students at all times. Students are expected to comply with the following rules and conditions regarding any travel.

- All student overnight travel away from the host community and without the host family must be approved by Ayusa and the student's natural parents. Students are responsible for completing an Ayusa Request for Student Travel Form and communicating details to their local Ayusa representative at least 14 days before proposed travel date.
- Students must obtain travel permission from Ayusa for trips with their host family that include more than three overnight stays. Natural parent approval is required in addition for host family trips that involve leaving US territory.
- For all trips that involve less than three overnight stays, students are responsible for informing their Community Representative in advance and must provide contact information where they can be reached while traveling.
- Flights and accommodations should not be purchased prior to obtaining approval for travel. Students and natural families are financially responsible for any trips that must be cancelled or rescheduled due to lack of travel permission.
- All student travel must occur after January 15th and should be limited to weekends and school vacation periods. Exceptions may be made for trips with the host family, and for school or Ayusa sponsored trips including Belo Tours. In order for students to be permitted to miss school in the context of travel, his/her school and Ayusa must grant approval.
- Students may not travel independently; to travel, a student must be accompanied by a responsible adult (25 years or older) that is approved by Ayusa. Exceptions may apply for flights to and from Ayusa sponsored events.
- Students may not visit their home country during the program.
- Educational travel or sightseeing tours that are not with the host family or sponsored by the school or Ayusa, must be booked through Belo Tours, which is a pre-authorized Ayusa partner tour company.
- In order to travel, a student must be in "good standing" with Ayusa. Students are not considered in "good standing" if they are on warning or probation, or if their behavior indicates that they cannot be trusted to conduct themselves in a responsible, safe, and mature manner while traveling. For students who were placed on warning at an earlier time in the program, travel permission may be granted at the discretion of the Regional Manager if significant improvement has been made on the part of the student.

Please note: The Ayusa Travel Policy goes into effect the moment when students enter the United States.

### **Rule 9: Visits To and From Friends and Family**

Visits from natural parents and friends from the student's home country (and to/from relatives and friends in the U.S.) can be extremely detrimental to the student's adjustment process and language learning. Therefore, visits from natural parents, extended family, or friends are not authorized by Ayusa until the end of the program. Additionally, any travel that a student undertakes with his or her natural parents must take place after the student completes the program in accordance with Ayusa Travel and Program Release Policies (rule 8 and 10). Violation of this rule is grounds for dismissal from the Ayusa program.

### **Rule 10: Returning Home/Program Release**

The Ayusa program follows the U.S. academic calendar. Students are expected to return to their home countries within two weeks after the last day of school. If a student remains in the country after this date, he or she must complete and submit an Ayusa Program Release form, which must be signed by the natural parents and approved by the Ayusa Regional Manager. After the program release date, Ayusa and the host family will not be responsible for students as part of the Ayusa program, and all benefits and services associated with the program will no longer be available.

Program release is a privilege that can be revoked at any time. Students who withdraw or have been dismissed from program are not eligible for program release and must return home immediately. A program release will only be granted based on the following conditions:

- The student will be in the care and supervision of an adult over the age of 25 for the duration of the stay.
- The student must be in "good standing" with Ayusa with no disciplinary record or concerns.
- The student will uphold all visa rules and regulations set forth by the U.S. Department of State during the program release period, including the requirement that you have health and accident insurance coverage for the duration of their stay in the U.S.
- The circumstances surrounding the request must be in the student's best interest and consistent with Ayusa's mission.

Any violation of Ayusa program release policy and expectations may impact a student's SEVIS immigration record and future re-entry to the U.S.

Participants understand that while Ayusa reviews each student's situation on a case-by-case basis, any infraction of any of the above rules and/or acceptable behavior may be grounds for dismissal from the Ayusa program. Ayusa reserves the sole and final right for decisions on student dismissals and may return a student to his or her home country immediately at any time at his or her own expense.

## PROGRAM AGREEMENTS

**Insurance:** All students are required to have insurance in effect for the duration of the program covering sickness and accident to standards established by the U.S. Department of State. Policies may not cover pre-existing conditions, injuries resulting from driving motorized vehicles (except as part of a supervised driver's education program), certain categories of sports injuries, injuries resulting from the commission of a crime, self-inflicted injuries, or injuries sustained from participation in high-risk (extreme) sports. Participants agree to familiarize themselves with the coverage, exclusions and limitations of their insurance policy and to consult with their Ayusa agent and their insurance provider beforehand to determine what activities are excluded from coverage. Any exclusions or limitations of the insurance will be the financial responsibility of the natural parents, not the Host Family, Ayusa overseas partner, or Ayusa International.

**Health Care Treatment:** Ayusa will normally consult with Parents before authorizing any medical care for a student. However, a situation requiring immediate attention could conceivably occur. In such a case the Parents consent and authorize Ayusa or adult Host Family member to obtain without obligation, and at their discretion, any necessary medical, dental, surgical, psychological, psychiatric or hospital care, prescribed by a health care authority, for the immediate welfare of the Student. The Parents authorize the health care provider to release the Student to Ayusa, or adult Host Family member and to release all health care records relating to the Student to Ayusa.

**Legal Proceeding:** Participants consent and authorize Ayusa to pursue or defend any legal proceeding regarding the Student during the Program, costs to be reimbursed by Parent(s). However, Ayusa or any adult Host Family member is not obligated to pursue or defend any such legal action or proceedings. The Participants authorize any court, law enforcement agency, or any other government agency to release the Student to Ayusa in the event that the Student is detained or held by any such entity.

**Use of Student's Name and Likeness:** Participants consent and authorize Ayusa to use the Student's name, photograph, file or video likeness of Student or any comments or statements of Student in materials or publications to promote the Program.

**End of Program and Ayusa Release:** As the Student's program sponsor, Ayusa must authorize release from Program for any travel in the U.S. after the end of the Ayusa program. Only Students who are in good standing with the Program are eligible to request an Ayusa Release. If Student has received a probation letter during the program, the Student is not eligible for an Ayusa Release. Ayusa's decision on release is final. Any travel that is unauthorized will be considered as abandonment of the program and will be noted in the Student's SEVIS immigration record which may impact the Student's ability to re-enter the United States in the future. Neither Ayusa staff nor the Host Family will be responsible for a Student who remains illegally in the United States after the end of the Program. In addition, the Student will not be covered by any insurance policy provided through Ayusa after the End of the Program. Participants expressly release Ayusa, its representative organizations, and the Host Family from all liability, injury, damages or claims incurred after the termination of the Program.

**Problem Notification and Resolution:** Ayusa provides ongoing support of all Students; however Students cannot be continually supervised or controlled by Ayusa. It is the responsibility of the Student to advise Ayusa of any significant problems, such as concerns about health, safety, adjustment problems with school, language, culture or issues involving the Host Family. Ayusa will make every effort to intervene and resolve these problems to help the Student successfully complete the Program. In this effort, Ayusa may, in its sole discretion, seek a replacement Host Family, if possible within the same community. However, if the Student does not make a substantial good faith effort or if the Student violates any terms of this Agreement, Ayusa may, in its sole and absolute discretion, terminate the Student's participation in the Program and immediately repatriate the Student to the home country.

**Agreement between Students and Originating Exchange Organization:** Ayusa has a contractual agreement with its overseas representatives or "Ayusa Agent", to operate all programs in full compliance with U.S. Department of State regulations governing the Exchange Visitors Program 22CFR 62 Part 514 (March 19, 1993) and the standards of the Council on Standards for International Educational Travel (CSIET). Beyond the terms of this contract, Participant understands that Ayusa is not a party to any agreement between the Student and the Originating Student Exchange Organization ("Originating Exchange Organization") through which they applied for the Ayusa Program in their home country. Participants acknowledge that all disputes or claims arising out of any disagreement with the Originating Exchange Organization shall be resolved directly with the Originating Exchange Organization.

**General Release and Hold Harmless Provisions:** As a condition of the Student's participation in the Program, the Participant agrees to release and hold Ayusa harmless for injury, loss, delay, or any damage and expense incurred by the Student due to: (i) any incident beyond Ayusa's reasonable control, including, without limitation, acts of God, crimes of violence, 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 any 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, sanitation, transportation, crime, justice, legal systems, customs, and values; (iv) any differences in the living conditions and standards between the Student's home and home country and the host home and Host Country; and (v) any act or omission of the Originating Exchange Organization.

## PROGRAM AGREEMENTS

**Indemnification:** As a further condition of the Student's participation in the Program, the Participant agrees to indemnify and hold Ayusa harmless from any liability or expense, including court costs and attorney's fees, resulting from any injury, loss or any other damage or expense caused by the Student during his/her participation in the Program.

**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 San Francisco County, California, USA. The arbitration shall be conducted before JAMS/Endispute, Inc. 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 State of California, USA. 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 San Francisco County, California, USA. In any action, including arbitration, brought for breach of this Agreement, the prevailing party shall be entitled to recover reasonable attorney's fees and costs, including, but not limited to, the costs of arbitration.

**Ratification of Contract:** 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, the 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.

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

**Modification:** This Agreement shall not be modified except by a written agreement that is executed by all parties hereto.

**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.

**PROGRAM AGREEMENTS**

**Signatures:** We have read and fully understand the program materials and agree to adhere to the Ayusa Rules for Students and the Ayusa Program Agreement and Consent Agreements. We affirm that all the information provided in the student application is true and accurate and that we have not withheld any information. We understand that any failure to disclose information that affects the safety and well being of the student, as determined by Ayusa, may be grounds for immediate dismissal.

Ayusa Overseas Partner Name (Printed)	Signature	Date
Student Name (Printed)	Signature	Date
Mother/Guardian Name (Printed)	Signature	Date
Father/Guardian Name (Printed)	Signature	Date

**Smoking/Drinking Agreements**

I agree not to drink on the Ayusa program. **Student signature** \_\_\_\_\_

I agree not to smoke on the Ayusa program. **Student signature** \_\_\_\_\_

**Double Placement Agreement**

Double placements are wonderful opportunities for exchange students because they allow the student to share similar experiences with another exchange student. U.S. Department of State Regulations require prior consent from the students and their natural parents if students are double placed. It is the choice of the Student and Parents whether or not to be placed in a Double Placement. Please check one of the boxes and sign.

As a Participant, I am open to being placed in a double placement with another Ayusa student. I agree, in advance, to this double placement.

As a Participant, I am not willing to be placed in a double placement with another Ayusa student.

Student Name (Printed)	Signature	Date
Mother/Guardian Name (Printed)	Signature	Date
Father/Guardian Name (Printed)	Signature	Date

## PHOTO ALBUM

**To be Completed by the Student**

## 1) Minimum of 4 photographs

Instructions: Select 4-8 pictures of you, your family and friends in the places you live or frequently visit, doing the things you usually do or like to do. Either print them out on a color printer or paste them on a piece of paper. On the paper, write an explanation about each picture, capturing the true spirit of your daily life. The album will give your host family an understanding of your family, home and lifestyle. Please represent yourself positively and feel free to express your creativity.

## 2) You are welcome to include a CD with either 4-8 photos in either a .jpg or .pdf file format.

## 3) 2 SMILING head-shot photos, 3.5 x 4.5 centimeters, in an envelope.

Instructions: Be neatly groomed and be sure to SMILE for the photographs even if it makes you feel a little silly. These photos of you will be the first images the host family and school officials will receive.

PHOTO ALBUM

PLEASE USE THIS SPACE FOR ADDITIONAL PHOTOS

# APPLICATION: CHECKLIST

STUDENT ID# \_\_\_\_\_ STUDENT NAME: \_\_\_\_\_ AGE \_\_\_\_\_ GENDER \_\_\_\_\_

PARTNER \_\_\_\_\_

	COMMENTS	1ST REVIEW	2ND REVIEW
<b>Part 1: Student Section</b>			
2 smiling head-shot photos			
Biographical Information			
Age Eligibility			
Getting to Know You			
Short Essay			
Host Family/Community Placement Agreement			
Student Letter			
Birth Certificate copy			
<b>Part 2: Parent Section</b>			
Family Information			
Medical Release Authorization			
In Case of Emergency			
Parent Letter			
Consent to Take Driver's Training			
Private High School Option			
Permission to Participate			
Host Family/Community Placement Agreement			
<b>Part 3: Academic Section</b>			
English Teacher's Recommendation			
School Recommendation			
School Official Agreement			
<b>Part 4: Health Section</b>			
Health Basics			
Medical History			
Current Physical and Mental Health			
Allergy Details			
Immunization Record			
Conclusion			
Physician Agreement			
<b>Part 5: Ayusa Agent Section</b>			
Interview Questions			
Grade Conversion Chart			
Ayusa Agent Agreement			
3 Years of Official Transcripts			
SLEP Test			
<b>Part 6: Program Agreements</b>			
<b>Part 7: Photo Album</b>			
<b>#1 Review by:</b>	For Internal Use Only		
<b>#2 Review by:</b>	Upload Photo and Essay		
<b>Accepted by:</b>	Upload Entire Application		