



High School Holland

MESSAGE TO THE APPLICANT

We are very pleased to have you apply for the High School in Holland program of Travel Active. You have made a decision to have a very special experience!

When our office receives your application, we will immediately start the process of searching for a family and a High School for you. Sometimes it takes a few weeks, sometimes it takes months. You can be sure that no matter how long it takes, we will find you a great placement!

You can help us with this placement process by filling out this application so that it is *interesting* and *honest*. Your application should also be neat and complete. This form will be submitted to prospective host families and is determining in the selection of your future home. Remember that what you write is *who you are*.

YOUR APPLICATIONS Use the checklist to help you complete your application documents.

If possible please write or type it in black ink in Dutch. If you don't know the Dutch language you can write in English. Please use a clear and neat handwriting.

- Student Applications:** complete the application. Give as many details as you can, and be as accurate as possible. You must include five smiling passport pictures of yourself with your name on the back of them. These pictures are very important, if you do not have a recent picture, have one taken, where you look as nice as possible. It is very important that you smile 😊 in the picture.
- Short essay;** complete all these questions as honest and detailed as possible. Write at least 5 full sentences per question. This part is very important for us to get a better idea of who you are.
- Family Album:** your photographs will help us to get to know you better. Please send original pictures of your family, your home, your friends and your activities and give a comments on every picture. Describe in each picture who is on the picture, what you are doing and why you added this picture.

- **Dear Host Family Letter:** this is the most important part of the application in order to find an appropriate family for you. Add as many pages as you need. You must write your own letter. Before you write the letter think about what you would like to know about somebody who would live in your house for a period. Your host family wants to know who you are, what you like, etc.

Your letter must be:

- ✓ Written by yourself
 - ✓ Be type or written very clearly, with your signature
 - ✓ Be in English or Dutch
 - ✓ Include a heading (dear family)
 - ✓ Have information about yourself, your personality, your activities, your interests, your goals, etc.
 - ✓ Describe your family and your relationship with each of its members
 - ✓ Describe your school, the community where you live and your friends
 - ✓ Describe your activities and responsibilities at home and at school
 - ✓ Explain why you want to go to Holland and to live with a Dutch host family
 - ✓ Express your enthusiasm and interest in them, ask them about their family, their interest, their community and the school you will attend
 - ✓ **Thank them** for the opportunity to live with them. This is very important, remember they will help you with your adaptation and do this from the goodness of their heart and interest in your culture; families do not receive any money for hosting you. Do not worry if your Dutch/English is not perfect, you may use a dictionary. Your family will be very happy to receive a letter from you and will understand what you are trying to tell them.
- **Parent Statement.:** ask your parents to write about you (if possible in Dutch)
 - **Natural parents questionnaire:** ask your parents to fill these questions out, as detailed as possible. This will help us to match you as well as possible with a host family.
 - **High School Transcript:** we must have your courses and grades (marks) for the last three years. If you have already grades of the current year, you can give us the final grades of the last two years and the first grades of this current year. The school stamp must be on the record to indicate that it is correct and official. Also, include copies of official report cards.
 - **Teacher Recommendations:** a language teacher (Dutch if possible) and one of your other teachers has to write about your character, motivation, achieved results for the last three years.



- Statement of Health:** you must have a physical examination before your departure. This has to be done by a doctor who cannot be a family member. We may contact the doctor would we have any questions about your physical status.
- Program Conditions and Rules form:** when you become a participant of the High School in Holland-program, you must understand our rules and agree to our conditions. Please read the Conditions and Rules carefully. If you understand and agree with the rules, sign this please. Your parents should also sign this.
- Internet form:** One of the ways to search for a host family is putting a summary of the student on internet. Therefore we need the internet form filled out by the student. It consists of some personal information about the student to give a short impression to the future host family.
- Natural parents travel release form:** by filling out this form, your natural parents give you permission to travel while in Holland.
- Emergency form:** please fill this out so we have all the information we need in case of emergency.
- Extra allergy/diet forms:** please fill these in if this is applicable to you.
- Student awareness form:** please confirm that you read all information and agree on our conditions
- Interview:** You will be interviewed by a contact person from your organisation

Please be aware that Travel Active beholds the right to disqualify students immediately from the program when false or incomplete information is given in below application.

Do not forget to send 2 (smiling!) passport photographs

THANK YOU MERCI DANK JE WEL OBRIGADO GRAZIE GRACIAS!



High School Holland

STUDENT APPLICATION

Attach
2 Smiling
Passport
Photographs

PLEASE WRITE OR TYPE IN BLACK INK IN DUTCH OR ENGLISH IN A CLEAR HANDWRITING

Year of departure:	<input type="checkbox"/> 2011	Program:	<input type="checkbox"/> Year	<input type="checkbox"/> Semester
	<input type="checkbox"/> 2012	Departure:	<input type="checkbox"/> August	<input type="checkbox"/> January
	<input type="checkbox"/> 2013			

Student details:			
Last name (as on passport)	First	Middle	
Street Address	Postal Code	City	
Country	Telephone (incl. area code)	Date of birth (d/m/y)	Sex <input type="checkbox"/> M <input type="checkbox"/> F
City and country of birth	Country of legal residence	Nationality on passport (s)	
E-mail address student	E-mail address parents 1	E-mail address parents 2	

Family details:			
Name	Age	Occupation	Relationship to applicant
_____	_____	_____	father
_____	_____	_____	mother



Do all family members live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No,			



Religion _____ Attend: Weekly Monthly Holidays Never

Smoking

Do you smoke?* Yes No (please sign below)

I agree not to smoke on the HSH program

Student signature _____ date _____

Can you adjust to a home where you can't smoke? Yes No

Can you adjust to a home where others smoke? Yes No

* if a student does smoke, he/she is not allowed to smoke in Holland. Therefore these students needs to sign in the withdraw from smoking, if they indicate that they don't smoke

Pets

Do you have a pet? Yes No If yes, what kind _____

Do you like pets? Yes No

Allergies/Diet

Do you have allergies? Yes No If yes please fill in attached form regarding allergies.

Do you follow a diet? Yes No If yes please fill in attached form regarding diets.

Experiences

Describe any part-time jobs or work experience you may have had: _____

Have you ever lived outside your own country? Yes No If yes, please explain _____

Languages

Indicate foreign languages you speak and/or have studied and explain your proficiency:

Language _____ Years studied _____ Proficiency (average / good / excellent)



Interests and Hobbies

What hobbies and interests do you have?

Hobbies/Interests (list at least three)

Frequency (how often)



SHORT ESSAY

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

2. If you will experience homesickness in Holland, what are you willing to do to get past it?

3. What do you think will be the most challenging part of being an exchange student in Holland?



4. Describe a time when you were sad or upset. What happened and how did you feel better?

5. What qualities do you possess? Do you also have any characteristics that you would rather not have?

6. What do you want to pursue and/or accomplish in Holland?



FAMILY ALBUM



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DEAR HOST FAMILY LETTER

PARENT STATEMENT



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NATURAL PARENTS QUESTIONNAIRE

Please estimate the percentage of time your son/daughter spends (outside of school/homework);

_____ Alone

_____ With friends

_____ With family members

_____ Other

Do you require your son/daughter to be home at a specific time in the evening? Yes/no (please circle)

If yes, what time on schooldays and what time on the weekends?

Has there been a death, divorce, or other major change in your family recently? Yes/no (please circle)

If yes please provide details indicating how your family is dealing with this and what changes it has made in your son/daughters life.

What makes you proud of your son/daughter?



High School Holland

Why do you want your son/daughter to be an exchange student?

What do you expect to be the hardest for your son/daughter while being abroad?

Are there any other comments that you would like to share with the host family?

HIGH SCHOOL TRANSCRIPT

This is to be completed in Dutch (or English) by the school principal or guidance counsellor.

Please indicate in the section below subjects, hours per week and final results concerning the **last three years** of school accomplished by the student. (Please include copies of official report cards.)

SUBJECT	Academic year: . . . - . . .		Academic year: . . . - . . .		Academic year: . . . - . . .	
	hours/week	grade	hours/week	grade	hours/week	grade



School name
School address
Current secondary school level
Date student will graduate secondary school
Name principal/guidance counsellor

School stamp:

Does the student needs a convalidation? Yes No

With the convalidation the student will obtain academic credits for the academic year or semester in Holland. Most of the students use this convalidation to show school in their home country that they attend a High School year, so they don't need to do the year again. The student will only get a convalidation if he/she did her best at school. The school decides if the student will get a convalidation or not. The costs for this convalidation are € 50.

TEACHER RECOMMENDATION 1

This form must be completed by your Dutch (or English) teacher. At least one recommendation from a language teacher is required. Please feel free to use the other side of this page to give more detailed information.

- I strongly recommend this student
- I recommend this student
- I have minor reservations about recommending this student
- I have major reservations about recommending this student
- I do not recommend this student for the High school Holland exchange program

How long have you known the applicant?

Please describe the student behaviour in and out of the classroom. Does the student participates well in class? Is the student motivated to obtain good results? Is the student a leader or a follower?

What are the student academic and/or personal strengths and weaknesses?

Assess applicant's written and spoken Dutch (or English) ability:

Is this student a good candidate for the High School in Holland programme? Please give supporting information on why or why not.



High School Holland

Please rate the candidate on each of these qualities

Flexibility
Maturity
Ability to work with others
Open-mindedness
Sense of humour
Ability to deal with problems
Responsibility
Ability to listen

Above average	Average	Needs development
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please use the other side of this form to provide comments that would assist in evaluating the applicant's qualifications.

Teacher's name _____ Which subject do you teach the student? _____

Teacher's signature _____ Date _____

TEACHER RECOMMENDATION 2

This form must be completed by one of your teachers.

- I strongly recommend this student
- I recommend this student
- I have minor reservations about recommending this student
- I have major reservations about recommending this student
- I do not recommend this student for the High school Holland exchange program

How long have you known the applicant?

Please describe the student behaviour in and out of the classroom. Does the student participates well in class? Is the student motivated to obtain good results? Is the student a leader or a follower?

Has the student ever had behavioural problems at school?



High School Holland

What are the students academic and/or personal strengths and weaknesses?

Assess applicant's written and spoken Dutch (or English) ability:

Is this student a good candidate for the High School in Holland programme? Please give supporting information on why or why not.

(Please use the other side of this form to provide comments that would assist in evaluating the applicant's qualifications.)

Please rate the candidate on each of these qualities

Flexibility
Maturity
Ability to work with others
Open-mindedness
Sense of humour
Ability to deal with problems
Responsibility
Ability to listen

Above average	Average	Needs development
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Teacher's name _____ Which subject do you teach the student? _____

Teacher's signature _____ Date _____

STATEMENT OF HEALTH

This page must be complete by Physician.

Has the applicant ever suffered from or had any problems **Any disease, impairment or**



High School Holland

with the following?	Yes / No		Yes / No	abnormality of:	Yes / No
Allergies to drugs	<input type="checkbox"/> <input type="checkbox"/>	Measles	<input type="checkbox"/> <input type="checkbox"/>	Blood, endocrine system	<input type="checkbox"/> <input type="checkbox"/>
Food allergies	<input type="checkbox"/> <input type="checkbox"/>	Chicken pox	<input type="checkbox"/> <input type="checkbox"/>	Tonsils, nose or throat	<input type="checkbox"/> <input type="checkbox"/>
Smoke allergies	<input type="checkbox"/> <input type="checkbox"/>	Rheumatic fever	<input type="checkbox"/> <input type="checkbox"/>	Varicose veins	<input type="checkbox"/> <input type="checkbox"/>
Pet allergies	<input type="checkbox"/> <input type="checkbox"/>	Rubella	<input type="checkbox"/> <input type="checkbox"/>	Brain, nervous system	<input type="checkbox"/> <input type="checkbox"/>
Asthma	<input type="checkbox"/> <input type="checkbox"/>	Scarlet fever	<input type="checkbox"/> <input type="checkbox"/>	Ears or hearing	<input type="checkbox"/> <input type="checkbox"/>
Appendicitis	<input type="checkbox"/> <input type="checkbox"/>	Hepatitis	<input type="checkbox"/> <input type="checkbox"/>	Eyes or vision	<input type="checkbox"/> <input type="checkbox"/>
Cough (persistent)	<input type="checkbox"/> <input type="checkbox"/>	Hernia	<input type="checkbox"/> <input type="checkbox"/>	Genito-urinary system	<input type="checkbox"/> <input type="checkbox"/>
Diabetes Mellitus	<input type="checkbox"/> <input type="checkbox"/>	Malaria	<input type="checkbox"/> <input type="checkbox"/>	Heart or blood vessels	<input type="checkbox"/> <input type="checkbox"/>
Enuresis	<input type="checkbox"/> <input type="checkbox"/>	Seizure disorder	<input type="checkbox"/> <input type="checkbox"/>	Lungs, respiratory system	<input type="checkbox"/> <input type="checkbox"/>
Goiter (Struma)	<input type="checkbox"/> <input type="checkbox"/>	Sleepwalking	<input type="checkbox"/> <input type="checkbox"/>	Skin (acne, etc.)	<input type="checkbox"/> <input type="checkbox"/>
Learning or speech defect	<input type="checkbox"/> <input type="checkbox"/>	Eating disorder	<input type="checkbox"/> <input type="checkbox"/>	Bones, joints, locomotor syst.	<input type="checkbox"/> <input type="checkbox"/>
Parasites (intestinal, other)	<input type="checkbox"/> <input type="checkbox"/>	Dizziness	<input type="checkbox"/> <input type="checkbox"/>	Abdominal organs/digestive system	<input type="checkbox"/> <input type="checkbox"/>
Headache (persistent, recurring)	<input type="checkbox"/> <input type="checkbox"/>				

If 'yes' was checked for any of the above, physician must provide full details:

Medical care history:

Has the student ever been hospitalised? Yes No

If yes, please explain: _____

Has applicant ever been advised to have surgery, which has not been done? Yes No

If yes, please explain: _____

Is applicant presently taking any medication or injections? Yes No

If yes, please explain: _____

Will the student bring any regularly use medicines to the future host country? Yes No

If yes, what are these medicines?

How often do they need to be taken?

Has applicant ever consulted a neurologist, psychologist or any other specialist for nervous, eating or emotional disorders? Yes No



High School Holland

If yes, explain: _____

Are pupil and knee reflexes normal?

Yes No

If no, please explain: _____

Does student have any scars or identifying marks?

Yes No

If yes, describe: _____



Are there any restrictions on the student participation in physical education

and/or sports activities?

Yes No

If yes, describe: _____

Please provide figures for the following:

Height	Weight	Blood press.
Sugar	Albumin	Urinalysis
Haemoglobin	Blood group	RH factor
Vision without glasses:	OD	OS
Vision with glasses:	OD	OS

Immunisation record: please indicate the month and year given.

Vaccine	date (mo/yr)	date (mo/yr)	date (mo/yr)	date (mo/yr)	date (mo/yr)	date (mo/yr)
Diphtheria						
Polio						
Tetanus						
Mumps		If no immunisation, give date student had mumps: (mo/yr) .. / ..				
Rubella		If no immunisation, give date student had rubella: (mo/yr) .. / ..				
Measles		If no immunisation, give date student had measles: (mo/yr) .. / ..				
TB skin test		<input type="checkbox"/> Positive <input type="checkbox"/> Negative				

The general state of applicant's health is Excellent Good Fair Poor

Additional notes if necessary _____

I, the undersigned, have reviewed the medical history of the applicant and given a thorough physical examination and certify that all-important medical information has been noted on this form and that nothing relevant has been omitted.

Physician's stamp

Physician's signature _____

Address _____

Postal code and City _____

Telephone number _____

Date of examination . . / . . / . .

PROGRAM CONDITIONS / RULES

The High School Holland program is a home stay program, based on daily life in a Dutch family, school and community. Its purpose is cultural exchange, which requires the willingness to learn and adapt-with understanding and appreciation- to the customs of a new culture, community and family.

Below are the rules of Travel Active. These rules concern all students participating in the program. Please read this carefully and sign your name after you fully understand and agree to comply with these rules.

General rules

- Student placement is at the discretion of Travel Active. No guarantees are made as to geographic area, social-economic level of the host family, size or type of school.
I understand there is no 'perfect' host family or community and I am prepared to accept the host family or community Travel Active selects for me. I understand there is no 'perfect' host family or community and I am prepared to accept the host family or community Travel Active selects for me.
- I am aware that Travel Active and my host family have accepted responsibility for me and for my safety, and have the right to allow or disallow certain matters or activities. I will accept this discipline with understanding and respect. This rule has been implemented to protect me in a foreign environment.
- Student must abide by the laws of the host country and native country.
- Student must always be aware of the responsibility as exchange student and make a determined effort in their school, host family and host community.
- Student must show respect for the host family and local coordinator, and act as a member of the family.



High School Holland

- Student must obey family rules
- Student should attend school every day, unless you are ill and under doctor's care or with special permission from the host family. School expulsion results in disqualification of the program
- Student should limit contacts with other exchange students during the program and make all necessary effort to have contacts with host country citizens.
- Student is not permitted to talk about the family's private affair to others (except with their local coordinator or organization)
- Parents and friends may not visit the student during the program and may not disturb the host family life. This can be very extremely detrimental to the student's adjustment process and language learning. Violation of this rule grounds for disqualification of the program. Therefore visits from natural parents, extended family or friends are not authorized by Travel Active until the end of the program. Additionally, any travel that a student's undertakes with his or her natural parents must take place after the student completes the program in accordance with Travel Active.
- Students may not visit their home country during the program.

Student and parents understand that not following the above rules may have negative effects on student's integration in the host country community, school or host family.

Name + student signature + date " read and approved concerning the general rules /conditions

Name+ parents signature + date +'read and approved' concerning the general rules/conditions



High School Holland

Practical rules

- Student is not allowed to smoke on the program and will face Travel Active disciplinary procedures if you violate this rule.
- Student may not drink alcoholic beverages during the program and will face Travel Active disciplinary procedures if you violate this rule.
- The use of possession of non-prescription drugs or controlled substances is illegal. Student may only take medications prescribed by their doctor or medicines commercially available in the host country.
- Student may not initiate any 'life-changing' decisions, events or actions while in the program. This includes; tattoos, body piercings, changing religion (though a student may explore the tenets of any religion), pregnancy, and marriage etc. Students are expected to refrain from sexual activity while in the High School Holland program.
- Student cannot change family and school at will
- Student may not enter into any contractual agreement, be it business, marital or religious.
- Student is not allowed to hold part-time jobs which you need a social security number. The student is permitted to hold small jobs (no more than 10 hours per week) such as baby-sitting, mowing grass and newspaper delivery.
- Student is not allowed to drive cars, motorcycles or mopeds. Because of the obvious dangers- as well as questions of insurance and liability- purchasing of driving a car or motor.
- Every student who needs a visa is obligated to conclude a Tasman insurance of Travel Active.
- As a condition of the student's participation in the program, the participant agrees to release and hold Travel Active harmless for injury, loss, delay, or any damage and expense incurred by the student due to: any incident beyond Travel Active's reasonable control, including, without limitation, acts of God, crimes of violence, acts of war, or governments actions and restrictions, 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, 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; any differences in the living conditions and standards between the student's home and home country and the host home and host country; and any act or omission of the originating exchange organization.



- Participants consent and authorize Travel Active to use the students name, photograph, file or video likeness of student or any comments or statement of student in materials or publications to promote the program.

Name + student signature + date " read and approved concerning the practical rules/conditions

Name+ parents signature + date + 'read and approved' concerning the practical rules/conditions

Travel rules

- All students overnight travel away from the host community and without the host family must be approved by Travel Active and the student's natural parents. Students are responsible for filling out an independent travel form and communicating details to the local coordinator and the organization.
- January students are not allowed to travel to other countries on their own until the May holiday. August students are not allowed to travel to other countries on their own until the Christmas holiday.
- Travelling inside Holland is for January students allowed from the "krokus holiday" (February or March) on and for August students from the Fall holiday on.
- If you wish to travel by yourself, we need a written statement. This statement is called the "Independent Travel Form". In this statement, your natural parents take over the responsibility from the host parents. Travel Active wishes to receive this statement two weeks before departure.
- Of course you can only travel with permission of your host family and your natural parents.
- It is not allowed to miss classes because you are travelling



- Flights and accommodation 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.
- Program duration; understand that the program duration is dependent on the school term/semester dates, also the program duration is depending on school holidays dates as well, every region in Holland has a different start date of their Summer holidays and specific program length cannot be guaranteed. When the students have had their last day at school the program will officially end. In agreement with Travel Active and the host family the student can stay another two weeks in Holland with the host family. As soon as the student left the host family, Travel Active, the placing organization, employees, coordinators, the educational institution and the host family, will not be held responsible for the student.
- 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 a Travel Active program release form, which must be signed by the natural parents and approved by Travel Active. After the program release date Travel Active and the host family will not be responsible for students as part of the High School Holland program, and all benefits and services associated with the program will no longer be available.
- In order to travel after the program is finished, a student must be "in good standing" with Travel Active. 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 Travel Active if significant improvement has been made on the part of the student.
- When the host family decides to travel, it is up to them to decide whether the student will be included in the trip. This however does not mean the host family has to pay for all the expenses during the trip. Please let us know when you will be travelling with your host family, so that Travel Active knows where you are in case of an emergency.

Name + student signature + date " read and approved concerning the travel rules/conditions



Name+ parents signature + date + 'read and approved' concerning the travel rules/conditions

Immediate expulsion of the program

- Being in possession or using non-prescription drugs or controlled substances.
- Visits to the home country during the program
- Visits from natural parents, extended family or friends during the program
- Travel Active reserves the right to sent home any student, whose health requires this action, or whose conduct is considered improper or offensive to the host family, community or school. Such conduct includes drug use, excessive drinking, violation of the law, or failure in High School work. In the event the student is returned home, parents or guardians are responsible for all expenses above those covered by the fee. Refunds are not available for participants whose programs terminate prematurely.
- Students may be dismissed from the program if they suffer from a life-threatening medical condition, such as cancer, depression, or an eating disorder.
- Should student withdraw voluntarily from the program before the end date, the natural parents must accept all responsibility.

Name + student signature + date " read and approved concerning the conditions of immediate expulsion of the program

Name+ parents signature + date + 'read and approved' concerning the conditions of immediate expulsion of the program

A few things to keep in mind

Holland welcomes you but the choice to come to Holland is entirely ours; do not expect that Holland changes its culture and way of life because of your visit; Learn and adapt to the Dutch lifestyle and have the experience of your life! Be a 100% prepared for change and ready for the 'Dutch Challenge'!



High School Holland

Unfortunately certain exchange students feel they have the right to challenge decisions, sometimes not accepting the word of an adult. It can come across very disrespectful to challenge a decision made by an adult, especially your host parents who have made their decision with your happiness and safety in mind. You could respectfully request their reasons, but should still gracefully accept their decision.

If you are ready, and you have an open mind, an open heart and a flexible attitude, we can assure you that you will have the time of your life! Your program in Holland will begin with an intensive orientation week where you will meet the team responsible for your happiness during your stay. Everybody here, staff, host families etc, are ready to assist you, prepare you, answer your questions and get you going – but there is one thing you should always bear in mind: You cannot change Holland, but Holland can change you, broaden your mind and expose yourself to something unique!



High School Holland

RELEASE FOR MEDICAL TREATMENT

Further, if our son/daughter, _____, becomes ill or incapacitated, Travel Active or its representatives may take such action as they consider necessary to secure medical treatment, including the administration of an anaesthetic and surgery.

Participants signature

Date

Signature of natural parents

Date

SPENDING MONEY

The exchange student and his/her parents provide all his/her own spending money. We advise around € 150 each month to cover personal expenses such as phone calls, leisure, movies, letters, school supply's , copy's , etc. The students should bring his/her spending money to the host country for (at least) the first two months. The parents are responsible for any debts made by the student.

Participants signature

Date

Signature of natural parents

Date

HONESTY DECLARATION

We hereby I declare that all information that we provide in the student application is true. We have not withheld any information and all is accurate. We are fully aware that Travel Active beholds the right to disqualify the participant if false or incomplete information is provided by either the participant or the natural parents..

Participant signature

Date

Signature of natural parents

Date



High School Holland



STUDENT INTERNET FORM

This form will be used for internet purposes, and will be read by (prospective) host families. Please fill this in as honest and thorough as possible; it will help us to match you with the right host family!

About me

Please tell us something more about your personality (at least 7 sentences); how do your parents describe you? What qualities do you value in people, and what absolutely not? What are your good and your bad characteristics? Are you a person that likes to be around people all the time, or you also enjoy doing things on your own? Do you have many friends or just a few? Everything that helps us get a better view on who you are you can put in!

Hobbies/activities

Please name at least three activities that you do besides school. What do you like about it? For how long are you doing this?

I already know about Holland...

Please tell us what you already know about Holland? For example the habits/people/language/typical Dutch food etc. Families will love it to read what you already know. Try to use a least 7 sentences.

I think the biggest difference between my country and Holland will be

Please write down what you expect from Holland and what would be the difference between your own country and Holland. What would you like to learn?

Thank you for filling out the student internet form.



High School Holland

EMERGENCY FORM

In case of emergency it is very important for us to have all the necessary information. Please fill in the form below to make sure that we have all these details complete!

Students name _____

Date of birth _____

Sending organisation _____

Who to contact in case of emergency

1) Name and relation _____

Address _____

Country _____

Telephone number _____

Cell phone number _____

Work phone number _____

Email _____

2) Name and relation _____

Address _____

Country _____

Telephone number _____



Cell phone number _____

Work phone number _____

Email _____

I'm insured via the Travel Active Tasman insurance yes / no (please circle)

If you do not have the Travel Active Tasman insurance, please add all your insurance information such as (but not limited to) insurance restrictions, policy and emergency numbers to your application.



High School Holland

Allergy information request form

Students name _____

We would like to know more about your allergies. Please answer all questions truthfully. Circle the right answers. If you need more space for explanations, please use reverse side of this page. Any other documentation that you might have on your allergy (doctors explanations etc.) can be useful for us, and can be added to this document.

Animals

Animal(s) that you are allergic to:

_1_____ Short hair / long hair (please circle)

_2_____ Short hair / long hair (please circle)

_3_____ Short hair / long hair (please circle)

Can you live in a home with animal 1, when it would live indoors? Yes / no (please circle)

Can you live in a home with animal 1, when it would live outdoors? Yes / no (please circle)

Can you live in a home with animal 2, when it would live indoors? Yes / no (please circle)

Can you live in a home with animal 2, when it would live outdoors? Yes / no (please circle)

Can you live in a home with animal 3, when it would live indoors? Yes / no (please circle)

Can you live in a home with animal 3, when it would live outdoors? Yes / no (please circle)

Can you live in a home with animals, if the animal is not permitted in your bedroom? yes/no

If placed in a home with animals, can medication control your symptoms? Yes / no

Have you ever been treated by a doctor for this allergy/symptom? Yes/ No

Living conditions

Please indicate your allergy (such as dust, grass etc.)

_1_____

_2_____

Please describe your symptoms_____



Can your symptoms be controlled with medication? Yes / no (please circle)

Have you ever been treated by a doctor for this allergy/symptom Yes / no (please circle)



High School Holland

Food allergies

Please list all foods you are allergic to

_1 _____

_2 _____

_3 _____

Please describe your symptoms: _____

Can you prepare your own food to accommodate your allergy? Yes/ no (please circle)

Other

Please list any other allergies you have and your symptoms:

_1 _____

_2 _____

_3 _____

Can your symptoms be controlled with medication? Yes / no (please circle)

Do you have any LIFE THREATENING allergies? Yes / no (please circle)

Please give any other information regarding your allergy that could be useful for Travel Active and your future host family below. The more information we have, the easier it is to find a matching family for you!



High School Holland

Vegetarian /Diet information request form

Students name _____

We would like to know more about your diet. Please answer all questions truthfully. Circle the right answers. If you need more space for explanations, please use reverse side of this page. Any other documentation that you might have on your diet (doctors explanations etc.) can be useful for us, and can be added to this document.

Vegetarian

Please indicate the period of time that you have been a vegetarian

Please indicate what you do not eat (be as specific as possible)

Can you live in a family that is not vegetarian? Yes / no (please circle)

Can you prepare your own meals to accommodate your diet? Yes / no (please circle)

Diet(s)

Please name and describe your diet as detail as possible

Please indicate what you do not eat (be as specific as possible)

Are you able to prepare you own meals to accommodate your allergy? Yes / no (please circle)

How long have you been following this diet? _____

Is the diet on doctors advice? Yes / no (please circle) if yes, please add extra information provided by your doctor.



Is there anything else that is important for your (future) host family to know regarding your diet? Please be as precisely as possible.

For food allergies please fill out allergy form. Thank you!



Student awareness form

In a short time you will be starting your High School Holland program, great isn't it? We are all very much looking forward to welcome you and will do our utmost best to offer you the time of your life in Holland! To make sure you understood all information correctly, we have made this form. Please sign this and bring this with you when you come to Holland. We will be collecting these during the orientation week.

I hereby declare that:

1. I have received the pre-departure handbook and read all the information carefully. All information is clear to me.
2. I've had an English interview with someone from my organisation and I made an English test (if you are from a not English speaking country)
3. I'm aware that Dutch is the language spoken in Holland, and that all classes that I will follow will be in Dutch. I know that I'm obligated to learn Dutch as soon as possible.
4. I choose to go to Holland and will therefore do my utmost best to integrate as well as possible into the Dutch culture and live as a Dutch student.
5. I am aware that I'm only allowed to travel under certain restrictions. I'm aware that the High school Holland program is an educational program and not a travel program.
6. I'm aware of the costs and understand what needs to be paid by me. I know that my host family does not receive any money for hosting me.
7. I will go to school every day and will not miss any classes. I will do my utmost best to obtain good results at school
8. I will be respectful and honest to everybody and under all circumstances.
9. I am aware that Travel Active and my host family have accepted responsibility for me and for my safety, and have the right to allow or disallow certain matters or activities. I will accept this discipline with understanding and respect. This rule has been implemented to protect me in a foreign environment.



High School Holland

Name + student signature + date " read and approved concerning the conditions of the student awareness form of the program

Dank je wel merci obrigado thank you gracias grazie Arrigato!



High School Holland

15. How would you describe the students spoken English?

16. Please describe why you think this student would make a good exchange student

17. Please indicate the social class of the student; Upper, high, middle, lower (please circle)

18. Optional: if you wish to give any additional information, please write below.



High School Holland

Signature of interviewer: _____ Date: _____

Thank you very much.

STUDENTS PREFERENCES

(Student knows that there are no placement guarantees - this is just for information)

share a bedroom with a host brother/sister	<input type="checkbox"/> prefer	<input type="checkbox"/> do not mind	<input type="checkbox"/> prefer not
single person with no children	<input type="checkbox"/> prefer	<input type="checkbox"/> do not mind	<input type="checkbox"/> prefer not
single person with young child(ren)	<input type="checkbox"/> prefer	<input type="checkbox"/> do not mind	<input type="checkbox"/> prefer not
single person with teenager(s)	<input type="checkbox"/> prefer	<input type="checkbox"/> do not mind	<input type="checkbox"/> prefer not
couple with no child(ren)	<input type="checkbox"/> prefer	<input type="checkbox"/> do not mind	<input type="checkbox"/> prefer not
couple with young child(ren)	<input type="checkbox"/> prefer	<input type="checkbox"/> do not mind	<input type="checkbox"/> prefer not
couple with teenager(s)	<input type="checkbox"/> prefer	<input type="checkbox"/> do not mind	<input type="checkbox"/> prefer not
older couple (60 or over)	<input type="checkbox"/> prefer	<input type="checkbox"/> do not mind	<input type="checkbox"/> prefer not
Same sex placement	<input type="checkbox"/> prefer	<input type="checkbox"/> do not mind	<input type="checkbox"/> prefer not
living in a rural area (< 1.000 people)	<input type="checkbox"/> prefer	<input type="checkbox"/> do not mind	<input type="checkbox"/> prefer not
living in a town (2.000 - 20.000 people)	<input type="checkbox"/> prefer	<input type="checkbox"/> do not mind	<input type="checkbox"/> prefer not
living in a city (> 50.000 people)	<input type="checkbox"/> prefer	<input type="checkbox"/> do not mind	<input type="checkbox"/> prefer not
living with a family with different religion	<input type="checkbox"/> prefer	<input type="checkbox"/> do not mind	<input type="checkbox"/> prefer not
living with a smoking family	<input type="checkbox"/> prefer	<input type="checkbox"/> do not mind	<input type="checkbox"/> prefer not
living in a family with pets	<input type="checkbox"/> prefer	<input type="checkbox"/> do not mind	<input type="checkbox"/> prefer not

Student agrees on double placement with other exchange student Yes / no (please circle)

