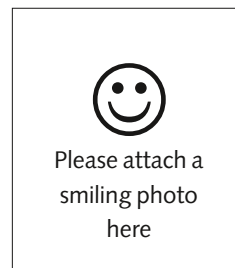


1. STUDENT APPLICATION 2012/2013

PROGRAM COUNTRY:

PROGRAM TYPE: Year student Semester student Short stay months

DEPARTURE: Jan year Aug/Sept year Other month year



Please fill in your application in CAPITAL LETTERS and black pen. Please note, response to all questions is required.

1:1 STUDENT

Student Name
(as appears in passport) Last First (Underline your given name) Middle

Home Address
Street Postal Code City Country

Home telephone Mobile
Incl country and area code Incl country code

E-mail Date of Birth / /
Month (spell out the month) Day Year

Place of Birth Country of Birth

Passport number Country issuing passport

Expiration date of passport / / Years of schooling
Month Day Year Years

Country/countries of citizenship Male Female

Height Weight Eye colour Hair colour
m cm kilos

Religion Little Interest Active Very active

How actively would you like to pursue your religion whilst an exchange student?

Occasionally Monthly Weekly Very actively

1:2 FAMILY INFORMATION

Parent 1 or legal guardian:

Last name First name

Address

Postal Code City Country

Telephone number
Incl country and area code

Mobile
Incl country and area code

E-mail

Date of Birth / /
Month Day Year

Occupation/Title

Parent 2 or legal guardian:

Last name First name

Address

Postal Code City Country

Telephone number
Incl country and area code

Mobile
Incl country and area code

E-mail

Date of Birth / /
Month Day Year

Occupation/Title

Student Name

1:3 FAMILY INFORMATION

Brothers and sisters	First name	Age	Sex	Living at home
.....
.....
.....

Nearest adult, relative or friend if parent not available:

..... Telephone number
 Last Name First Name Incl country and area code
 Address Postal Code City Country
 Relationship

1:4 PERSONAL INFORMATION

Do you smoke? Yes No If yes, I agree not to smoke on the STS program Yes No
 Do you have any special dietary requirements (e.g. vegetarian, lactose-free)? Yes No
 If yes, please provide details
 Do you have any allergies? Yes No
 If yes, please provide details and complete separate allergy form
 Are you able to live in a home with pets? Yes No
 I am aware that my allergies may complicate the process of finding me a host family.
 Have you ever been hospitalized/treated for mental, chronic or physical illness? Yes No
 If yes, please explain
 Do you have any learning disabilities, such as dyslexia? Yes No
 If yes, please explain
 I am aware that special support will not be provided in school during the exchange program.
 Have you ever lived away from your parents? Yes No
 If yes, please explain
 Have you ever lived or travelled outside your country? Yes No
 If yes, where?
 Double placements are wonderful opportunities for exchange students because they allow the students to share similar experiences with another exchange student. It is the choice of the student and their natural parents whether or not to be placed in a double placement.
 As a participant, I am open to being placed in a double placement with a student from another country. I agree, in advance, to this double placement.
 As a participant, I am not willing to be placed in a double placement with another student.

1:5 PERSONAL INFORMATION

My native language is
 Please list foreign languages you speak or have studied.

Language	Years of study	Proficiency		
English	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
.....	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
.....	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
.....	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent

What year will you graduate from high school in your home country after you have returned from your school year/ semester abroad?

List hobbies, interests and sports you participate in – in order of importance.

Student Name

1:5 PERSONAL INFORMATION

Describe any musical or artistic interests you may have.

.....
.....

Describe any part time job or work experience you have had, if any.

.....
.....
.....

Approximately how much time per day do you spend in front of the computer and/or on the internet?

.....

In what ways do you communicate with your friends on the internet (e.g. facebook, twitter)?

.....
.....

I'm aware that excessive contact with my friends and family at home will complicate my adaptation to my new home country.

Do you have a curfew at home? Yes No

If yes, what time is your curfew during weekdays? on weekends?

What would you like to share with your Host Family and your High School?

.....
.....
.....

1:6 PERSONAL INFORMATION

Activities and interests: Place an "X" in front of all activities you enjoy.

- | | | | |
|---|---|---------------------------------------|---|
| <input type="checkbox"/> Aerobics | <input type="checkbox"/> American Football | <input type="checkbox"/> Ballet | <input type="checkbox"/> Baseball |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Camping | <input type="checkbox"/> Choir | <input type="checkbox"/> Cinema |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Cooking | <input type="checkbox"/> Cycling | <input type="checkbox"/> Debating |
| <input type="checkbox"/> Drama | <input type="checkbox"/> Fishing | <input type="checkbox"/> Gardening | <input type="checkbox"/> Gymnastics |
| <input type="checkbox"/> Hiking | <input type="checkbox"/> Icehockey | <input type="checkbox"/> Indoor games | <input type="checkbox"/> Jogging |
| <input type="checkbox"/> Listening to music | <input type="checkbox"/> Martial Arts | <input type="checkbox"/> Museums | <input type="checkbox"/> Opera |
| <input type="checkbox"/> Painting/drawing | <input type="checkbox"/> Playing cards | <input type="checkbox"/> Pen pals | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Politics | <input type="checkbox"/> Religious activities | <input type="checkbox"/> Reading | <input type="checkbox"/> Riding |
| <input type="checkbox"/> Sailing | <input type="checkbox"/> School Clubs | <input type="checkbox"/> Sewing | <input type="checkbox"/> Skiing |
| <input type="checkbox"/> Snowboarding | <input type="checkbox"/> Soccer | <input type="checkbox"/> Social Clubs | <input type="checkbox"/> Social Dancing |
| <input type="checkbox"/> Swimming | <input type="checkbox"/> Tennis | <input type="checkbox"/> Theatre | <input type="checkbox"/> TV |
| <input type="checkbox"/> Volleyball | <input type="checkbox"/> Weightlifting | <input type="checkbox"/> Windsurfing | |
| <input type="checkbox"/> Other | | | |

Now, go back over the list and circle the "X" of the activities you would like to continue during your exchange program.

Personal profile: Place an "X" in front of the words which best describe you.

- | | | | |
|------------------------------------|--------------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Active | <input type="checkbox"/> Adaptable | <input type="checkbox"/> Calm | <input type="checkbox"/> Casual |
| <input type="checkbox"/> Cheerful | <input type="checkbox"/> Formal | <input type="checkbox"/> Friendly | <input type="checkbox"/> Handy |
| <input type="checkbox"/> Generous | <input type="checkbox"/> Independent | <input type="checkbox"/> Informal | <input type="checkbox"/> Neat |
| <input type="checkbox"/> Open | <input type="checkbox"/> Outgoing | <input type="checkbox"/> Patient | <input type="checkbox"/> Polite |
| <input type="checkbox"/> Positive | <input type="checkbox"/> Quiet | <input type="checkbox"/> Reserved | <input type="checkbox"/> Responsible |
| <input type="checkbox"/> Sensitive | <input type="checkbox"/> Serious | <input type="checkbox"/> Shy | <input type="checkbox"/> Spontaneous |
| <input type="checkbox"/> Sporty | <input type="checkbox"/> Stubborn | <input type="checkbox"/> Talkative | <input type="checkbox"/> Traditional |

1:7 RULES FOR STS STUDENTS

1. **Respect the Host Family and uphold their regulations** about curfews, household chores for which the students are responsible, internet and telephone usage, smoking and dating. Activities, including inviting guests to the Host Family's home, must be approved by the Host Family, and they must know where the students are, with whom, and when the students will return, at all times.
2. **No drinking** of alcoholic beverages including beer or wine. This includes sale, purchasing and possession.
3. **No drugs** or association with anyone involved with drugs in any way. This includes sale, purchasing, possession, or being in the presence of others using drugs of any kind.
4. **No driving** of cars or other motor driven vehicles is allowed at any time. The only exception to this rule is if the local high school offers and allows the student to enroll and take Theoretical and Practical Driver Education Program for the sole purpose of obtaining an American driver's license.
5. It has been arranged for you to attend school and **attendance is obligatory**. A student is expected to maintain a C-average. If the student demonstrates a lack of effort and unjustified absence in any class, documented by the school official or reported, he/she may be dismissed from the exchange program. This also applies to students expelled from their High School. Students are not permitted to take time off during school terms for travelling other than in exceptional circumstances which must be approved firstly by the national offices of STS and STS's partners and secondly by the school.
6. No student is permitted to travel outside the local area without the approval of the STS Area Representative. The local area will be defined by your Area Representative. **Overnight travelling** is allowed only with an approved group such as a school or church sponsored group, or with an adult person approved by the Host Family. With written permission from the host family, STS and STS's partners a student can fly alone to visit a relative or family known by the natural parents or the Host Family. Students are not permitted to visit their home country during their stay in the host country, with the exception of a serious medical emergency within the immediate natural family.
7. **If the student travels outside the host country** with the Host Family, the student **must** first check with the national offices of STS or STS' partner so that the proper validation of the visa is completed in order for Immigrations Officials to permit re-entry to the host country. The student must also check the insurance coverage in the other country before travelling.
8. **Hitchhiking** or soliciting a ride from a stranger can be dangerous and is prohibited.
9. If an application is completed indicating the student to be a smoker, the student must not smoke during the exchange program. **Smoking is illegal** in the United States, as well as in many other countries, for anyone under the age of 18.
10. A student may not enter any kind of contractual business agreements. Student may not take a job outside their home during the stay in the host country. The only exceptions are occasional jobs in the neighborhood, such as lawn care or babysitting.
11. 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 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.
12. It is forbidden for the exchange student to access websites, in the host country, with pornographic and extreme violent content or to watch films with this content.
13. It is not permitted to upload any pictures or private information about your host family on public internet sites, eg Facebook, without their permission.
14. **Students must abide by State/Regional and Federal/National laws.**
15. **The Student's personal property** is not the responsibility of STS, STS' partners or the Host Family. Any lost or stolen personal property of the student, including money, which is not covered by any insurance policy is the responsibility of the student. Students are required to establish a bank deposit account separate from that of their Host Family. It is the responsibility of the student to check his/her insurance coverage in all times and aspects.
16. Natural parents and guardians are permitted to visit the student **only** at the end of the exchange program when school has ended, not during the school year. Only natural family, not friends, are permitted to visit. Brothers and sisters are permitted to visit only when accompanied by the natural parent(s).

17. Students will be dismissed from the program in case of an eating disorder or other psychiatric illness diagnosed by a physician. The insurance does not cover these illnesses and STS will not be able to provide such care that students with these problems require.
18. All students must return to their home country after completing their school year. Students are not allowed to remain in the host country after this time.
19. All STS officials and/or STS' partner's rules and decisions made must be respected.
20. All students are responsible for adhering to all STS and STS's partners' rules throughout the exchange program. Breaking any of these rules may result in early return to the student's home country at the natural parent's/legal guardian's expense and without refund of program fees.
21. STS does not guarantee graduation, sports team participation or a driver's license.

STS Rules

I understand that I am responsible for adhering to all STS Rules throughout the exchange program. Breaking any of these rules may result in my early return to my home country at my natural parent's/legal guardian's expense and without refund of program fees. I understand that I am not guaranteed graduation, sports team participation or a driver's license. All of the information I have provided in the Student Application is true and accurate and I have not withheld any information.

.....
Signature of student

.....
Date

I/we understand that our son/daughter must adhere to all STS Rules throughout the exchange program. Breaking any of these rules may result in his/her early return at our expense and without refund of program fees. I also understand that our son/daughter is not guaranteed graduation, sports team participation or a driver's license.

Nondisclosure agreement

STS rely on our applicants and their parents to provide us with accurate and complete information with regard to each student's qualifications, backgrounds and medical history. It is imperative that the student application is completed truthfully and that any previous medical, psychological and / or academic issues are disclosed in detail. If STS should find that any of these issues were not fully disclosed prior to acceptance on the program and prior to the actual program start, the student and parents will be held responsible, and the student's acceptance can be in jeopardy of cancellation. We confirm that all of the information our son/daughter has provided in the Student Application is true and accurate and that he/she has not withheld any information.

Permission for medical care and release

We, as the applicant's parents or legal guardians, agree to authorize STS or the Host Family to act for us in any emergency, accident or illness during the period of time the student is involved in the STS Exchange program. This covers the period from the time the student boards transportation scheduled by the program until the student leaves the return-scheduled transportation by the program.

Insurance

All students are required to have insurance in effect for the duration of the program covering sickness and accident to standards accepted by STS and required by the host country. Participants agree to familiarize themselves with the coverage, exclusions, limitations and claims procedure of the insurance policy. Any exclusions or limitations of the insurance will be the financial responsibility of the natural parents, not the Host Family, STS, nor overseas partners. We accept these conditions and also the responsibility for any costs incurred due to failure to file an insurance claim in accordance with the procedures specified.

.....
Signature of parent 1 or legal guardian

.....
Signature of parent 2 or legal guardian

.....
Date

2. CERTIFICATE OF HEALTH

TO BE COMPLETED BY A MEDICAL DOCTOR
(please write clearly in black pen)

Program Country:

.....

This Certificate of Health shall, if possible, be filled out by a doctor who has been in contact with the applicant before, preferably a family doctor. The doctor cannot be a family member or a relative. Please note that on this Certificate of Health the doctor must provide the complete medical history, regardless of whether past conditions apply to the exchange experience or not.

Student's Name
Last First Middle

Home Address
Street Postal Code City Country

Home telephone Fax
Incl country and area code Incl country and area code

E-mail

Date of Birth / / Sex: Male Female
Month Day Year

Height Weight

Pulse rate Is pulse rhythm normal?

Blood pressure: Systolic Diastolic

Are pupillary and knee reflexes normal?

What is the applicant's vision: Without eyeglasses? OD OS
 With eyeglasses? OD OS

2:1

	YES	NO		YES	NO
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Heart or Blood Vessels	<input type="checkbox"/>	<input type="checkbox"/>
Appendicitis	<input type="checkbox"/>	<input type="checkbox"/>	Malaria	<input type="checkbox"/>	<input type="checkbox"/>
Has his/her appendix been removed?	<input type="checkbox"/>	<input type="checkbox"/>	Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>
Cancer Tumors	<input type="checkbox"/>	<input type="checkbox"/>	Scarlet Fever	<input type="checkbox"/>	<input type="checkbox"/>
Convulsive Disorders	<input type="checkbox"/>	<input type="checkbox"/>	Smallpox	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
Eating Disorders	<input type="checkbox"/>	<input type="checkbox"/>	Typhoid Fever	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Thyroid Disease	<input type="checkbox"/>	<input type="checkbox"/>
German Measles	<input type="checkbox"/>	<input type="checkbox"/>	Serious or Persistent Cough	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	Serious or Persistent Headache	<input type="checkbox"/>	<input type="checkbox"/>
Hernia	<input type="checkbox"/>	<input type="checkbox"/>	Migraine	<input type="checkbox"/>	<input type="checkbox"/>
Has he/she been operated for hernia?	<input type="checkbox"/>	<input type="checkbox"/>	Ulcer	<input type="checkbox"/>	<input type="checkbox"/>
If yes, successful?	<input type="checkbox"/>	<input type="checkbox"/>	Vertigo, Dizziness	<input type="checkbox"/>	<input type="checkbox"/>
Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>	Other Abdominal Organs	<input type="checkbox"/>	<input type="checkbox"/>
			Skin (Acne, etc)	<input type="checkbox"/>	<input type="checkbox"/>
Any disease, impairment, or abnormality of:			Lungs, Respiratory System	<input type="checkbox"/>	<input type="checkbox"/>
Eyes or Sight	<input type="checkbox"/>	<input type="checkbox"/>	Bones, Joints or Locomotor System	<input type="checkbox"/>	<input type="checkbox"/>
Ears or Hearing	<input type="checkbox"/>	<input type="checkbox"/>	Brain or Nervous System	<input type="checkbox"/>	<input type="checkbox"/>
Tonsils, Nose or Throat	<input type="checkbox"/>	<input type="checkbox"/>	Blood or Endocrine System	<input type="checkbox"/>	<input type="checkbox"/>
Have his/her tonsils been removed?	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>
Stomach or Digestive System	<input type="checkbox"/>	<input type="checkbox"/>			
Genito-Urinary System	<input type="checkbox"/>	<input type="checkbox"/>			

Please give full information (including dates and details) about every disease or impairment mentioned in any of the questions on the first page.

.....
.....

Has the applicant ever been hospitalized? Yes No

If yes, please give date, diagnosis and outcome of each illness or accident

.....
.....

Is the applicant currently taking any injections or medication? Yes No

If yes, please give name(s) of medication(s) and injections and diagnosis

.....
.....

Does the applicant have a history or present evidence of nervous, emotional or mental abnormality? For example, is there any history of anorexia/bulimia, enuresis, nervous breakdown, nervous fatigue, recurrent nightmare, sleepwalking, stammering, stuttering or other similar conditions? Yes No

If yes, please give details

.....
.....

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

If yes, please give details

.....
.....

Does the applicant have any health limitations or do you know of any pertinent medical information which is important for STS to know should the applicant be considered for placement abroad? Yes No

If yes, please comment fully

.....
.....

Will the applicant need any orthodontic care during the coming year? Yes No

If yes, attach a statement from the orthodontists, indicating present status, exact care essential to the orthodonture and date care will be completed.

Has the applicant any history or present evidence of any allergy?

Type of allergy (e.g. eczema, hives, hay fever, asthma or other)

.....

Allergen (food, drug, pollen or other) if known

Year of onset

Frequency of symptoms

Duration of symptoms (hours? days?)

When were the last symptoms (month and year)?

Describe symptoms in detail and indicate severity

.....
.....

Student Name

Indicate the most recent year you received the following immunizations, vaccinations, tests, or when you had the disease.

TESTS	YEAR
T.B Chest X-ray.....
T.B Skin Test.....
Other (specify)
Chickenpox, if yes, date of disease Month/Day/Year	if no, date of immunization (Varicella vaccine) Month/Day/Year

The following immunizations are required:

- Diphtheria/Tetanus/Pertussis – 3 dates plus current booster within last 10 years

 Month/Day/Year Month/Day/Year Month/Day/Year Month/Day/Year
- Polio – 4 dates plus booster (Inactivated Polio Vaccine Salk)

 Month/Day/Year Month/Day/Year Month/Day/Year Month/Day/Year Month/Day/Year
- or**
 Polio – 3 dates plus booster (Trivalent Oral Polio Vaccine)

 Month/Day/Year Month/Day/Year Month/Day/Year Month/Day/Year
- Measles (Rubeola) – 2 dates

 Month/Day/Year Month/Day/Year dates of immunization **or** date of disease
 Month/Day/Year
- Rubella (German Measles) – 2 dates

 Month/Day/Year Month/Day/Year dates of immunization **or** Rubella Blood Titer Test results to prove
 immunity:.....
 Month/Day/Year
- Mumps – 2 dates

 Month/Day/Year Month/Day/Year dates of immunization **or** Blood Test results to prove
 immunity:.....
 Month/Day/Year

PERMISSION FOR MEDICAL CARE AND RELEASE

We, as the applicant's parents or legal guardians, agree to authorize STS or the Host Family to act for us in any emergency, accident or illness during the period of time the student is involved in the STS Exchange Program. This covers the period from the time the student boards transportation scheduled by the Program until the student leaves the return transportation scheduled by the Program.

We hereby certify that the information given in this Certificate of Health is complete and accurate.

.....
 Signature of Parent 1 or Legal Guardian Signature of Parent 2 or Legal Guardian

Date / /
 Month Day Year



3:1 SCHOOL RECORD TRANSCRIPT

TRANSCRIPT RECORD of
 Name of school

STUDENT NAME
 Last First Middle

DATE OF BIRTH (Month/Day/Year)

HOME COUNTRY

STS will need student grades from 3 years back in time. If the student don't have access to grades for 3 years, please leave blank. STS will need a written summary report (3:2 scholastic judgements) for the missing courses or school year/s. Please also enclose copies of your grades.

3:1

SUBJECTS	GIVEN GRADES PER SEMESTER/HOURS PER WEEK																	
	2009-2010						2010-2011						2011-2012					
	Fall			Spring			Fall			Spring			Fall			Spring		
	Country Grade	U.S. Equiv.	Hours/Week	Country Grade	U.S. Equiv.	Hours/Week	Country Grade	U.S. Equiv.	Hours/Week	Country Grade	U.S. Equiv.	Hours/Week	Country Grade	U.S. Equiv.	Hours/Week	Country Grade	U.S. Equiv.	Hours/Week
Native Language																		
English																		
French																		
German																		
Spanish																		
Literature																		
History																		
Social Science																		
Religion																		
Geography																		
Mathematics																		
Physics																		
Chemistry																		
Biology																		
Technique																		
Natural Science																		
Business Economics																		
Home Economics																		
Child Care																		
Psychology																		
Typing																		
Art																		
Crafts																		
Music																		
Physical Education																		
Other Subjects:																		
Total Hours/Week																		

Please turn the page.

1. Has the student missed or repeated a year in school? Yes: No:

If yes, please explain why:
.....

2. Has the student a history of continuous or frequent absences from school? Yes: No:

If yes, please explain:
.....

3. Has the student any special educational needs, like dyslexia, word blindness? Yes: No:

If yes, please explain:
.....

4. To date, how many years of schooling has the student completed?

Pre-school/Kindergarten: Primary School: Secondary School:

5. What is the student's current year in school: Total years of schooling:

6. By the start of the program, will the student have graduated from his/her 12th year of Secondary School? Yes: No:

If yes, please explain:

7. Please describe this student's behavior with respect to authority, peer relationships, and participation in group projects with other students. What talents, interests, and skills does this student have that will contribute to an international exchange experience?

.....
.....
.....

The student is attending

the Comprehensive School the Senior High School (Gymnasium School)

School stamp

I certify the correctness of the above information:

.....
Signature of School Principal

.....
Date

3:3 TEACHER RECOMMENDATION

To the English teacher:

In the selection of students for the high school program we are looking for mature students who will be good representatives of their home country and their school. The teacher's evaluation has proved to be a most reliable aid in helping us in our selection. If the student is selected to our program this form will be sent to the school. Therefore we would greatly appreciate your cooperation by completing this questionnaire. (This evaluation will be held in strict confidence.)

Please complete in English and write clearly in black pen:

Student Name Telephone
Last First Incl area code

Home Address

Postal zone City Country

To be filled in by the English teacher:

Teacher Name Telephone
Last First Incl area code

Name of School Subject taught to applicant

School Address
Street Postal zone City

Applicant is presently enrolled in grade

3:3

1. SCHOOL ATTITUDE

The school experience is as important as the host family experience in the host country. The greater part of the student's stay will be spent in school or in school activities. Maturity and attitude toward school and school work are very important. How do you feel about the student's attitude toward school and school work?

- Great Interest
- Average Interest
- Little Interest

Comments:

2. KNOWLEDGE OF ENGLISH

How would you evaluate the applicant's knowledge of English in speech and comprehension?

Reading Comprehension

- Excellent
- Good
- Fair
- Poor

Writing

- Excellent
- Good
- Fair
- Poor

Comments:

4. STUDENT LETTER

The student letter should be an honest letter about who you are. This letter will be used by your future host family to help them determine if you are a right fit for their family. Give a detailed description of your life, your parents, your brothers and sisters, schools, hobbies and interests and state why you would like to go to another country. Try to make it two pages, not more, not less.

Student Letter Instructions: Please write a letter in English or in the language required to your host country (using computer). 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, e-mail address or phone number in your letter; this is for confidentiality purposes prior to the confirmation of your placement.

Please answer these questions in your letter:

- What do you want the host family to know about you?
- Why do you want to attend high school and live in a foreign country with a host family?
- What is your life like in your home country (relationships with family, home, friends, school)?
- What plans do you have for your future education and career?
- Why are you a good exchange student?

5. PARENT LETTER

Dear Parent/s,

It is a very exciting and adventurous year that lies before you and your child. And even though we are certain that you look forward to waving him/her off, it may also at the same time appear a bit frightening, especially if he/she is going to the other side of the world. We understand that you are concerned and, quite naturally, want the very best for him/her. In order to help our partner organization in the careful selection process, it is necessary for the natural parent/s (legal guardian/s) to write a letter with additional information about the son/daughter. It may be about his/her interests, habits, general personality – strengths as well as weaknesses (tired in the morning, hot temper, social skills, independence, relationships with family members, friends and teachers etc). It is also of use to learn about your child's ability to adapt and his/her level of maturity and academic aspirations. You can also include information about the family as a whole.

At STS we know from long experience that all host families regard a Parent Letter as a great help in choosing the right student for their family. We also know that the families appreciate getting to know as much as possible about your son/daughter before his/her arrival in their home. This way, the process of settling into his/her new home will be easier and faster and the family will know more of what to expect. This letter will be very helpful and very much appreciated!

Thank you!

STS High School

Instructions to Parents: Please write a letter in English if possible (using computer). 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:

- What do you want the host family to know about your son or daughter?
- What helpful advice can you offer to help the host family better understand your son or daughter?
- What might be challenging for your son/daughter?
- Why is your son/daughter suitable to become an exchange student?

6. BIRTH CERTIFICATE AND PASSPORT COPY

Extract of the Population Register: Please enclose an Extract of the Population Register, please note that it needs to be in English.

Passport Copy Instructions: Please enclose a photo copy of your passport in your application.

7. PHOTO ALBUM

The best way to create a digital photo album is to make it in either word, powerpoint or any other graphic program that can print in jpg, .doc or ppt format. This should then be e-mailed to your STS office together with your other application forms. You can also scan and e-mail pictures you might only have as paper copies or send them by post as a regular photo album or on CD.

The photos you provide in your application are extremely important! Potential host families look carefully at the photos and they may be looking at several applications at the same time. The photos should show you and who you are, both portraits and full body pictures. Pets, sports teams, friends, siblings or other family members may be in the photos if you are in the same photo as well. The photo album should contain 4–10 nice pictures of you. If labeling pictures, please use only first names and do not include any contact details.

Select 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. 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.

Please also include 1 smiling passport-sized color photo with your student application. Be neatly groomed and be sure to SMILE for the photographs even if it makes you feel a little silly. This photo of you will be the first image the host family and school officials will receive.

Good luck!