

Program Choice:

- Winter Session
- Summer Session (June – August)
- Full Year Program (August – June)
- First Semester Program (August - January)
- Second Semester Program (January – June)

International Representative Name: _____

STUDENT APPLICATION

Directions: Print neatly in black ink or type. Return all forms together making certain signatures and dates are included. Incomplete applications cannot be processed.

Family Name _____ First Name _____ Middle Name _____

Complete Mailing Address _____
Street Address City Country Zip Code

Telephone No. _____ Fax No. _____ E-Mail _____

Date Of Birth (Month) ____ (Day) ____ (Year) ____ Place of Birth (City) _____ (Country) _____

Country of Legal Permanent Residence _____ Country of Citizenship _____

Sex: Male Female Religious Affiliation _____

FAMILY INFORMATION

FATHER'S NAME: _____

Address: _____

Country: _____

Date of Birth: _____ Speaks English: Excellently Well Fairly None

Business phone: _____

Employed by: _____

Occupation: _____

MOTHER'S NAME: _____

Address: _____

Country: _____

Date of Birth: _____ Speaks English: Excellently Well Fairly None

Business phone: _____

Employed by: _____

Occupation: _____

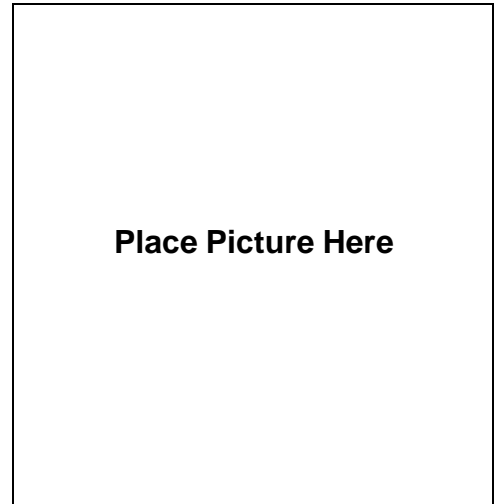
In emergency contact: (Phone number) _____

Name: _____

Address: _____

Passport Number (if known)

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BROTHERS and SISTERS

Name: _____

Birth date: _____ Sex () Living at home? _____

Name: _____

Birth date: _____ Sex () Living at home? _____

Name: _____

Birth date: _____ Sex () Living at home? _____

Name: _____

Birth date: _____ Sex () Living at home? _____

Name: _____

Birth date: _____ Sex () Living at home? _____

Name: _____

Birth date: _____ Sex () Living at home? _____

PERSONAL DATA

Number the activities that you and your family do, using the following code: 1. Very interested 2. Interested 3. Occasionally interested. Circle any activity in which you excel.

_____ Arts and crafts	_____ Cooking	_____ Music	_____ Soccer
_____ Art/painting	_____ Family activities	_____ Photography	_____ Swimming
_____ Back packing	_____ Fishing	_____ picnics	_____ Table games
_____ Baseball	_____ Gardening	_____ Raising Animals	_____ Tennis
_____ Basketball	_____ Genealogy	_____ Racquetball	_____ Theatre
_____ Biking	_____ Golf	_____ Reading	_____ Travel
_____ Bowling	_____ Hiking	_____ Riding horses	_____ Visiting relatives
_____ Camping	_____ History	_____ Sailing boating	_____ Walking
_____ Church activities	_____ Hunting	_____ School activities	_____ Watching TV
_____ Collecting	_____ Jogging	_____ Sewing	_____ Water skiing
_____ Community work	_____ Movies	_____ Shopping	_____ Woodworking
_____ Computers	_____ Museums	_____ Snow sports	_____ Writing

Please list any other specific interests, hobbies, and activities:

How often do
You attend church? _____

Do you smoke? Yes No

Are you active in
any church groups? _____

Do you have a pet? Yes No

Please give details: _____

Do you like pets? Yes No

Would you be
willing to attend with
your host family? _____

Do you usually help
with household chores? Yes No

Do your parents require you to
return home at a specific time in the evening?

If yes, list the chores for which you are responsible.

If yes, what time weekdays? _____

What time weekends? _____

Briefly give reasons for wanting to become an exchange student.

FAMILY ALBUM

FAMILY ALBUM

FAMILY ALBUM

STUDENT'S LETTER OF INTRODUCTION

In your own words write a letter which will tell about your personal interests. Your letter should be typed in English. Feel free to continue on another page. Some suggestions for what to include follow.

- Describe yourself. Tell about any extra special accomplishments or awards. (Are you an expert soccer player, musician, computer whiz?) Is there any activity in which you would like to participate in the USA?
- Describe a typical school day and weekend and how you spend your time with friends away from school.
- Describe a particular experience in your life which seems important to you.
- Introduce members of your family and say a few words about them. Describe the responsibilities you have at home and how you feel about them. Discuss what you expect to gain for yourself, your family, and your country.
- Describe you will share your culture with your host family. Describe how and why you think your host community and family will benefit by welcoming YOU as an exchange student.

PARENT'S LETTER OF INTRODUCTION

In the space below, please type a letter **in English** to the host parents who will share their home with your son or daughter. Describe your child's personality and interests, expectations and relationships. We ask that you be very frank and honest in your letter, and that you comment on your child's strengths and weaknesses. This will be very helpful to us in finding the best host family for your child. Please limit this to this page.

STUDENT'S NAME _____

Educational Information

TRANSCRIPT OF GRADES

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

SCHOOL'S NAME _____
ADDRESS _____
TELEPHONE _____
PUBLIC or PRIVATE _____

**GRADE
CONVERSION
CHART**
(Please explain your
grading system)

AMERICAN GRADES	Your Grades	
	(number/letter)	(words)
Superior (A+)		
Excellent (A)		
Very Good (A- or B+)		
Good (B or B+)		
Average (C)		
Sufficient (C-)		
Poor (D)		
Fail (F)		

What grade level will student have completed before arrival in the USA? _____
On what grade level should student be placed during the program in the USA? _____
Will student have already graduated before arrival in the United States? _____
What is the student's expected date of graduation? _____

Administrator's Name: _____

Official School Stamp:

Administrator's Signature: _____

Date: _____

Place Here

Please attach a copy of each year's transcript of grades.

LANGUAGE EVALUATION

To be completed by English teacher

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

READING: When asked to read aloud in English from a book, magazine, or newspaper, the student is able to:
(Check one only)

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

WRITING: When asked to write a short essay in English stating what he or she hopes to gain from being an exchange student, the student: (Check one only)

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

VERBAL: Estimate the student's ability to understand and speak English after engaging the student in English-only conversation about current events. (Check one only)

- | | |
|------------|---|
| Excellent | Student is nearly fluent and can understand and respond to difficult questions including abstract terms. Will have no problem communicating upon arrival. |
| Good | Student can understand most conversation. Responds slowly at times, but with appropriate answers. Is inquisitive and is able to pose necessary questions correctly. |
| Poor | Student can understand basic English, but is translating. Makes mistakes, but can be understood. |
| Inadequate | Student cannot understand conversation and knows little or no English. |

SOCIAL SKILLS

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

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

How many years has student taken English lessons?

STUDENT HAS TAKEN PRIVATE ENGLISH LESSONS FOR _____ YEARS _____ MONTHS
Approximately _____ HOURS EACH WEEK

STUDENT HAS TAKEN PUBLIC ENGLISH CLASSES IN SCHOOL FOR _____ YEARS _____ MONTHS
APPROXIMATELY _____ HOURS EACH WEEK

I am: Current Year English Teacher Private English Teacher
 Past year English Teacher Public English Teacher

How long have you known this applicant? _____

English Teacher's
 Name _____ Signature _____

School _____

Address _____ Tel. number _____

Date of interview _____ Date of Evaluation _____

Health Questionnaire

Physician's Name: _____

Student's Name: _____

Address: _____

City: _____

Country: _____

Telephone: _____

MEDICAL HISTORY – Have you had?

No	Yes	Measles	No	Yes	Concussion or Head Injuries	No	Yes	Sexually Transmitted Disease
No	Yes	Mumps	No	Yes	Rheumatic Fever or Heart Disease	No	Yes	Strokes
No	Yes	Chickenpox	No	Yes	Eating Disorder	No	Yes	Tuberculosis
No	Yes	Epilepsy			(anorexia/bulimia)	No	Yes	Broken Bones
No	Yes	Diabetes				No	Yes	Cancer

No Yes Have you ever been hospitalized, had surgery, or been under extended medical care? *If yes, for what reason?*

SYSTEMIC Review – Do you have the following?

Eyes-Ears-Nose-Throat:			No	Yes	Impaired hearing	Neck:		
No	Yes	Eye disease or injury	No	Yes	Do you wear hearing aids?	No	Yes	Stiffness
No	Yes	Do you wear glasses?	No	Yes	Dizziness	No	Yes	Thyroid trouble
No	Yes	Double vision	No	Yes	Episodes of unconsciousness	No	Yes	Enlarged glands
No	Yes	Headaches	Skin:			Respiratory:		
No	Yes	Glaucoma	No	Yes	Skin disease, hives, eczema	No	Yes	Spitting up blood
No	Yes	Nosebleeds	No	Yes	Jaundice	No	Yes	Chronic or frequent cough
No	Yes	Chronic sinus trouble	No	Yes	Frequent infection or boils	No	Yes	Asthma
No	Yes	Ear disease	No	Yes	Abnormal pigmentation			

No Yes Have you been in good general health most of your life? *If not, please explain.*

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

No	Yes	Penicillin or other antibiotics	No	Yes	Novocaine or other anesthetics
No	Yes	Morphine, Codeine, Demerol, other narcotics	No	Yes	Sulfa drugs
No	Yes	Aspirin, empirin or other pain remedies	No	Yes	Adhesive tape or latex (circle)
No	Yes	Tetanus, antitoxin or other serums	No	Yes	Iodine or merthiolate
No	Yes	Any foods, such as egg, milk or chocolate	No	Yes	Any other drug or medication
		List:			List:
No	Yes	Pets/Animals Please explain.	No	Yes	Any other allergies? <i>If yes, please list.</i>

NEURO-PSYCHIATRIC

No Yes Have you ever had psychiatric care?
 No Yes Have you been advised to see a psychiatrist? *Please explain if yes:*
 No Yes Have you ever had fainting spells?

CLINICAL EVALUATION

To Be Filled Out By Family Physician

Normal	Check each item	Abnormal
	Head, Face, Neck, Scalp	
	Nose	
	Sinuses	
	Mouth and Throat	
	Ears – General (int. & ext.)	
	Drums (perforated)	
	Eyes	
	Ophthalmoscopic	
	Pupils	
	Ocular Motility	
	Lungs and Chest	
	Heart	
	Vascular System	
	Vascular System	
	Abdomen and Viscera	

Normal	Check each item	Abnormal
	Anus and Rectum	
	Endocrine System	
	G – U System	
	Upper Extremities	
	Feet	
	Lower Extremities	
	Spine, other Musculoskeletal	
	Body Marks, Scars, Tattoos	
	Skin, Lymphatics	
	Neurologic	
	Psychiatric	
	Pelvic (female only) Check how done vaginal rectal	

MEASUREMENTS AND OTHER FINDINGS

Height: _____ Weight: _____ Color Hair: _____
 Color Eyes: _____ Build: slender medium heavy

BLOOD PRESSURE

Sitting: _____ Recumbent: _____ Standing: _____

PULSE (arm at heart level)

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

Laboratory findings

Urinalysis (A. Specific Gravity): Albumin _____ Sugar _____
 Serology (Specify Test): _____ Blood Type & RH Factor: _____
 Tuberculosis (Clearance must be within 6 months)
 Chest X-Ray: Date: _____ Positive or Negative: _____
 Skin Test: Date: _____ Positive or Negative: _____

Type or Print Name of Physician: _____
 Address: _____
 Signature of Physician: _____ Date of Exam: _____

We certify that the information supplied is true and complete to the best of our knowledge. We authorized any of the doctors, hospitals, or clinics mentioned above to furnish and complete transcript of medical records for purposes of processing this application.

Signature of Student: _____ Date: _____

Signature of Parent: _____ Date: _____

**IMMUNIZATION RECORD
IMMUNIZATIONS REQUIRED FOR SCHOOL ADMITTANCE**

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

MINIMUM IMMUNIZATION REQUIREMENTS:

Five or more doses*** of DPT, DT (Pediatric), TD (Adult) vaccine or a combination thereof.

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

Two doses*** measles vaccine.

Two doses*** mumps vaccine.

Two doses*** rubella vaccine.

*****IF THE FINAL DOSE OF ANY OF THE ABOVE VACCINES OCCURS BEFORE THE THIRD BIRTHDAY, A BOOSTER SHOT IS REQUIRED*****

Three doses of Hepatitis B is now required

IMMUNIZATIONS

DPT	1. _____ Date	2. _____ Date	3. _____ Date	4. _____ Date	5. _____ Date	6. _____ Booster, if required
TOPV	_____ Date of disease	1. _____ Date	2. _____ Date	3. _____ Date	4. _____ Booster, if required	
Measles	_____ Date of disease	1. _____ Date	2. _____ Date	3. _____ Booster, if required		
Mumps	_____ Date of disease	1. _____ Date	2. _____ Date	3. _____ Booster, if required		
Rubella	_____ Date of disease	1. _____ Date	2. _____ Date	3. _____ Booster, if required		
Hepatitis B		1. _____ Date	2. _____ Date	3. _____ Date		

Signature of Physician _____ Date: _____

Any immunizations not available in your country are available...

AUTHORIZATION TO TREAT A MINOR

I, (We) the undersigned parent(s), or legal guardian of:

_____, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, or medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act, or a dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital. It is understood that this authorization authority and power to render care which the aforementioned physician in the exercise of his best judgement may deem advisable. It is understood that before shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. Furthermore, we (parents / guardian) want to assure you that we will reimburse any expenditures not covered by the accident and sickness insurance policy of Ribét Academy.

List any restrictions:

Allergies to Drugs or Foods:

List medications taken regularly:

Special medications or pertinent information:

Birth date:

Date of last tetanus booster:

Family Physician: _____ Phone: _____

Address: _____ City: _____ Country: _____

Parent Guardian Signature: _____ Date: _____

Address: _____ City: _____ Country: _____

Telephone where Parent/Guardian may be reached:

Business: _____ **Home:** _____

AGREEMENT Please read carefully and sign and date where indicated.

In the City of _____ country of _____ on the _____ day of _____ in the year of 20____, I/we, the undersigned parents of _____ my/our son/daughter, and I, the student applicant, agree to the following terms and conditions. The above-named student is applying to participate in a cultural exchange program sponsored by Ribét Academy and we give our son/daughter our permission to participate in this program.

1. We understand the program is designed to increase understanding among people of the world and is not to be used for the sole purpose of foreign language training. We have discussed the importance of good behavior with our son/daughter and he/she understands the significance of acting in a manner which will reflect well on our family and our country
2. We understand and agree that the enrollment of our son/daughter in the Ribét Academy program is primarily for the cultural exchange and that **a diploma or graduation is not guaranteed to any student.**
3. We understand student placements are based on compatibility with selection by a host family.
4. We agree that the program participant will try to adjust, will obey the disciplinary rules of the host family and school, will give respect and obedience to the host family and school officials, and will keep communications open at all times.
5. We understand and agree that the program participant will not take any unprescribed drugs, drink alcoholic beverages, possess false identification, drive any motorized vehicle, or participate in any dangerous sport such as hang gliding, bungee jumping, etc. If the program participant does any of the above, we understand that he/she may be immediately returned home at our family's expense, and we accept full responsibility for any situation arising from hi/ her involvement with the above.
6. We understand that prolonged or inappropriate use of the internet, including e-mail or chat rooms may result in a first warning and then program termination.
7. We agree that the program participant may not take any action that may change the nature of his/her life, i.e. getting married, changing religions.
8. We understand and agree that the program participant will be subject to all of the laws of the host country. In the case of serious infraction of the rules and requirements governing the conduct of the program participant, or in the case of extreme homesickness, or poor adjustment to the host family or school the participant may be returned home immediately at the discretion of Ribét Academy and at the expense of our family.
9. We understand that the program participant may not drive any motorized vehicle that requires an operator's license, nor be a passenger in a private plane. A student is allowed to register for school-sponsored driver education classes. If a license is obtained through this program, the license must be immediately given to the local Ribét Academy representative. It will be returned to the student on the day of departure for home.
10. We understand that as natural parents we are responsible for providing funds for the necessary day to day expense for our son/daughter. The suggested amount is approximately \$200.00 a month.
11. We agree that the program participants are not allowed to go home during the program unless under emergency conditions and only with prior approval. Visits from the natural parents and friends during the program are strongly discouraged and must have prior approval from Ribét Academy.
12. We agree that the program participant is to return home within 5 days after the last day of school.
13. We agree to pay the early return of our son/daughter if it is deemed necessary for medical reasons after consultation between ourselves, program personnel, and medical authorities.
14. We agree to pay for any medical and dental bills not covered by the accident and sickness insurance. We agree to pay for any deductible amount due that the insurance policy might not cover.
15. We agree that the program participant is to possess a return flight ticket from the airport located nearest the host family to the participant's country. This return ticket is to be carried to the United States by the participant and is to be kept in safekeeping by the participant until time for the participant to return home.
16. We agree to pay for any and all telephone calls made by the program participant including those calls made which might appear on the host family's telephone bill after the departure of the program participant.
17. We give Ribét Academy the right to use the participant's name and photograph for reproduction in any medium for the purposes of publication, advertising, trade, display, or editorial use.
18. We agree to attend meetings that are scheduled to prepare us for the exchange experience.

Signature of Parent

Date

Signature of Student

Date

LIABILITY RELEASE

Student's Name _____ :

We hereby release...and all of its employees and field representatives and host families from all liability, damages or claims which I have incurred after the termination of the program.

We understand that the participant will be subject to the authorities and teachers of the school where he/she may be assigned and that he/she will have to follow the rules given by the family with whom he/she may live. We also understand that Ribét Academy reserves the right to terminate the participation in the program of any participant whose conduct may be considered detrimental or incompatible with the interest and security of the program. If this decision is ever made, the participant and his/her parents or legal guardians will be formally warned and have no right to any refunds.

We accept the right of Ribét Academy to directly or indirectly cancel, change or substitute in emergencies, or whenever normal circumstances change, those parts of the program whose alternation may be considered necessary. Should there be a geographic move of the student, the cost of transportation shall be mutually decided by Ribét Academy and the Ribét International Student Exchange.

We, Ribét, guarantee that, although we may maintain in the future a friendly relationship with the school, local coordinator, and family, or families, with whom we may establish contact through...or its employees, we will not make-us-of this knowledge to send in the future, directly or indirectly, student, relatives or friends to said school, local coordinators, or families, unless it is through Ribét Academy.

The participant agrees to accept and uphold the standards of conduct set by Ribét Academy, the school where he/she may be assigned, and the family or families with whom he/she may live, for the duration of the program. He/she agrees to maintain friendly and respectful relations with his/her teachers and classmates and, especially, with all the members of the family with whom he/she may be living, to accept the rules of conduct imposed by said family, to participate in the family life as much as possible, to try his/her best to adjust to the normal system of family life and to treat all the members of the family with respect.

SIGNATURE OF PARENT _____ DATE _____

SIGNATURE OF STUDENT _____ DATE _____

TRAVEL AUTHORIZATION

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

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

SIGNATURE OF PARENT _____ DATE _____

SIGNATURE OF STUDENT _____ DATE _____

INTERNATIONAL REPRESENTATIVE QUESTIONNAIRE

STUDENT'S NAME _____

To maintain confidentiality, complete this form after all other forms have been submitted to you by the student. Please complete this section indicating the student's level of English comprehension and communication.

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

(Note: Rating the student better than his or her actual ability may result in serious difficulties for the student, host school and host family.)

Excellent	Advanced	Intermediate
Advanced Beginner	Beginner	

Personal comments of...International Representative:

The purpose of this section is to help us gain an insight into how the student will adapt to the many challenges of being an exchange student. Your comments will be kept strictly confidential and will be reviewed solely by office personnel. From your personal interview, please comment on personality and educational strengths and weaknesses, important characteristics such as flexibility, adaptability, responsibility and openness to communicate honestly. Please include any areas in which the student may take more time to adjust.

SIGNED: _____

Date _____