

## Academic year in America

This form must be completed by the student- please type or print clearly if not completing electronically.

PLACE  
PHOTO  
HERE

### PROGRAM ENROLLMENT LENGTH

☐ AYA-FALL SEMESTER ☐ AYA-SPRING SEMESTER ☐ AYA-ACADEMIC SEMESTER

Other:

### STUDENT INFORMATION

Last name:  First name:   
 Nickname:  ☐ MALE ☐ FEMALE Birth date:        
 Passport number:  Age when in USA:   MONTH DAY YEAR  
 Birth city:

### PERMANENT CONTACT INFORMATION

Street:  Apartment number:  City:   
 Postal code:  Country:  Telephone:    
 Country of citizenship (per passport):  COUNTRY CODE NUMBER  
 Country of legal residence:

### FAMILY STATUS

Mother ☐ LIVING Father ☐ LIVING  
☐ DECEASED ☐ DECEASED  
 I live with ☐ MY MOTHER AND FATHER ☐ MY MOTHER AND STEPFATHER ☐ MY MOTHER ONLY  
☐ MY FATHER ONLY ☐ MY FATHER AND STEPMOTHER Other:   
 Father  
 Last name:  First name:  Age:    
 Occupation:  Business phone:  Speaks English: ☐ YES ☐ NO  
 Mother  
 Last name:  First name:  Age:    
 Occupation:  Business phone:  Speaks English: ☐ YES ☐ NO

## Siblings

Name:	<input type="text"/>	Occupation:	<input type="text"/>	Age:	<input type="text"/>	<input type="text"/>
Name:	<input type="text"/>	Occupation:	<input type="text"/>	Age:	<input type="text"/>	<input type="text"/>
Name:	<input type="text"/>	Occupation:	<input type="text"/>	Age:	<input type="text"/>	<input type="text"/>
Name:	<input type="text"/>	Occupation:	<input type="text"/>	Age:	<input type="text"/>	<input type="text"/>

What kinds of pets do you have in your home?

Are you allergic to some pets?

Would you prefer to share a room with: ☐ TEENAGER ☐ YOUNG SIBLINGER ☐ NO PREFERENCE

## STUDENT INTERESTS

Circle the five words that best describe you, and underline those that least describe you.

<input type="checkbox"/> POLITE	<input type="checkbox"/> SENSITIVE	<input type="checkbox"/> RESPONSIBLE	<input type="checkbox"/> TRADITIONAL	<input type="checkbox"/> OPTIMISTIC
<input type="checkbox"/> SERIOUS	<input type="checkbox"/> ADAPTABLE	<input type="checkbox"/> QUICK-TEMPERED	<input type="checkbox"/> MATURE	<input type="checkbox"/> INDEPENDENT
<input type="checkbox"/> HUMOROUS	<input type="checkbox"/> CALM	<input type="checkbox"/> FORMAL	<input type="checkbox"/> OPEN	<input type="checkbox"/> FRIENDLY
<input type="checkbox"/> NEAT	<input type="checkbox"/> QUIET	<input type="checkbox"/> PATIENT	<input type="checkbox"/> SPONTANEOUS	<input type="checkbox"/> SOCIABLE

Number in order of preference the five activities you enjoy most from among the following:

<input type="checkbox"/> READING	<input type="checkbox"/> PHOTOGRAPHY	<input type="checkbox"/> BASEBALL	<input type="checkbox"/> HIKING
<input type="checkbox"/> WATCHING TV	<input type="checkbox"/> GYMNASTICS	<input type="checkbox"/> SWIMMING	<input type="checkbox"/> SAILING
<input type="checkbox"/> THEATER	<input type="checkbox"/> COMPUTERS	<input type="checkbox"/> SKIING	<input type="checkbox"/> MUSIC
<input type="checkbox"/> MOVIES	<input type="checkbox"/> PAINTING, DRAWING	<input type="checkbox"/> WATER SKIING	<input type="checkbox"/> CAMPING
<input type="checkbox"/> DRAMA	<input type="checkbox"/> ATTENDING CONCERTS	<input type="checkbox"/> VOLLEYBALL	<input type="checkbox"/> MARTIAL ARTS
<input type="checkbox"/> GOLF	<input type="checkbox"/> BALLET	<input type="checkbox"/> WRESTLING	<input type="checkbox"/> VISITING MUSEUMS
<input type="checkbox"/> COOKING	<input type="checkbox"/> MODERN DANCING	<input type="checkbox"/> FISHING	<input type="checkbox"/> INDIVIDUAL SPORTS
<input type="checkbox"/> CHESS	<input type="checkbox"/> SOCCER	<input type="checkbox"/> HUNTING	<input type="checkbox"/> TEAM SPORTS
<input type="checkbox"/> PLAYING CARDS	<input type="checkbox"/> BASKETBALL	<input type="checkbox"/> WATCHING SPORTS	<input type="checkbox"/> TENNIS
<input type="checkbox"/> GARDENING	<input type="checkbox"/> AMERICAN FOOTBALL	<input type="checkbox"/> CYCLING	<input type="checkbox"/> SURFING
<input type="checkbox"/> PARTICIPATING IN SOCIAL CLUBS, SCHOOL CLUBS (POLITICAL OR RELIGIOUS)			
<input type="checkbox"/> COLLECTING: <input type="text"/>			

PLEASE LIST ONE OR TWO

<input type="checkbox"/> SINGING IN A ORGANIZED GROUP	<input type="checkbox"/> PLAY A MUSICAL INSTRUMENT: <input type="text"/>
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PLEASE SPECIFY

Other:

## SMOKING

Do you smoke? ☐ YES ☐ NO

If "yes", are you willing to stop during the program? ☐ YES ☐ NO

Would you be willing to live with a person who smokes? ☐ YES ☐ NO

Would you be willing to live with a person who smokes? ☐ YES ☐ NO

## DRINKING

Do you normally drink alcoholic beverages outside your home? ☐ YES ☐ NO

If "yes", how frequently? ☐ RARELY ☐ OCCASIONALLY ☐ REGULARLY

## RELIGION

Religious affiliation:

Religious: ☐ VERY ACTIVE ☐ REGULAR ☐ OCCASIONAL ☐ NEVER ☐ BELIEVER BUT NOT AFFILIATED  
☐ NON-BELIEVER

How actively would you like to pursue your religion while in the united states? ☐ VERY ACTIVELY ☐ WEEKLY  
☐ OCCASIONALLY ☐ NEVER

## ADDITIONAL INFORMATION

Would you be willing to live with a single person? ☐ YES ☐ NO

Would you be willing to live with in double placement? ☐ YES ☐ NO

Do you have relatives living in the us? ☐ YES ☐ NO

If "yes", please give relationship, name and address:

in addition to cultural exchange, your interest in the USA and improving your english, check the two items that are your most important reasons for participating in this program:

- |   |  |
|---|--|
| <input type="checkbox"/> TRAVEL TO MANY PARTS OF THE USA      | <input type="checkbox"/> BECOME INVOLVED IN AMERICAN FAMILY ACTIVITIES |
| <input type="checkbox"/> PARTICIPATE IN HIGH SCHOOL ATHLETICS | <input type="checkbox"/> BECOME MORE INDEPENDENT AND MATURE            |
| <input type="checkbox"/> PURSUE A PERSONAL INTEREST OR HOBBY  | <input type="checkbox"/> TEACH OTHERS ABOUT MY OWN COUNTRY             |

## STUDENT LETTER

This form to be completed by student.

**Directions for student's letter to host family:** Your letter is one of the most important parts of the application. Along with your parent's letter, it will normally have the most influence on prospective families. Do not repeat information already provided in other sections of this application. Instead provide more detailed and personal information that will help the family understand your personality, background, lifestyle and habits. We ask that you are very frank and honest in your letter and that you comment on your strengths and weaknesses. Remember you are writing to a parent. Please include the types of information you would like your prospective family to know about you.

This letter must be in English and typed or clearly written in black ink. It should cover all, but no more than this side of this page.

## PARENT LETTER

This form to be completed by parent.

**Directions for parent's letter to host family:** Your letter is one of the most important parts of the application. Along with your child's letter, it will normally have the most influence on prospective families. Do not repeat information already provided in other sections of this application. Instead provide more detailed and personal information that will help the family understand your child's personality, background, lifestyle and habits. We ask that you are very frank and honest in your letter and that you comment on your child's strengths and weaknesses. Remember you are writing to another parent. Please include the types of information you would want to know if you were going to host their child.

This letter must be in English and typed or clearly written in black ink. It should cover all, but no more than this side of this page.

## DRIVING

This form to be completed by parent.

WISE will not allow any of its participants to drive any automobile in the United States, unless in conjunction with the following guidelines:

1. **DRIVER'S EDUCATION:** This term commonly refers to classroom instruction offered in some American high schools. It is an academic elective which usually covers "rules of the road", reaction times influenced by drugs and alcohol, legal implications, parts of the car, emergency procedures, etc. This course is not offered in all high schools and, in those schools where it is offered, there is sometimes a waiting list. The participants would not be given preference over American students who may need this course for high school graduation.
2. **DRIVER'S TRAINING:** This term commonly refers to "behind the wheel" training. Driver's education is a prerequisite for this course, and it will probably have a waiting list as well. Again, the participant would not be given preference over American students who have been eagerly awaiting their turn to take the course.

In states whose schools offer Driver's Training, a "learner's permit" is generally required. The student should contact a local license branch to get state regulations. Host families are not authorized to assume liability by adding the exchange student to their personal automobile policy.

Even if a permit is obtained, there is no guarantee that the student can obtain a driver's licence. Public schools don't take the students to the Department of Motor Vehicles or supply school cars for the student to take the state driving tests. Since the student cannot use the school's automobile or the host family's automobile, this would make the securing of a personal driver's license almost impossible. Additionally, the concern for insurance is not only the liability for the vehicle but for liability for all parties involved.

3. **AMERICAN DRIVING SCHOOLS:** An alternative to Driver's Training is for the student to enroll in a privately owned commercial driving school. For a fee, these schools will give the necessary "behind the wheel" training and assistance in passing a written driving test to obtain the state driver's license. The usual charge for this from \$200 to \$600, which includes classroom instruction, driving instruction, and insurance coverage.

If the student is under 18, certain forms may have to be signed by you, the parent or guardian.

**Under no circumstances will the student be allowed to drive the host family's car.**

Upon receipt of a driver's license, the participant must mail that license to the WISE Main Office; it will then be forwarded to you, the natural parents.

**By signing this statement we acknowledge that we have read and fully understand the above explanation of the driving policy regarding driving, agree to said policy, and give permission for our son/daughter to:**

- ☐ **TAKE DRIVER'S EDUCATION (IF OFFERED AT THE HIGH SCHOOL)**
- ☐ **TAKE DRIVER'S TRAINING (IF AVAILABLE AT THE HIGH SCHOOL)**
- ☐ **ENROLL IN A PRIVATE DRIVING SCHOOL AND TO PAY THE NECESSARY FEES**
- ☐ **DECLINE PERMISSION**

We acknowledge our son/daughter will be allowed to drive the Host Family automobile.

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DATE

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PARENT OR GUARDIAN

## ACADEMIC HISTORY

This form must be completed by a school official at the applicant's school.

Please consider the applicant in relation to others in his age group, and then check the appropriate box for each item below.

Student's last name:

Student's first name:

	TRULY OUTSTANDING	EXCELLENT	GOOD	FAIR	BELOW AVERAGE	POOR	INSUFFICIENT EVIDENCE
ACADEMIC POTENCIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACADEMIC ACHIEVEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
READING SKILL AND INTEREST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WRITTEN EXPRESSION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ORAL EXPRESSION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STUDY HABITS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INITIATIVE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CURIOSITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMON SENSE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SERIOUSNESS OF PURPOSE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REACTION TO CRITICISM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SELF-DISCIPLINE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INDEPENDENCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WARMTH OF PERSONALITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CONCERN FOR OTHERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CONDUCT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTEGRITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEPENDABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMOTIONAL STABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENERGY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OVERALL RATING							
AS A PERSON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AS A STUDENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment in detail on the character, motivation, and study habits of the student. Does the student cooperate with teachers and interact well with other students? Is the student mature enough to handle the considerable difficulties of studying in an American high school?

SIGNATURE OF OFFICIAL

TITLE

This form must be completed by a school official at the applicant's school.  
Please list your grading scale next to the corresponding American grades listed on the left:

		NUMBER OF LETTER GRADE	WORDS
EXCELLENT	A+		
SUPERIOR	A		
VERY GOOD	A- or B+		
GOOD	B or B-		
AVERAGE	C		
SUFFICIENT	C-		
POOR	D		
FAIL	F		

In the boxes, list the courses taken from 9th level to present.

Year- from: to:				Year- from: to:			
9th Year Level Courses	Hours per week	1/2 Year Grade	Final Grade	10th Year Level Courses	Hours per week	1/2 Year Grade	Final Grade

  

Year- from: to:				Year- from: to:			
11th Year Level Courses	Hours per week	1/2 Year Grade	Final Grade	12th Year Level Courses	Hours per week	1/2 Year Grade	Final Grade

Please attach a copy of each school report mentioned above.  
Course translation prepared by:

SIGNATURE OF OFFICIAL

TITLE

OFFICIAL SCHOOL SEAL OR STAMP



## ENGLISH ABILITY

This form is to be completed by an English interviewer.

### To the interviewer:

The purpose of this form is to determine the participant's English ability. It is an important tool, which helps us place students in high schools with appropriate instructional programs. Therefore, it is important for you to be frank and accurate in your rating. Some American high schools offer "English as a Second Language" programs which, when taken in conjunction with the standard curriculum, are highly beneficial to the student with weaker English skills. However, not all schools provide such programs. So please take great care to interview carefully, and fill out the form accurately.

### Speaking and understanding conversation:

After engaging applicant in at least 15 minutes of active conversation, relating my views on current topics (being careful to use both abstract terms and idiomatic phrases), and requesting his or her views, I rate the applicant's ability to speak and understand English conversation to be:

- ☐ 10 Absolute proficiency in English. Student is able to both understand and converse, using sophisticated vocabulary and clear, correct sentence structure. Has no trouble with abstract subjects, or most idioms. Thinks in English.
- ☐ 9 Student possesses near fluency. Sentence structures are nearly perfect. Can understand and respond to difficult questions. English knowledge includes abstract terms. Will have no problem at all communicating when he/she arrives in the USA.
- ☐ 8 English responses, although not perfect, come naturally. In other words, student responds evidently in English. Has a good vocabulary and understands almost everything. Can respond intelligently, however needs practice.
- ☐ 7 Student can understand most conversation. Speaking ability is good, but needs practice. Student can go beyond basic responses and elaborate on thoughts. Knows many words, but needs to think before responding.
- ☐ 6 Student understands basic English. Vocabulary includes everyday, common terms. Thinks quickly, however, it is evident that he/she is translating. Gets lost when conversation involves abstract terms. Makes mistakes, but is understandable. Can carry on a basic conversation.
- ☐ 5 Student can understand much more than he/she can communicate; however, tries. Can respond in sentence form even if grammar and structure are not perfect. Applicant is understandable.
- ☐ 4 Student is evidently understanding the basic English sentences and is able to respond even if only in words or phrases. Grammar and sentence construction is poor, but understandable. (A few weeks of total immersion in host country will rapidly improve his/her abilities).
- ☐ 3 Student understands words, or phrases but no sentence thoughts. Speaking ability is limited to a few words or phrases.
- ☐ 2 Student understands a few words, but has little or no ability to communicate beyond a few words. Student may even refuse to use English.
- ☐ 1 Student cannot understand conversation and knows little or no English.

**It is apparent that regardless of the level of English language proficiency of the student, there will be periods of difficulty and frustration, for any foreign student who must function in English full-time during a five or ten month stay in the United States. In the space provided below, please share your insights into the applicant's English language ability and aptitude, his motivation, and his study habits. These will be extremely helpful in predicting the applicant's academic success in the program.**

I \_\_\_\_\_, am  
INTERVIEWER'S NAME

☐ the applicant's English teacher

☐ an English-speaking interviewer

☐ I have known the applicant for \_\_\_\_\_ years OR

☐ This is the interview meeting only

**To the best of my knowledge, I have made a fair and accurate assessment of the applicant's English ability. This interview was held at:**

LOCATION

DATE

INTERVIEWER'S SIGNATURE

TITLE OR CAPACITY (RELATIONSHIP TO STUDENT)

## ENGLISH ORAL INTERVIEW GUIDELINES

This form to be completed by agency.

Score the student's ability to communicate in English. Use the following guidelines:

- ☐ 10 Absolute proficiency in English. Student is able to both understand and converse, using abstract terms and complicated sentence structures.
- ☐ 9 Student possesses near fluency. Sentence structures are nearly perfect. Can understand difficult questions and can respond using magnanimous terms. Will have no problem communication when he or she arrives in the U.S.
- ☐ 8 English responses come naturally, although they may be imperfect. Student has a good vocabulary and understands almost everything. Can respond intelligently, but needs practice.
- ☐ 7 Student can understand most things. Speaking ability is good, but needs practice. Student can go beyond basic responses and elaborate on thoughts. Knows many words, but needs to think before responding.
- ☐ 6 Student understands basic English. Vocabulary includes everyday, common terms. Responds quickly, but it is evident that student is translating. Gets lost when conversation strays from basics. Makes mistakes, but can carry on a conversation.
- ☐ 5 Student comprehends much more than he is able to communicate. Responds in some sentence forms, although grammar and strucure are not perfect.
- ☐ 4 It is evident that student has an understanding of basic English sentences and is able to respond if only in words. Grammar and sentence construction is poor, but understandable. (A few weeks of total immersion in host country will rapidly improve his/her abilities).
- ☐ 3 Student understands words, or phrases but no sentence thoughts. Speaking ability is limited to a few words.
- ☐ 2 Student understands a few words, but has little or no ability to communicate. Student may even refuse to use English.
- ☐ 1 Student cannot understand and speaks little or no English.

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STUDENT

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AGENCY EVALUATOR

## MEDICAL STATEMENT

This form to be completed by doctor.

Name of applicant: 

Birth date:      

Height:  cm

MONTH DAY YEAR

Weight:  kg Blood pressure:  Pulse: 

General state of applicant's health: ☐ EXCELLENT ☐ GOOD  
☐ FAIR ☐ POOR

Does applicant now have, or has he/she ever had, any of the following?

If "yes", give detailed information regarding impairment in the "EXPLANATION" space provided below.

ILLNESS	NO	YES	MONTH	YEAR
CHICKEN POX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
MEASLES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
MUMPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
POLIOMYELITIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
RHEUMATIC FEVER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
RUBELLA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
SCARLET FEVER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
MALARIA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
HEPATITIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
PARASITES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
GOITER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
HERNIA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
TETANUS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
OTHER	<input type="text"/>			

DISORDERS	NO	YES
SEIZURE DISORDERS	<input type="checkbox"/>	<input type="checkbox"/>
SLEEPWALKING	<input type="checkbox"/>	<input type="checkbox"/>
APPENDECTOMY	<input type="checkbox"/>	<input type="checkbox"/>
COUGH (FREQUENT)	<input type="checkbox"/>	<input type="checkbox"/>
DIABETES MILITIS	<input type="checkbox"/>	<input type="checkbox"/>
MIGRAINE HEADACHES	<input type="checkbox"/>	<input type="checkbox"/>
MENSTRUAL DISORDERS	<input type="checkbox"/>	<input type="checkbox"/>
LEARNING OR SPEECH DEFECTS	<input type="checkbox"/>	<input type="checkbox"/>
VERTIGO, DIZZINESS	<input type="checkbox"/>	<input type="checkbox"/>
ALLERGIES*	<input type="checkbox"/>	<input type="checkbox"/>
ASTHMA*	<input type="checkbox"/>	<input type="checkbox"/>
OTHER	<input type="text"/>	

\*If "yes", fill out allergy statement completely and attach necessary "Note to Physician".

Has the applicant ever been hospitalized?

☐ YES ☐ NO

Has the applicant ever been advised to have surgery, which has not been done?

☐ YES ☐ NO

Is student presently taking medications or injections?

☐ YES ☐ NO

Has student ever consulted a specialist for nervous or mental disorders?

☐ YES ☐ NO

EXPLANATION in detail of all "yes" answers: 

After examination of student I recommend that he/she NOT participate in activities checked below.

☐ BASEBALL ☐ FOOTBALL ☐ SWIMMING ☐ WRESTLING ☐ BASKETBALL ☐ GOLF ☐ TENNIS ☐ CROSS COUNTRY  
☐ TRACK ☐ FIELD HOCKEY ☐ SOCCER ☐ VOLLEYBALL ☐ GYMNASTICS ☐ OTHER 

Are there any restrictions on the student's participation in physical education activities? 

Allergy Statement: HAY FEVER ☐ YES ☐ NO

Other allergies? ☐ YES ☐ NO

If "yes", list specific substances:

What specific pollens, grasses, etc., is the applicant allergic to? 

What reactions are caused by contact? 

What reactions are caused by contact? 

Would you describe these reactions as: ☐ MILD ☐ STRONG

Would you describe these reactions as: ☐ MILD ☐ STRONG

☐ SEVERE OR LIFE THREATENING\* \*Check box in the lower right-hand corner.

☐ SEVERE OR LIFE THREATENING\* \*Check box in the lower right-hand corner.

Can these reactions be controlled with medication? ☐ YES ☐ NO

Can these reactions be controlled with medication? ☐ YES ☐ NO

If "yes", what medication and dosage? 

If "yes", what medication and dosage? 

Have you sent this medication with the applicant? ☐ YES ☐ NO

Would you send this medication with the applicant? ☐ YES ☐ NO

In your professional opinion, would this student be able to endure, or control (through medication), hay fever symptoms during his/her stay in the USA? ☐ YES ☐ NO

What emergency procedures might be necessary if the student comes into contact with these substances while in the USA? (Be specific) 
☐ \* IMPORTANT: STUDENT HAS SEVER OR LIFE-THREATENING ALLERGIC REACTIONS

## IMMUNIZATION RECORD

This form to be completed by doctor.

Birth date:        
MONTH DAY YEAR

Student's last name: 

Student's first name: 

Date each dose was given (Month, Day, Year)

Vaccine	1st	2nd	3rd	4th	5th
Polio (TOPV)					
HEPATITIS B					
DPT and/or TD (Diphtheria, Tetanus and Pertussis or whooping cough) <b>OR</b> (Tetanus and Diphtheria only)					
<b>Measles (Rubella- 10 day, red measles). Two shots required.</b> First date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH DAY YEAR Second date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH DAY YEAR	<b>If no immunization, give date student had measles.</b> First date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH DAY YEAR				
<b>Rubella (German measles- 3 day measles). Two shots required.</b> First date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH DAY YEAR Second date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH DAY YEAR	<b>If no immunization, give date student had measles.</b> First date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH DAY YEAR				
<b>Mumps- two shots required.</b> First date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH DAY YEAR Second date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH DAY YEAR	<b>If no immunization, give date student had mumps.</b> First date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH DAY YEAR				

## Immunizations required for admission into american schools

- POLIO** (Trivalent Oral- TOPV) \_\_\_\_\_ 4 doses
- DIPHTHERA- TETANUS - PERTUSSIS** (DPT **OR** TD) (must have had tetanus within the last 10 years) \_\_\_\_\_ 5 doses
- HEPATITIS B** \_\_\_\_\_ 3 doses  
( 7 years and over)

**MEASLES** (Rubella, 10 day measles) one dose on or after one year of age and at four years of age or physican-verified disease. Schools require third MMR within last three years.

**RUBELLA** (German measles- 3 day measles) one dose on or after one year of age and at four years of age or physican-verified disease. Schools require third MMR within last three years.

**MUMPS** vaccine, one dose on or after one year of age and at four years of age or physican-verified disease. Schools require third MMR within last three years.

TB skin test date:        
MONTH DAY YEAR

Result: ☐ **NEGATIVE** ☐ **POSITIVE** If possible, chest x-ray must be provided.

I, the undersigned, have given a thorough physical examination and reviewed the medical history of the candidate. I certify that all important medical information has been included and that the information is complete and accurate.

\_\_\_\_\_  
PHYSICIAN'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PHYSICIAN'S ADDRESS

\_\_\_\_\_  
PHYSICIAN'S STAMP

## STUDENT AGREEMENT FOR WISE PROGRAMS

This form to be completed by student.

I am accepted as a student under the sponsorship of WISE, I agree to obey and uphold the following rules and regulations:

1. Since I will be living with a family other than my own, I agree to regard the host parents as my own and respect them in every way. I understand that I will not be staying as a guest in the home but as family member, as is proper and usual in the country of my exchange family.
2. I understand that a good academic performance will be expected of me while participating in WISE programs. A good school record will ensure the continued support of WISE in my host community. I understand that should I consistently fail academically or exhibit disruptive behavior that might result in my suspension or expulsion from school, this may be grounds for my return home at my own expense.
3. My personal smoking and drinking habits will be in accordance with the rules of my host country, host community and host family.
4. I realize that if I do not travel to and from my host family on the dates and times specified by WISE, I will have to pay for my own travel expense.
5. I will meet with my WISE representative every month with regard to whatever activities and problems I may encounter. In the event of problems, I will contact my representative first, before I contact my parents or the representative in my own country.
6. I will restrict my communications with my natural family to not more than once a week. This includes e-mail, fax or phone conversations. If problems arise, I will go to my host family first and then to my local representative.
7. I agree that I will follow WISE guidelines regarding travel. I agree that I will not participate in individual travel (refer to the WISE Student Handbook for a description of authorized and unauthorized travel). I agree that I will notify my local representative of any travel plans by filling out a Travel Release Form in adequate time to get required signatures. A three-week notice is a minimum. I understand that by not following the above guidelines regarding securing travel permission and traveling in general could result in my early return home from this program.
8. I agree that I will notify my local representative of any planned visit from family or friends from my home country. I understand that written permission from WISE, the host family, my home country agency and my natural parents must be secured for my family or friends to visit during the program. Even though a visit is allowed at the end of the program (last week of school), written permission is still required. Failure to comply with this rule could lead to the early return of your child from this program.

If I do not respect the rules outlined above, I understand that I may be sent home at my own expense. WISE will not reimburse funds or fees paid to WISE that may be considered unused because of the early departure. Any expenses incurred by me because of the early departure will be my responsibility or my family's.

I further understand that as a representative of my homeland, I must be a good citizen and uphold and obey the laws of my host country. I agree to prepare myself for the experience as an exchange student and promise to attend all orientation and preparation programs as recommended to me by my WISE representative.

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STUDENT'S SIGNATURE

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DATE

**PARENTAL AGREEMENT FOR WISE PROGRAMS**

This form to be completed by parent.

Our child has permission to apply for and take part in programs sponsored by WISE. In case of serious infractions of program rules as outlined in the Student Agreement for WISE Programs, we understand that our child may be dismissed from the program early. Should this be the case, we understand that there will be no refund of program fees.

We agree that if our child does not travel to and from the host country on the dates and times specified by WISE, he/she will have to pay his/her own travel expenses.

We agree should it become necessary, to the early return home of our child for medical reasons after consultation with WISE medical authorities and ourselves. The program fee does not include unscheduled early returns.

We agree that our child will submit the results of a complete medical examination on forms to be supplied by WISE.

We will restrict our communications with our child while he/she is in the United States to not more than once a week. This includes e-mail, fax or phone conversations. If problems or questions arise, we will go to the home country agency to communicate the concerns.

We agree not to visit our child in the United States while he/she is enrolled in this academic program without the written permission of WISE, the host family and our home country agency. Visitation is allowed at the end of the program, but written permission must still be obtained. We agree that we will not come to the United States before the last week of school. Failure to comply with this rule could lead to the early return of our child from this program.

We agree that our child will not be allowed to participate in individual travel while in this program and will only be allowed to travel according to the guidelines specified in the student handbook of WISE. We understand that we will be notified of any travel arrangements that require our signature this notifying us of travel plans accoring to WISE policy. Unauthorized or non-approved travel by our child could lead to the early return of him/her from this program.

Before departure, we will discuss our child's responsibilities as an exchange student and will encourage our child to participate as much as possible in the daily activities of his/her host family.

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SIGNATURE OF FATHER/GUARDIAN

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DATE

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SIGNATURE OF MOTHER/GUARDIAN

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DATE

## TERMS OF UNDERSTANDING

This form to be completed by student and parents.

Participating in the Academic Year program in the United States can be a very joyous, fulfilling experience for the student. For that to happen, one must fully understand the concept and purpose of our program. All parties- the participant, his parents, the host family, WISE, and overseas organization-must work from the same framework and toward the same goal. To ensure your understanding, we set forth the following:

1. **Program Concept:** The Academic Year in America is designed to give the participant an opportunity to spend 5 to 10 months studying at an American high school. Under the program, the student is placed with a host family for the duration of the visit.
2. **Program Purposes:** The primary purpose of this program is to improve the participant's knowledge of American culture and language through active participation in family, school and community life. A secondary purpose is to improve American knowledge of a foreign culture.
3. **Expectations:** The United States is not what many participants anticipate. The student should be aware that the United States, as he will experience it, will not be as seen on American television shows or in tourist promotional materials.
4. **Host Family and Cultural Adjustments:** Life in the US will be quite different from what the student is accustomed to in his own country. He must possess the maturity to accept the necessary adjustments to a different lifestyle.
  - a) **Socioeconomic Standing:** Host Families come from a wide range of incomes and social circles that may differ greatly from your own.
  - b) **Strictness:** American families impose more restrictions on teenagers than you may be used to. Teenagers must ask permission to go places, and, if given permission, must return by the hour their parents set. They must tell their parents where they will be and call if an emergency arises which will make them late. Curfew hours set by American parents are usually much earlier than those which you may be used to.
  - c) **Transportation:** Since for many years gasoline was inexpensive in America, most communities spent their dollars improving roads and parking for the family car. Only in recent years, as gas prices and pollution have increased have communities explored methods of mass transit. For this reason, you will probably find yourself in a community with little or no mass transit, which will severely limit your mobility.
  - d) **Household Chores:** Children in American families are expected to start doing chores at an early age. Teenagers are expected to keep their rooms clean and neat, make their beds, etc. Chores are those jobs in addition to these basic requirements. Examples would be: washing dishes and clothes, vacuuming, dusting, mowing the lawn, feeding pets, washing the car and many more. These jobs are shared so that no one person in the family is burdened unfairly. You are expected to assume your share of chores when you join a family.
  - e) **Smoking:** While participating in the AYA Program, smoking by the student is prohibited, even if the student is 18. Americans are placing more and more restrictions on smoking now that it has been found to be such a health hazard. Also, tobacco in any forms is usually not allowed on school campuses, or at school activities. Smoking is not allowed in many businesses, public buildings, and private homes. Students who insist on smoking will run the risk of being dismissed from the program.
  - f) **Drinking:** This may be the one of the most difficult adjustments for you to make. In most states in America the drinking age is 21. This means you cannot purchase, possess, or drink alcohol in any form (including beer and wine) unless you are 21 years of age and have valid identification to prove it. Although there are teenagers who will drink illegally, you cannot afford to do so because, in addition to any legal penalties, you would be sent home immediately.
5. **Parental and Participant Acknowledgement:** There is often confusion about certain aspects of the program. To clarify, we have listed them below.
  - a) **American Host Families:** Host Families are volunteers, they are not paid. The fees charged by the representative are for marketing, administration and supervision fees. Respect and courtesy are a requirement of the participant at all times.
  - b) **American High School:** One of the privileges in this program is that no tuition is paid to the American public high school for the participant's attendance. The participant must meet all academic requirements while in the program. The high schools have very strict requirements for graduation in the senior year. In most cases the participant will not be able to obtain a diploma due the fact that he cannot meet the requirements for graduation in the one year of participation.
  - c) **Expenses:** The participant must have available a minimum of \$250 (US) per month (\$350 per month is recommended) to cover costs not included in the program: school books and fees associated with extra-curricular activities at school, lunches (if purchased at school), transportation to and from school, as well as personal entertainment and hygiene expenses. Students who will be seniors should have an extra \$300 for end-of-year expenses.
  - d) **Placement:** The placement of the student is at the sole discretion of WISE. No guarantees are made as to the type of family or area location where the student will be placed. The information requested in this application is for informational purposes only.
6. **Rules of Program:** While in the United States, the student must obey all governmental laws covering immigration status requirements, state and local laws, as well as the rules set by the school, host family and WISE.

- a) Drinking of alcoholic beverages, except with the host family on appropriate occasions, is prohibited.
- b) Use of non-prescription drugs is prohibited.
- c) Driving of automobiles, except as outlined in the driving section of the application, is prohibited.
- d) Complying with all host family rules is obligatory. This applies especially to curfew rules.
- e) Complying with all school rules and keeping grades within a passing range is required.
- f) Students must return to their home country within 10 days of the end of their exchange school term (which is the official end of the program).

We, the participant and his/her parents, have read and understand all of the above. As a participant I agree to obey these rules and I understand that disobeying them will result in my being dismissed from the program and sent back to my home country at my own expense.

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SIGNATURE OF STUDENT

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DATE

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SIGNATURE OF FATHER/GUARDIAN

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DATE

---

SIGNATURE OF MOTHER/GUARDIAN

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DATE



## LIABILITY AND MEDICAL RELEASE

This form to be completed by parent.

The undersigned, as participant and parents or legal guardians of a participant in program organized and directed by Worldwide International Student Exchange (WISE), on behalf of ourselves and our successors or legal representatives, renounce to any claim against WISE, its employees, agents, teachers, coordinators, schools where the participant may be assigned, or any person interviewing in the program, that may arise due to injury, damage, sickness, accident, delay, unusual circumstances or expenses due to strikes, war, atmospheric conditions, quarantine, government restrictions or regulations, or those derived from acts of omission, of airlines, shipping companies, railroads, buses, transportation in general, hotels, restaurants or any other service given by companies, individuals or anyone related with the aforementioned.

We understand that the participant will be subject to the authority of WISE and must follow the rules given by the family with whom he/she may live. We also understand that WISE 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 taken, the participant and his/her parents of legal guardians will have no right to any refunds.

We accept the right of WISE to directly or indirectly cancel, change or substitute in emergencies, or whenever normal circumstances change, those parts of the program whose alteration may be considered necessary. Also to change, before and after departure, the cost of the program to meet unexpected changes in airfares, price of transportation in general, monetary devaluation's, etc. may be necessary. We understand that should there be a geographic move of the student for any reason whatsoever, the cost of transportation shall be borne by the participant.

We guarantee WISE that, although we may maintain in the future a friendly relationship with the school, local coordinators, and family, or families, with whom we may establish contact through WISE or its employees, we will not make use of this knowledge to send in the future, directly or indirectly, students, relatives or friends to said school, local coordinators, or families, unless it is through WISE. We also grant WISE permission to use in the future any photographic or any other type of material in which the participant may appear for promotion or publicity of the organization's programs.

The participant agrees to accept and uphold the standards of conduct set by WISE, 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 also 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 a normal system of family life, and to treat all the members of the family with due love and respect.

We grant WISE, at its discretion, and, if necessary, at the cost of the participant or his/her parents- in the case of expenses exceeding the coverage of the insurance policy covering the participant- the power to place him/her in a hospital or in any other institution for any type of assistance or medical treatment or, if there is no hospital available, to place him/her under the care of the medical doctor of WISE's choosing for his/her treatment.

We grant WISE custody of the participant while in the United States including, but not limited to, all necessary functions to act as legal guardians and "in loco parentis" in any situation, especially in emergencies whether medical or other, including the possibility of permission for surgical operations or any other medical or mental treatment. WISE shall be the only agency to authorize any medical or mental treatment of participant.

We authorize WISE to return him/her to his/her country of origin at his/her cost or that of his/her parents, if necessary, to submit to medical treatment, if this is deemed necessary by the above-mentioned people after consultation with medical authorities. We confirm that at the time of signing this document the participant enjoys satisfactory physical and mental health, that his/her health record enclosed herewith is true and complete, and that he/she may engage in any physical sport activity.

We grant WISE permission to act on our behalf in anything pertaining to possible representation before the local authorities. This authorization shall be valid for the entire duration of the WISE program in which the student is participating.

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SIGNATURE OF PARENT OR LEGAL GUARDIAN

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DATE

## LIABILITY AND MEDICAL RELEASE

This form to be completed by parent.

I, undersigned authorize any hospital or other medical-care institution, physician or other medical professional, pharmacy, insurance support organization, governmental agency, group policyholder, insurance company, association, employer or benefit plan administrator to furnish to the WISE Foundation, ACE American Insurance Company or its representatives, any and all confidential health information with respect to any injury or sickness suffered by, the medical history of, or any consultation, prescription or treatment provided to, the undersigned whose death injury, sickness or loss in the basis of a claim and copies of all of that person's hospital or medical records, including information relating to mental illness and use of drugs and alcohol, to determine eligibility for benefit payments under the Policy Number GLMNO4156341. I authorize the policy holder, employer of benefit plan administrator to provide the WISE Foundation, ACE American Insurance Company or its representatives with financial and employment-related information. I understand that this authorization is valid for the term of coverage of the Policy or the duration of any claim for benefits under the Policy, but in no event longer than 24 months.

I agree that a photographic copy of this Authorization shall be as valid as the original.

I understand that I or my authorized representative may request a copy of this authorization.

The protected health information provided under this authorization may include diagnosis and treatment information, including information pertaining to chronic diseases, behavioral health conditions, alcohol or substance abuse, communicable diseases, including HIV/AIDS, and/or generic marker information.

Information disclosed under this authorization may be re-disclosed by the recipient and no longer protected by federal privacy regulations.

I understand that I or my authorized representative may revoke this authorization at any time, by providing the WISE Foundation, ACE American Insurance Company or its representatives with written notification as to my intent to revoke. I do understand that, if I do not sign this authorization, the WISE Foundation, ACE American Insurance Company or its representatives may not be able to obtain health information necessary to consider my claim for benefits.

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SIGNATURE OF INSURED OR AUTHORIZED REPRESENTATIVE

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DATE

## FAMILY ALBUM

Name: \_\_\_\_\_

Please affix at least two photographs and tell us about the people shown. We request at least one photo of the entire family together.

## FAMILY ALBUM

Name: \_\_\_\_\_

Please affix at least two photographs and tell us about the people shown. We request at least one photo of the entire family together.

## USA Inbound Program Agreement

The Foundation for Worldwide International Student Exchange (WISE), its agents, principals, affiliates, directors, officers, employees and attorneys (collectively WISE), the undersigned partner(s) or legal guardian(s) ("Guardian") and student ("Student"), understand and agree to the terms and conditions stated in the ("Agreement") relating to Student's participation in WISE's student exchange program ("Program"). Guardian and Student are referred to collectively as the Participants ("Participants"). Adult(s) and their resident children who volunteer to host a Student for the Program term are referred to as the Host Family ("Host Family").

### ADMISSION AND PLACEMENT

WISE considers such criteria as Student application packet materials, academic background, high school transcripts, age, educational level, physical and mental health, references, essay, and personal interviews in determining whether Program and such determination is final. All preferences and characteristics of the Student may not be accommodated in the placement process. Further, WISE relies solely on volunteer Host Families to select a student. Once the Student is selected, a Host Family devotes considerable time, effort and resources to hosting the student. WISE cannot control or guarantee student selection nor the timing of selection and placement. Students may be placed with a Host Family and/or enrolled in school after the beginning of the school term.

### LIVING EXPENSES

Guardians agree to provide the Student the equivalent of \$250 (US) minimum per month to cover incidentals and pocket money. Participants must reimburse the Host Family for all extraordinary expenses incurred on Student's behalf such as personal phone calls (refer to Student's Handbook for phone procedures), any school expenses, household damage, etc.

### DISSIMILARITIES OR DIFFERENCES ABROAD

In addition to learning the host country's language the Student is expected to adapt to the culture and lifestyle of the Host Family and host country. There may be significant cultural, economic and lifestyle differences between the Student's home country and host country. The host country may have different health care services, living conditions, road and transportation systems, educational approaches and systems, criminal justice systems, civil liberty laws, customs and values. Some host country services, living conditions or systems may be relatively inadequate, unsafe, or unreliable in comparison to the Student's home country. Other host country services conditions or systems may be superior to the standards in the Student's home country. Living conditions vary from one Host Family to another even in the same community. The Program offers number opportunities for the Student, however, Participants must be aware and accept these differences and risks associated with traveling and living in another country. The Student's level of maturity must be adequate to recognize and cope with these differences and risks. Guardians must take responsibility to educate and prepare the Student for the risks associated with foreign travel and living abroad. Program Representatives are available by telephone to provide assistance on an ongoing basis during the Student's participation in the Program. However, the Program cannot and does not provide constant direct supervision of the Student and does not act in the capacity of loco parentis. Guardians retain all rights and duties relating to the welfare of the Student. As a condition of acceptance into the Program, the Participants agree to hold WISE harmless for all injuries and/or damages incurred during the Student's participation in the Program resulting from any risks associated with international travel and living abroad, and any negligence and/or international acts caused by any third party, including but not limited to any member, guest, employee or agent of the Host Family or other persons in the host country.

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NATURAL FATHER'S SIGNATURE

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NATURAL MOTHER'S SIGNATURE

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STUDENT'S SIGNATURE

## Consent Agreement

### HEALTH CARE TREATMENT

The Guardian(s) and/or Student consent and authorize WISE, or any adult Host Family member to obtain any medical, dental, surgical, psychological, psychiatric or hospital care, deemed necessary by any health care provider, for the health treatment and care of Student during Student's participation in the Program. Any problems arising from inadequate or improper care shall be the responsibility of the health care provider. WISE shall not be liable for any failure to secure or the adequacy of medical attention. The Guardian(s) and/or Student authorize the health care provider to release the Student to WISE, or any adult Host Family member. Further, the Guardian(s) and/or Student authorize the health care provider to release all health care records relating to the Student to WISE.

\_\_\_\_\_

NATURAL FATHER'S SIGNATURE

\_\_\_\_\_

NATURAL MOTHER'S SIGNATURE

\_\_\_\_\_

STUDENT'S SIGNATURE

**Legal Proceedings:** The Guardian(s) and/or Student consent and authorize WISE or any adult Host Family member to pursue or defend any legal action or proceedings regarding the Student during Student's participation in the Program, costs to be reimbursed by Guardian(s). Neither WISE nor any Host Family member shall be obligated to pursue or defend any such legal action or proceedings. The Guardian(s) and/or Student authorize any court, law enforcement agency, or any other government agency to release the Student to WISE, or any adult Host Family member in the event that the Student is detained or held by any such entity or government agency.

**Use of Student's Name and Likeness:** The Guardian(s) and/or Student consent to the use of Student's name, photograph, film or video likeness of Student or any comments or statements of Student in materials or publications utilized to promote the Program.

**Rules for Students:** The rules for WISE Students ("Rules") have been established by WISE as minimum standards of participant conduct, and any infraction may result in immediate repatriation (return) of Student to his/her home country. Each Student and his/her Guardian(s) must acknowledge that they understand and have agreed to adhere the the rules prior to the Student's final program acceptance.

\_\_\_\_\_

NATURAL FATHER'S SIGNATURE

\_\_\_\_\_

NATURAL MOTHER'S SIGNATURE

\_\_\_\_\_

STUDENT'S SIGNATURE

### PROBLEM NOTIFICATION AND RESOLUTION

As the Student is living as a member of a Host Family abd not under continual supervision or control of WISE staff, it is the responsibility of the Student to advise WISE of any significant problems, including but not limited to the health, safety or welfare of the Student, adjustments to school, culture, language, etc. In addition, the Student must notify WISE of any misunderstandings or problems with the Host Family. WISE will intervene and attempt to resolve the problem. If necessary, WISE may in its sole discretion, seek a replacement Host Family, if possible within the same community. If the Student does not make a good faith and substantial effort to resolve the problem, WISE may return the Student to his/her home country. If the Student violates any terms of this Agreement, WISE may, in its sole and absolute discretion, terminate the Student;s participation in the Program immediately repatriate the Student to his/her home country.

\_\_\_\_\_

NATURAL FATHER'S SIGNATURE

\_\_\_\_\_

NATURAL MOTHER'S SIGNATURE

\_\_\_\_\_

STUDENT'S SIGNATURE

### GENERAL RELEASE, INDEMNIFICATION AND HOLD HARMLESS PROVISIONS

As a condition of Student;s participation in the Program, Participants agree to release and hold harmless WISE for injury, loss, delay, or any other damage and expense incurred by Participants due to (I) any incident beyond WISE's reasonable control, including, without limitation acts of God, ats of war, or government actions and restrictions, (II) any events directly or indirectly caused by international 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 other person in the host country, (III) risks associated with foreign travel and living abroad, including but not limited to risks associated with health care services, living conditions sanitation conditions, road and transportation systems, criminal justice systems, civil liberty laws, customs, and values, (IV) any differences in the living conditions and standards betweenParticipants home and home country and the host home and host country, and (V) any act or omission of the Originating Exchange Organization. As futher condition of Student's participation in the Program, participants agree to indemnify and hold harmless WISE from any liability or expense, including court costs and attorney fees, resulting from any injury, loss or other damage or expense cause by the Student during his/her participation in the Program.

## ARBITRATION AND VENUE

This agreement shall be deemed to have been made in the State of Tennessee, USA and its validity, construction, breach, performance and interpretation shall be governed by the laws of Tennessee, USA. The parties to the Agreement acknowledge and agree that any dispute or claim arising out of this Agreement, any resulting or related transaction, or the relationship of the parties, shall be decided by neutral, exclusive and binding arbitration in Dyer County, Tennessee, USA. The arbitration shall be conducted before JAMS/Endispute, Inc. Either party may appear telephonically at the arbitration hearing. The award of the arbitrator may be enforced in any court of competent jurisdiction located in the United States. In any action, including arbitration, brought for breach of this Agreement, the prevailing party shall be entitled to recover reasonable attorneys fees and costs, including but not limited to the costs of arbitration.

\_\_\_\_\_

NATURAL FATHER'S SIGNATURE

\_\_\_\_\_

NATURAL MOTHER'S SIGNATURE

\_\_\_\_\_

STUDENT'S SIGNATURE

## AUTHORITY OF PARENT GUARDIAN

Each parent guardian who signs this Agreement represents and warrants the he/she, together with the other parent/guardian who signs this Agreement, if any, is the custodial parent guardian of the student and has full authority to sign this Agreement on behalf of the Student and his/her legal guardian without the consent or approval of any other person, and agrees to indemnify and hold WISE harmless for any liability or expense, including court costs and attorneys fees resulting from any breach or claim of this representation.

## RATIFICATION OF AGREEMENT

In the event the Student is under the age of 18 at the time of execution of this Agreement, and the Student attains 18 years of age while participating on the Program, Student agrees that continued participation in the Program after he/she attains 18 is deemed a ratification and adoption of all the terms and conditions of this Agreement.

## WISE PROGRAM AGREEMENT CONTROLS

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

## MODIFICATION

This agreement shall not be modified except by a writing that is executed by all the parties hereto.

## SEVERABILITY

In the event any clause, sentence, term or provision of the Agreement shall be held by any court of competent jurisdiction to be illegal, invalid or unenforceable for any reason, the remaining portions of this Agreement shall remain in full force.

We have read and fully understand the program materials and agree to adhere to the WISE Rules for Students and the WISE Program Agreement and Consent Agreements.

\_\_\_\_\_

FULL NAME OF STUDENT - SIGNATURE

\_\_\_\_\_

FULL NAME OF MOTHER/GUARDIAN - SIGNATURE

\_\_\_\_\_

FULL NAME OF FATHER/GUARDIAN - SIGNATURE

\_\_\_\_\_

SIGNATURE OF WISE EXECUTIVE DIRECTOR

This agreement must be signed and dated by all parties. Please sign this form and submit to WISE. WISE will provide a completely signed form to the Guardian(s).