

Personal Data

Please upload one smiling, portrait-type photo ("Bewerbungsfoto") of yourself here. (jpg or png)

Upload file

Please fill in ALL NAMES as stated in the birth certificate/ passport

1.1 * Last name 1.2 Middle Name
 1.3 * First name (as stated in passport or I.D. card) 1.4 Nickname
 1.5 * Date of Birth (YYYY- MM- DD) 1.6 * City of Birth
 1.7 * Country of Birth 1.8 * Country of Citizenship
 1.9 * My age upon arrival is: Years 1.10 * Gender: Female Male

Permanent Address

1.11 * Street 1.12 * Zip 1.13 * City
 1.14 * Country 1.15 E- Mail
 1.16 * Phone 1.17 Fax 1.18 Mobile

Family

1.19 * Mother: alive deceased 1.20 * Father: alive deceased 1.21 * I live with: my mother and my father my mother my father
 my mother and my stepfather my father and my stepmother with :

Father

1.22 * Last name 1.23 * First name (as stated in passport or I.D. card)
 1.24 * Date of Birth (YYYY- MM- DD) 1.25 Academic Title 1.26 * Occupation
 1.27 Business or mobile phone 1.28 E- Mail 1.29 * Speaks English Yes No

Mother

1.30 * Last name 1.31 * First name (as stated in passport or I.D. card)
 1.32 * Date of Birth (YYYY- MM- DD) 1.33 Academic Title 1.34 * Occupation
 1.35 Business or mobile phone 1.36 E- Mail 1.37 * Speaks English Yes No

Brother/ Sister

1.38 Name 1.39 Date of Birth (YYYY- MM- DD) 1.40 Occupation
 1.41 Name 1.42 Date of Birth (YYYY- MM- DD) 1.43 Occupation
 1.44 Name 1.45 Date of Birth (YYYY- MM- DD) 1.46 Occupation

Program

1.47 * Country of Destination (filled in by into) 1.48 -internal error- * Length of program (filled in by into)

Student:

[Empty box for student name]

Personal Interests

2.1 [Blank line] Are you a member of any club

Interests: Place an X in front of activities you enjoy

2.2 SPORTS

- Swimming, Snow Skiing, Water Skiing, Fishing, Horse Riding, Golf, Martial Arts (Judo,...), Volleyball, Sailing, Bike Riding, Hiking / Backpacking, Camping, Aerobics, Windsurfing, Surfing, Handball

SPORTS

- Badminton, Soccer, Track & Field, Gymnastics, Basketball, Ice Hockey, Ice Skating, Baseball / Softball, Field Hockey, Inline Skating, American Football, Tennis, Fitness Training, Wrestling, Dancing, Boy Scouts / Girl Scouts

ART

- Photography, Attending concerts, Cooking / Baking, Listening to popular music, Listening to classical music, Painting / Drawing, Visiting Museums

While on exchange, I would like to participate actively in the following activities, if they are offered in the area in which I am placed:

- 1. [Blank line]
2. [Blank line]
3. [Blank line]
4. [Blank line]
5. [Blank line]

OTHER

- Meeting with friends, Playing board games, Going to the movies, Watching TV, Watching Sports, Reading, Computer, Traveling

Personal Info

2.3 [Blank line] Do you sing or play a musical instrument? If yes, please state which 2.4 * Can you adjust to a home where others smoke? Yes No

2.5 [Blank line] * Describe your personality

2.6 [Blank line] What are your household responsibilities?

2.7 [Blank line] Have you had any part-time jobs or work experience? If yes, what are they?

2.8 [Blank line] * Why would you like to participate in a high school year program?

2.9 * Do you follow a special diet (vegetarian, diabetic, etc.)? Yes No
If yes, please describe your diet

2.10 [Blank line] * Are you allergic to any animals? If yes, which? If not, please enter "No". 2.11 [Blank line] * Are you afraid of dogs or any other animals?

2.12 [Blank line] * Do you have animals at home? State which 2.13 [Blank line] * What is your religious affiliation?

2.14 [Blank line] * How often do you participate/ attend church in your own country? 2.15 [Blank line] * With what frequency would you be willing to attend?

Knowledge of Language

2.16 Indicate the foreign language(s) you speak and/ or have studied:

[Blank line] Language

[Blank line] Years of study (numbers only)

[Blank line] Language

[Blank line] Years of study (numbers only)

[Blank line] Language

[Blank line] Years of study (numbers only)

Student:

STUDENTS LETTER TO HOST FAMILY

Large empty rectangular box for writing the letter to the host family.

Student:

1. photo

Upload file

2. photo

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3. photo

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4. photo

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Student: _____

5. photo

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6. photo

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7. photo

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8. photo

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Student:

PARENTS' LETTER TO HOST FAMILY

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Student:

Dates of the school official _____

7.1 _____
* Your Name

7.2 _____
* Position

7.3 _____
* Name of school

Dates of the student _____

7.4 * Applicant is currently enrolled in grade (in comparison to destination country): _____

7.5 * Indicate the student's academic standing in his/ her class:

- Top Ten Percent Top Quarter
- Top Half Lower Half

7.6 * Does the student have a history of continous or frequent absences from school?

- Yes No

7.7 * Has the student missed or repeated a year?

- Yes No

If yes, which year and why?

7.8 * What is the student's attitude toward school and school work?

- Great Interest Average Interest Little Interest

Comments

7.9 * The teacher finds this student

- Cooperative Uncooperative

Comments

7.10 * What is the student's relationship with his/ her fellow classmates?

- Leader Cooperative Group Member
- Uncooperative

Comments (It would be helpful if you could indicate whether the student has ever held a class office and position of responsibility within the school)

7.11 Please rate the applicant's proficiency in English (respectively the language of the host country)

	Advanced	Upper- Intermediate	Intermediate	Elementary
* Reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Writing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Speaking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Understanding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7.12 * Based on your knowledge of this student, how would you evaluate his/ her potential success as an exchange student?

- Poor Average Good Very Good

Comments

7.13 * In your opinion, will the applicant be able to handle reading and writing assignments in subject areas (e.g. History, Sciences, English Literature, etc.) if these assignments are in English?

- Yes No

Comments

Stamp, date and signature of school official

Student:

[Empty box for student name]

Medical statement

9.1 [] * Height incm 9.2 [] *Weight inkg 9.3 [] *Blood pressure inmHg

9.4 * Give your opinion of the general state of the applicant's health: [] Excellent [] Good [] Fair [] Poor

Illnesses/ Disorders

Does the applicant now have, or has s/ he had any of the following? Please give detailed information:

Table with 4 columns: Illness, Yes, No, Month/ Year. Rows include Chicken Pox, Measles, Mumps, Poliomyelitis, Rheumatic Fever, Rubella, Scarlet Fever, Malaria, Hepatitis, Parasites, Goiter, Hernia.

Other:

[Empty box for other illnesses]

Table with 4 columns: Disorders, Yes, No. Rows include Seizures, Sleepwalking, Anorexia Nervosa, Bulimia, Diabetes Militus, Hearing, Headaches (persistent), Speech, Psychological / Emotional, Vertigo / Dizziness, Alcoholism, Attempted Suicide, # Allergies, # Asthma.

#If yes, fill out allergy statement completely.

If you answered yes to any of the above questions, please explain:

[Empty box for explanation]

9.6 * Is the applicant presently taking any medications or injections?

[] Yes [] No

9.7 [] If so, please explain

Allergy Statement - Hay Fever

9.9 * Hay Fever? [] Yes [] No

9.10 [] What specific pollens is the applicant allergic to?

9.11 [] What reactions are caused by contact?

9.12 Please explain these reactions [] Mild [] Strong [] Severe or life treating

9.13 Can these reactions be controlled with medication? [] Yes [] No

9.14 [] If so, what medication and dosage?

9.15 Would you send this medication with the applicant? [] Yes [] No

9.16 Many areas have hay fever seasons. In your professional opinion, would the student be able to endure, or control (through medication), hay fever symptoms during his/ her stay? [] Yes [] No

9.26 * Has the applicant been hospitalized? [] Yes [] No

9.27 [] If yes, please explain

9.28 * Has the applicant ever been advised to have surgery which has not been done? [] Yes [] No

Other allergies

9.17 * Other allergies? [] Yes [] No

9.18 [] List of specific substances

9.19 Allergic to animals? [] Yes [] No

9.20 [] What specific animals is the applicant allergic to?

9.21 [] What reactions are caused by contact?

9.22 Please state the strenght of the reactions [] Mild [] Strong [] Severe or life treating

9.23 Can these reactions be controlled with medication? [] Yes [] No

9.24 [] If so, what medication and dosage?

9.25 [] What emergency procedures might be necessary if the student comes in contact with these substances?

9.29 * Are there any restrictions on the applicant's participation in physical education activities? [] Yes [] No

9.30 If so, please explain []

Signature

I certify that the medical details above are correct:

Physician's Signature and Stamp

Student:

LIABILITY RELEASE

11.1 We understand that the participant will be subject to the authorities and teachers of the school where s/ he may be assigned and that s/ he will have to follow the rules given by the family with whom s/ he may live. We also understand that into and the Partner Organization reserve 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.

We understand that should there be a geographic move of the student, the cost of transportation may be borne by the participant if s/ he is at fault or has specifically requested to be moved.

We guarantee into and the Partner Organization that, although we may maintain in the future a friendly relationship with the school and family, or families, with whom we establish contact through into, we understand that these host family names and schools are exclusive inside information of into and that the program fees are only for a one time use only. We will not make use of these names and knowledge to send our own son/ daughter, other students, relatives or friends, to the school or families in the future, unless it is through into. We understand that if we do so, into and its agents will be entitled to compensation for loss of earnings.

We also give into sole 'model release' and 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 in any territory so long as s/ he is not presented in a manner which is defamatory or damaging to her/ his person. This includes images sent to into by the participant.

The student agrees to accept and uphold the standards of conduct set by INTO and the Partner Organization, the school where the student may be assigned, and the family or families with whom the student may live for the duration of the program. The student also agrees to maintain friendly and respectful relations with teachers and classmates and, especially, with all the members of the family with whom the student may live. The student agrees to accept the rules of conduct imposed by said family, to take part in family life as much as possible, to make every effort to adjust to the normal routine of family life, and to treat all family members with respect.

We release into and the Partner Organization and officers from claims due to loss of property, personal injury or illness, accident, delay or expenses arising from any travel or activity organized or booked by into or the Partner Organization unless the losses are due to gross negligence. We also indemnify into and the Partner Organization and officers from financial obligations or liabilities for damage or injury to other third persons or property of others that the participant may cause while on the program. In addition we shall repay any debts, loans or special costs, or medical costs incurred by the participant.

MEDICAL RELEASE

11.2 We grant into and the Partner Organization, its employees or agents, the school where the participant may be assigned, and the family or families with whom s/ he may live that, at their discretion, and, if necessary, at the cost of the participant or his/ her parents or legal guardians 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 a local medical doctor for his/ her treatment. This permission is also granted for our son/ daughter to receive any missing immunization vaccinations if required by the high school, and that we, the parents/ guardians, shall pay the cost of such immunizations.

We also grant into and the Partner Organization, the school where the participant may be assigned, and the family or families with whom s/ he may live, all necessary permissions 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 treatment, but only if into is unable to reach the parents or guardians.

We also authorize INTO and the Partner Organization to return the student to his country of origin for medical treatment, if medical treatment is deemed necessary after consultation with local medical authorities. Expenses associated with returning the student to his country of origin will be borne by the student, his parents, or legal guardians if not covered by student insurance.

We also grant into and the Partner Organization, its employees or agents, the school where the participant may be assigned, and the family or families with whom s/ he may live, 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 Cultural Exchange Program in which the student is participating. We confirm that at the time of the signing of this document the student enjoys good health and that the health record enclosed herewith is true and complete.

TRAVEL AUTHORIZATION

11.3 We, as Parents of the participating student, do hereby authorize into and the Partner Organization, the Academic Program Representative, and the Host Parents as agents of the undersigned parents to decide if the student can travel for the duration of student's participation in the Cultural Exchange Program.

It is understood that this authorization is given in advance only when the student is traveling and supervised by a host parent or by a representative of a school program, or with into or Partner sponsored tours. We understand that the student may not travel unsupervised.



This is the second page of the 2- page document "program rules".
 Page 1 contains the sections LIABILITY RELEASE, MEDICAL RELEASE and TRAVEL AUTHORIZATION.
 A copy of the complete document can be downloaded via internet (see address below) or requested from INTO.
 The signatories have received both pages of this document. The signatures below apply to the complete 2- page document.

TERMS OF UNDERSTANDING

11.4 All parties involved must work from the same framework and toward the same goal. To ensure this understanding, the undersigned student and the parents of the student understand that the student must obey all governmental regulations covering immigration, federal, state and local laws, as well as the following rules set forth by into and the Partner Organization: Further, a student may not change his/ her civil status or religion during the program. A criminal act will result in instant dismissal from the program.

1. Consuming alcoholic beverages or using a controlled substance (illegal drugs) without a physician's prescription is prohibited and could cause immediate exclusion of the program.
2. Students are not allowed to purchase any tobacco products during the program.
3. Unsupervised/ unauthorized student travel (including returning to student's home country) without into and the Partner Organizations pre-approval is not allowed. Students may travel only in compliance with the into and the Partner Organization travel policy indicated in the student and/ or host family handbooks. Students are not allowed to hitch hike.
4. Students are not allowed to drive a motorized vehicle.
5. Students are expected to respect the moral standards and customs of the host family, and not act inappropriately with members of the opposite sex. Students involved in a sexual relationship during the program risk termination from the program. Students must keep absolute discretion about the host family and never discuss host family anywhere outside the family.
6. Complying with all rules established by the host family (including household chores and curfew hours) and high school is mandatory.
7. Students must attend school daily and maintain a "C" average in all subjects. Dismissal from school for any reason will result in repatriation.
8. A high school diploma or graduation is not included in the exchange program.
9. Use of internet is only allowed with the permission of the host family. Any viewing or downloading of pornographic, racist, violent illegal or offensive materials in school, or family is forbidden. The student and legal guardians carry full responsibility for viruses, damages, manipulation carried out or caused by the student in any form.
10. Students must have a minimum the equivalent of EUR 200.- personal spending money per month for the duration of the program to meet expenses associated with daily living. It is expected that students will not become a financial burden to the host family. It is not permitted to put your money into your host family's account, nor is it permitted to borrow money from your host family or to lend your host family money.
11. Students and their natural parents/ legal guardians are financially responsible for all phone bills, medical bills not covered by insurance, school fees, or any other bills incurred by the student while participating on the program. All bills have to be paid by the student prior to departure so that into and its partners are held free from claims by any third party. If necessary into has the right to collect the outstanding debts from the parents or legal guardians of the student.
12. Visits from friends and relatives during the program are extremely undesirable thus not permitted under the guidelines of the program. INTO cannot take responsibility for any deterioration of the student's relationship with the host family as a result of such a visit. If the student or natural family disregards this guideline and the host family placement subsequently deteriorates, the student will not be relocated. Leaving or changing the host family without into's or its partner's approval will be considered as leaving the program.
13. Students can be dismissed the Cultural Exchange Program and the visa will be invalid due to failure to comply with the above "Terms of Understanding". into and the Partner Organization reserve the right to end the program early if the student's mental and/ or physical health deteriorates and puts the student and the program at risk.
14. The use and purchase of firearms or BB guns by participants is forbidden.

PROGRAM END AND PROGRAM RELEASE

11.5 We, as parents of the undersigned participant, understand that the Cultural Exchange Program terminates within one week after the end of school. into and the Partner Organization are not responsible for the participant in any way after the termination date. If the participant, without the agreement of into, leaves the host family home, or we parents visit and remove the participant from the home, the program is considered to be terminated. We hereby sign this "Program Release" to hold into and its partners free from any responsibility or liability after the termination of the program.

Signatures

We, the student and the natural parent and/ or legal guardian, have read and understood all of the above program regulations in particular the sections LIABILITY RELEASE, MEDICAL RELEASE, TRAVEL AUTHORIZATION, TERMS OF UNDERSTANDING, and PROGRAM DURATION AND PROGRAM RELEASE. As a participant and guardian(s) we have truthfully completed this application and declare that we have provided true information in all parts of this application that into and the Partner Organization have requested. We understand that if false information has been given, or information withheld, into has the right to end its contractual agreements and terminate the program. Furthermore, I, the participant, agree to obey these rules and understand that disobeying them may result in my being expelled from the program and sent back to my home country.

Signature of Student

Date

Signature of first Parent/ Legal Guardian

Date

Signature of second Parent/ Legal Guardian

Date