

# SECONDARY SCHOOL PROGRAM APPLICATION FORM



Please provide 8, crisp, colour, close-up, forward-facing, smiling photos about 5cm x 5cm, printed on photo paper, no other people or pets to be included.

Print your FULL NAME on the back of each photo. Please PASTE one of the 8 photos here.



OFFICE USE ONLY				<input type="checkbox"/> Exchange	<input type="checkbox"/> Full Fee	<input type="checkbox"/> Student Choice	<input type="checkbox"/> Match
Last name (as per passport)		First name (as per passport)		AKA		Middle name(s) (as per passport)	
Street address/Postal address				Chosen host country			
Suburb		State		Postcode		Duration <input type="radio"/> Calendar Year <input type="radio"/> Academic Year <input type="radio"/> Semester <input type="radio"/> Short-term (2–3 months) <input type="radio"/> Other:	
City/town		Country		Arrival month <input type="radio"/> January/February <input type="radio"/> March/April <input type="radio"/> July/August/September <input type="radio"/> November <input type="radio"/> Other:			
Phone number + area code		Fax number + area code (if available)		Year of departure			
Student's mobile phone number		Skype		How did you learn about this program?			
Student's Email							
Family's Email							
Sex		Date of birth (dd/mm/yy)		City and Country of birth (IMPORTANT: This must be the same as that listed on your passport/birth certificate)			
Native language		Country of legal residence		Nationality			
Father's last name		Father's first name		Father is <input type="radio"/> living <input type="radio"/> deceased		Father's date of birth	
Father's address (if different from above)							
Father's occupation		Father's work phone number		Father's mobile phone number			
Father's email							
Mother's last name		Mother's first name		Mother is <input type="radio"/> living <input type="radio"/> deceased		Mother's date of birth	
Mother's address (if different from above)							
Mother's occupation		Mother's work phone number		Mother's mobile phone number			
Mother's email							
Parents are (if applicable) <input type="radio"/> Separated <input type="radio"/> Divorced				Guardianship (provide details)			
If divorced, who has custody of student? <input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Other:				Student is living with:			
If divorced or separated, who should receive program information?				<input type="radio"/> father <input type="radio"/> mother <input type="radio"/> mother + father <input type="radio"/> other			
Brothers' and Sisters' first name		Age	Sex	Living at home <input type="radio"/> Yes <input type="radio"/> No		Occupation	
–		–	–	<input type="radio"/> Yes <input type="radio"/> No		–	
–		–	–	<input type="radio"/> Yes <input type="radio"/> No		–	
–		–	–	<input type="radio"/> Yes <input type="radio"/> No		–	
–		–	–	<input type="radio"/> Yes <input type="radio"/> No		–	

PLEASE ENSURE THAT BOTH PARENTS OR GUARDIAN(S) SIGN PAGES A-E, AND THE FEES, CANCELLATIONS AND REFUNDS PAGE



CONTINUED...

# APPLICATION FORM

STUDENT'S FAMILY NAME (AS IT APPEARS ON PASSPORT, ID CARD OR BIRTH CERTIFICATE)

FIRST NAME

MIDDLE NAME

**Emergency contact number** (someone over the age of 25 who does not live in the family home, other than mother, father or guardian)

Name:

Relationship:

Phone number:

Mobile Phone number:

**PLEASE RATE YOUR INTEREST FOR THE FOLLOWING:** ●●● High ●●○ Medium ●○○ Low ○○○ No Interest

**HIGH** means that you are involved in this activity on a regular basis, **LOW** means that you participate in this activity occasionally, **NO INTEREST** means you don't participate in this activity.

<input type="radio"/> <input type="radio"/> <input type="radio"/> Reading	<input type="radio"/> <input type="radio"/> <input type="radio"/> Attending Theatre	<input type="radio"/> <input type="radio"/> <input type="radio"/> Fitness	<input type="radio"/> <input type="radio"/> <input type="radio"/> Baseball
<input type="radio"/> <input type="radio"/> <input type="radio"/> Watching TV	<input type="radio"/> <input type="radio"/> <input type="radio"/> Going to the Movies	<input type="radio"/> <input type="radio"/> <input type="radio"/> Kayaking/Canoeing	<input type="radio"/> <input type="radio"/> <input type="radio"/> Horse Riding
<input type="radio"/> <input type="radio"/> <input type="radio"/> Painting/Drawing	<input type="radio"/> <input type="radio"/> <input type="radio"/> Visiting Museums/Galleries	<input type="radio"/> <input type="radio"/> <input type="radio"/> Swimming	<input type="radio"/> <input type="radio"/> <input type="radio"/> Sailing
<input type="radio"/> <input type="radio"/> <input type="radio"/> Computers	<input type="radio"/> <input type="radio"/> <input type="radio"/> Travel with Parents/Friends	<input type="radio"/> <input type="radio"/> <input type="radio"/> Surfing	<input type="radio"/> <input type="radio"/> <input type="radio"/> Tennis
<input type="radio"/> <input type="radio"/> <input type="radio"/> Listening to Music	<input type="radio"/> <input type="radio"/> <input type="radio"/> Sightseeing	<input type="radio"/> <input type="radio"/> <input type="radio"/> Social Dancing	<input type="radio"/> <input type="radio"/> <input type="radio"/> Cycling
<input type="radio"/> <input type="radio"/> <input type="radio"/> Writing/Poetry	<input type="radio"/> <input type="radio"/> <input type="radio"/> Camping	<input type="radio"/> <input type="radio"/> <input type="radio"/> Dance Lessons	<input type="radio"/> <input type="radio"/> <input type="radio"/> Cricket
<input type="radio"/> <input type="radio"/> <input type="radio"/> Cooking	<input type="radio"/> <input type="radio"/> <input type="radio"/> Drama	<input type="radio"/> <input type="radio"/> <input type="radio"/> Soccer/Football/Rugby	<input type="radio"/> <input type="radio"/> <input type="radio"/> Golf
<input type="radio"/> <input type="radio"/> <input type="radio"/> Gardening	<input type="radio"/> <input type="radio"/> <input type="radio"/> Singing	<input type="radio"/> <input type="radio"/> <input type="radio"/> Volleyball	<input type="radio"/> <input type="radio"/> <input type="radio"/> Skiing
<input type="radio"/> <input type="radio"/> <input type="radio"/> Photography	<input type="radio"/> <input type="radio"/> <input type="radio"/> Discussing Current Events	<input type="radio"/> <input type="radio"/> <input type="radio"/> Basketball	<input type="radio"/> <input type="radio"/> <input type="radio"/> Golf
<input type="radio"/> <input type="radio"/> <input type="radio"/> Collecting Items	<input type="radio"/> <input type="radio"/> <input type="radio"/> Playing Cards and Games	<input type="radio"/> <input type="radio"/> <input type="radio"/> Hockey	<input type="radio"/> <input type="radio"/> <input type="radio"/> Martial Arts
<input type="radio"/> <input type="radio"/> <input type="radio"/> Youth Club Member	<input type="radio"/> <input type="radio"/> <input type="radio"/> Hiking/Trekking	<input type="radio"/> <input type="radio"/> <input type="radio"/> Other:	

List musical instruments played:

**PLEASE INDICATE YOUR PERSONALITY TRAITS:**

<input type="radio"/> Active	<input type="radio"/> Outgoing	<input type="radio"/> Curious	<input type="radio"/> Friendly	<input type="radio"/> Humorous	<input type="radio"/> Independent
<input type="radio"/> Relaxed	<input type="radio"/> Intellectual	<input type="radio"/> Talkative	<input type="radio"/> Mature	<input type="radio"/> Motivated	<input type="radio"/> Sincere
<input type="radio"/> Reliable	<input type="radio"/> Optimistic	<input type="radio"/> Organised	<input type="radio"/> Patient	<input type="radio"/> Quiet	<input type="radio"/> Spontaneous
<input type="radio"/> Shy	<input type="radio"/> Realistic	<input type="radio"/> Reserved	<input type="radio"/> Respectful	<input type="radio"/> Responsible	<input type="radio"/> Studious

What is your religion? (answer not mandatory)

Do you attend religious services? (answer not mandatory)

Often  Occasionally  Rarely  Never

Do you smoke?

Yes  No

If smoking, are you ready to stop?

Yes  No

If not smoking, can you adjust

to a smoking family?  Yes  No

If family is smoking

outside only?  Yes  No

Are you afraid of pets? (if yes, which ones?)

Yes  No

Do you have allergies? (if yes, please explain)

Yes  No

Do you have pets at home? (if yes, which ones?)

Yes  No

Do you have any dietary intolerances? (if yes, please explain)

Yes  No

Are you vegetarian?

Yes  No

Do you take any medication? (if yes, please explain)

Yes  No

Are you presently under a doctor's care for management of a health issue that requires ongoing care? (if yes, please explain)

Yes  No

Current year level (at time of application)

Foreign languages studied

Years study

Level reached

–

–

–

Give your average school result of last year

–

–

–

Other languages spoken

SENDING ORGANISATION



# PHOTO ALBUM

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STUDENT'S FAMILY NAME (AS IT APPEARS ON PASSPORT, ID CARD OR BIRTH CERTIFICATE)

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FIRST NAME

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MIDDLE NAME

Please include and **PASTE** onto application page(s) a minimum of 6 to a maximum of 10 photos (add further pages as necessary).

These photos must be high resolution, recent, in colour, clear, about 10cm x 15cm and printed on photo paper.

Please include a minimum of: ONE family photo, ONE photo of the student's home, ONE photo of the student's community, ONE photo of the student with friends, and ONE photo of the student participating in a favourite sport, hobby or activity.

**Write a short sentence describing each photo (in your host country language).**



# STUDENT'S QUESTIONNAIRE

STUDENT'S FAMILY NAME (AS IT APPEARS ON PASSPORT, ID CARD OR BIRTH CERTIFICATE)

FIRST NAME

MIDDLE NAME

Your hosts need to know a great deal about you. Please answer **ALL** the following questions in detail, completely and honestly. Misunderstandings can occur later if students fail to give a host family full answers to the questions.

**PLEASE WRITE, IN BLACK INK, CLEAR, NEAT ANSWERS IN COMPLETE SENTENCES**  
(One additional page, typed or handwritten, may be submitted.)

## ABOUT YOU

1. What qualities do you think you have that will make you a successful exchange student?

2. What qualities do you value most in others?

3. What is unique and different about you?

4. What are your favourite and least favourite subjects at school?

5. Many students have dreams, aspirations and passionate pursuits. Please describe yours.

## ABOUT YOUR FAMILY

1. Describe your relationship with your parents.

2. Describe your relationship with your siblings.

3. Describe the activities your family pursues together.

4. What are the rules you must respect in your family?

5. What household chores do you perform at home?

## ABOUT YOUR ACTIVITIES

1. How many hours do you spend studying per day outside school?

2. What time do you usually go to bed?

3. Other than studying and watching TV, you mainly spend your time doing... (describe hereunder your 3 main activities)

#1 #2 #3

## YOU IN YOUR HOST COUNTRY

1. Why have you chosen this host country?

2. Why have you chosen an immersion program, living with a host family and attending school daily?

3. Give at least two reasons why you want to study abroad (other than second language skills).

4. What do you expect from your school?

5. What do you expect from your school mates?

PLEASE DO NOT WRITE COMMENTS UNDER THIS LINE OR ON THE BACK OF THIS FORM





# PARENT'S LETTER

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STUDENT'S FAMILY NAME (AS IT APPEARS ON PASSPORT, ID CARD OR BIRTH CERTIFICATE)

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FIRST NAME

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MIDDLE NAME

Please **TYPE** a one-page letter (approximately 300 words) in English to the host family who will be sharing their home with your child. Describe your child's personality, interests, everyday life, expectations and relationships. If not written in English, please include an English translation. Remember to thank the host family and personally sign your letter.

PLEASE DO NOT WRITE COMMENTS UNDER THIS LINE OR ON THE BACK OF THIS FORM



# SECONDARY SCHOOL TRANSCRIPT



STUDENT'S FAMILY NAME (AS IT APPEARS ON PASSPORT, ID CARD OR BIRTH CERTIFICATE)

FIRST NAME

MIDDLE NAME

## INSTRUCTIONS

1. Please ensure these pages are completed in BLACK ink.
2. Please enter the subject title as listed on your school report. Subject titles need to be as specific as possible (eg do not enter 'Maths' if the subject was officially titled 'Algebra').
3. Students must provide grades for three consecutive years. Current courses for which final grades have not been received do NOT count towards meeting the required three years of transcripts.
4. Hours per week for each subject are REQUIRED: 45–60 minutes in class constitutes one hour.
5. Each transcript page must be signed by a school official and have an official school seal/stamp affixed to it.
6. Students need to travel with copies of their most recent school reports.

WEP USE ONLY	USA Letter Grade	Your School Grade Equivalent
	A (Excellent)	
	B (Above Average)	
	C (Average)	
	D (Insufficient)	
	F (Failure)	

YEAR LEVEL \_\_\_\_\_  Year Results

Subject Title	Hours per week	Final Grade
1		
2		
3		
4		
5		
6		
7		

Classes Began mm /yy      Classes Ended mm /yy

Subject Title	Hours per week	Final Grade
8		
9		
10		
11		
12		
13		
14		

YEAR LEVEL \_\_\_\_\_  Year Results

Subject Title	Hours per week	Final Grade
1		
2		
3		
4		
5		
6		
7		

Classes Began mm /yy      Classes Ended mm /yy

Subject Title	Hours per week	Final Grade
8		
9		
10		
11		
12		
13		
14		

YEAR LEVEL \_\_\_\_\_  Year Results

Subject Title	Hours per week	Final Grade
1		
2		
3		
4		
5		
6		
7		

Classes Began mm /yy      Classes Ended mm /yy

Subject Title	Hours per week	Final Grade
8		
9		
10		
11		
12		
13		
14		

NAME OF SCHOOL PRINCIPAL: \_\_\_\_\_

NAME OF SCHOOL OFFICIAL: \_\_\_\_\_

NAME OF SCHOOL: \_\_\_\_\_

POSITION AT SCHOOL \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE mm /dd /yy

SUBURB \_\_\_\_\_ POSTCODE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

COUNTRY \_\_\_\_\_

OFFICIAL SCHOOL STAMP HERE



# TEACHER'S RECOMMENDATION

STUDENT'S FAMILY NAME (AS IT APPEARS ON PASSPORT, ID CARD OR BIRTH CERTIFICATE)

FIRST NAME

MIDDLE NAME

If handwritten, this form must be completed in **BLACK** ink and completed by a teacher of one of the student's major subjects at school.

**The Teacher Recommendation and Language Teacher Recommendation forms must be completed by different teachers.**

It is imperative that students have the personality and resources to meet the challenges of student exchange. Comments by teachers are a great insight into how students perform in unfamiliar circumstances.

Please mark the appropriate boxes below:

Character	Excellent	Good	Average
Maturity			
Responsibility to self			
Responsibility to others			
Honesty			
Openness			
Sense of humour			
Creativity			
Personal motivation			
Academic motivation			
Ability to interact			
Overall character			

SCHOOL NAME & ADDRESS:

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**I CERTIFY THAT THIS REPORT IS TRUE TO THE BEST OF MY KNOWLEDGE**

**TEACHER:** NAME

POSITION AT SCHOOL

SIGNATURE DATE

SUBJECT(S) TAUGHT

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EMAIL ADDRESS

PHONE NUMBER (FOR REFERENCE CHECK ONLY)

In the space below please give written comments, in **BLACK** ink, on the applicant's motivation, attendance record and study habits.

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**DO YOU WISH TO RECEIVE ANY DOCUMENTATION ABOUT OUR PROGRAM?**

**YES**  
If your answer is 'YES' our documentation will be sent to you at the school address unless you specify a different address:  
  


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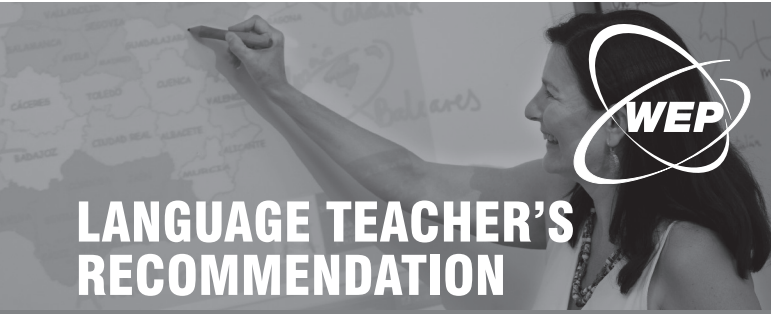

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**NO**  
I already have information about your program.





# LANGUAGE TEACHER'S RECOMMENDATION

STUDENT'S FAMILY NAME (AS IT APPEARS ON PASSPORT, ID CARD OR BIRTH CERTIFICATE) \_\_\_\_\_

FIRST NAME \_\_\_\_\_

MIDDLE NAME \_\_\_\_\_

If handwritten, this form must be completed, in **BLACK** ink, by your language teacher **in the host country language**.

Note: This form is not necessary if the language spoken in your chosen host country is the same as in your home country.

It is imperative that students have the personality and resources to meet the challenges of student exchange. Comments by teachers are a great insight into how students perform in unfamiliar circumstances.

Please mark the appropriate boxes below:

Language Proficiency	Excellent	Good	Average
Reading			
Writing			
Speaking			
Comprehension			

**SCHOOL NAME & ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In the space below please give written comments, in **BLACK** ink, on the applicant's motivation, attendance record and study habits.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I CERTIFY THAT THIS REPORT IS TRUE TO THE BEST OF MY KNOWLEDGE**

**TEACHER:** NAME \_\_\_\_\_

POSITION AT SCHOOL \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SUBJECT(S) TAUGHT \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

PHONE NUMBER (FOR REFERENCE CHECK ONLY) \_\_\_\_\_

**English translation:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DO YOU WISH TO RECEIVE ANY DOCUMENTATION ABOUT OUR PROGRAM?**

**YES**  
If your answer is "YES" our documentation will be sent to you at the school address unless you specify a different address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NO**  
I already have information about your program.

PART ONE

# PHYSICIAN'S STATEMENT OF HEALTH



STUDENT'S FAMILY NAME (AS IT APPEARS ON PASSPORT, ID CARD OR BIRTH CERTIFICATE)

FIRST NAME

MIDDLE NAME

Please complete this form in **BLACK** ink.

**Does the candidate have or has the candidate ever had any of the following illnesses or symptoms?**

If yes, please mark relevant circles and provide a clear, legible explanation in the space below. (Use additional sheet if needed)

- Angina
- Asthma
- Epilepsy
- Drugs sensitivity (eg penicillin...)
- Eating disorder (anorexia, bulimia, other: \_\_\_\_\_)
- Enuresis
- Hernia
- Learning or speech defect
- Meningitis
- Parasites
- Scarlet Fever
- Urticaria
- Other (please list) \_\_\_\_\_
- Appendicitis
- Contact Dermatitis
- Diabetes
- Febrile Seizures
- Hepatitis (if yes, which one: \_\_\_\_\_)
- Malaria
- Migraine (with aura, nausea and vomiting)
- Rheumatic Fever (Acute)
- Sleepwalking
- Vertigo, dizziness

**Explanation** (date of illness, treatment, is issue ongoing, ...)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Will the student be using drugs or medication while abroad?**

- No
- Yes (please explain, use additional sheet if needed)

**Has student ever been hospitalised?**

- No
- Yes (please explain, use additional sheet if needed)

**Has student ever consulted a medical specialist?**

- No
- Yes (please explain, use additional sheet if needed)

I, the undersigned, have given a thorough physical examination and reviewed the medical history of the above named candidate. I certify that all important medical information has been included, and that the above information is complete and accurate. I certify that the above named student is emotionally and physically fit to engage in a secondary school program abroad.

**PHYSICIAN: NAME**

Medical Practitioner must not be a direct family member

SIGNATURE

DATE

**Does the candidate have or has the candidate ever had any impairment to the following?**

If yes, please mark relevant circles and provide a clear, legible explanation in the space below. (Use additional sheet if needed)

- Brain, nervous system
- Ears or hearing
- Esophagus, stomach, intestines, liver
- Heart, blood, vessels (high blood pressure...)
- Hematopoietic system, spleen
- Lungs, respiratory system
- Skin (acne)
- Other (please list) \_\_\_\_\_
- Bones, joints, locomotor system
- Endocrine system
- Eyes or vision
- Kidneys, genito-urinary system
- Nose, throat (tonsils...)

**Explanation** (date of illness, treatment, is issue ongoing, ...)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Has the candidate ever consulted with or been treated by a specialist for any of the following?**

If yes, please mark the appropriate circles and provide a clear and legible explanation in the space below. (Use additional sheet if necessary)

- Alcoholism
- Attempted suicide
- Behavioural problems
- Eating Disorder (anorexia, bulimia etc)
- Psychological/Emotional illness
- Self-injury
- Substance abuse

**Explanation** (if 'YES' to any of the above)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHYSICIAN'S STAMP HERE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PART TWO

# PHYSICIAN'S STATEMENT OF HEALTH



STUDENT'S FAMILY NAME (AS IT APPEARS ON PASSPORT, ID CARD OR BIRTH CERTIFICATE)

FIRST NAME

MIDDLE NAME

Please complete this form in **BLACK** ink.

Please provide information for the following:

<b>HEIGHT</b>	$m \times 39.37 =$ $inches \div 12 =$ <b>feet</b> <b>inches</b> 1 metre (m) = 39.37 inches (") = 3.28 feet (')					
<b>WEIGHT</b>	$kg \times 2.2 =$ $lbs \div 14 =$ <b>st</b> <b>lbs</b> 1 kilogram (kg) = 2.2 pounds (lb) = 0.157 stone					
<b>BLOOD PRESSURE</b>	mmHg					
<b>BLOOD GROUP</b> If known	Rh Factor					
<b>URINE</b>	Sediment	Glucose			(0, +, ++, +++)	Proteins (0, +, ++, +++)
<b>VISION</b> With correction if necessary	Right Eye (OD)			Left Eye (OS)		
	If the student wears <input type="radio"/> glasses or <input type="radio"/> contact lenses, please complete the following Ophthalmic information:					
	<b>Right Eye</b>			<b>Left Eye</b>		
	Spherical	Cylindrical	Axis	Spherical	Cylindrical	Axis
<b>Distant Vision (DV)</b>						
<b>Near Vision (NV)</b>						
<b>Are pupillary and knee reflexes normal?</b>						<input type="radio"/> Yes <input type="radio"/> No (please explain, use additional sheet if needed)
<b>Does the student have any scars or identifying marks?</b>						<input type="radio"/> Yes (please explain, use additional sheet if needed) <input type="radio"/> No
<b>Are there any restrictions on the student's participation in sports activities or physical education?</b>						<input type="radio"/> Yes (please explain, use additional sheet if needed) <input type="radio"/> No

Describe in detail each disease, impairment or abnormality not fully explained in these forms (Parts One and Two) on a separate sheet of paper (signed and stamped).

Please give your opinion of the candidate's health:

Excellent     Good     Fair     Poor

I, the undersigned, have given a thorough physical examination and reviewed the medical history of the above named candidate. I certify that all important medical information has been included, and that the above information is complete and accurate. I certify that the above named student is emotionally and physically fit to engage in a secondary school program abroad.

**PHYSICIAN: NAME** \_\_\_\_\_  
 Medical Practitioner must not be a direct family member

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PHYSICIAN'S STAMP HERE



# IMMUNISATION RECORDS

STUDENT'S FAMILY NAME (AS IT APPEARS ON PASSPORT, ID CARD OR BIRTH CERTIFICATE)

FIRST NAME

MIDDLE NAME

/ /
STUDENT'S DATE OF BIRTH (dd/mm/yy)

Vaccination requirements do change from time to time.  
WEP will advise if students are obliged to have additional vaccinations.

Please complete this form in **BLACK** ink.

To be completed by the attending physician. Vaccination requirements may vary from one country to another. Unless otherwise instructed, please provide all dates requested. This will determine the student's acceptance into the host country school. Due to change in district or school regulations in the host country, participants may be required to provide additional immunisations before departure or after arrival. Please provide information for the following:

Vaccines Enter dates as: dd/mm/yy	DATE OF 1 <sup>st</sup> dose given	DATE OF 2 <sup>nd</sup> dose given	DATE OF 3 <sup>rd</sup> dose given	DATE OF 4 <sup>th</sup> dose given	DATE OF 5 <sup>th</sup> dose given	DATE OF 6 <sup>th</sup> dose given
DTaP or DTP <sup>1</sup>	/ /	/ /	/ /	/ /	/ /	/ /
Tdap <sup>2</sup>	/ /					
Polio <sup>3</sup>	/ /	/ /	/ /	/ /	/ /	
Measles <sup>4</sup>	/ /	/ /	• If NO immunisation, give date student had Measles:			/ /
Mumps <sup>4</sup>	/ /	/ /	• If NO immunisation, give date student had Mumps:			/ /
Rubella <sup>4</sup>	/ /	/ /	• If NO immunisation, give date student had Rubella:			/ /
Varicella <sup>5</sup> Required if student has not had Chickenpox	/ /	/ /	• If NO immunisation, give date student had Chickenpox:			/ /
Hepatitis A <sup>6</sup> (USA only)	/ /	/ /				
Hepatitis B <sup>7</sup>	/ /	/ /	/ /			
Tuberculin Skin Test (Mantoux) <sup>8</sup> If applying to the USA, please complete the additional TB test form in the DOCUMENT section. <b>OR</b>	<input type="checkbox"/> + Positive <input type="checkbox"/> - Negative		Date of TB Mantoux Test: / /			
• If TB Skin Test positive, report of negative chest X-ray required. (See below)						
TB Blood Test (IGRA/QuantiFERON TB-Gold) <sup>8</sup>	/ /	<input type="checkbox"/> IGRA/QuantiFERON TB-Gold	Result: <input type="checkbox"/> + Positive <input type="checkbox"/> - Negative			
Chest X-Ray Chest X-ray only required if tuberculosis test is positive.	/ /	Result: <input type="checkbox"/> + Positive <input type="checkbox"/> - Negative				
Meningococcal Vaccine <sup>9</sup> (USA only)	/ /	<input type="checkbox"/> Meningococcal C	/ /	/ /	<input type="checkbox"/> MCV4 <input type="checkbox"/> Other (specify)	
Yellow Fever <sup>10</sup> (Brazil and Argentina only)	Date of Yellow Fever vaccination:		/ /			
Covid-19	/ /	/ /	/ /	Name of the vaccine:		

- Diphtheria, Tetanus and Pertussis (DTaP or DTP):** 4 or more are required. One dose must be received after the student's 4th birthday.
- Tetanus, Diphtheria and Pertussis Booster (Tdap):** Tdap must have been administered within 10 years of the end date of the WEP program or, for the USA, received within the last 5 years. EU students may substitute Tdap with dTap.
- Polio:** 3 or more (4 for the USA). One dose must be received after the student's 4th birthday.
- Measles, Mumps and Rubella:** 2 doses required.
- Varicella:** One dose, except Argentina and USA where two doses are required.
- Hepatitis A:** For the USA only, two doses are required, after the age of two, at least six months apart.
- Hepatitis B:** Countries, except USA, accept either a two dose or three dose schedule. For the USA, students must have received three doses of Hep B vaccine. (See Applications to the USA) NOT REQUIRED for applicants to European countries.
- TB skin test (TST) or Interferon Gama Release Assay blood test (IGRA/QuantiFERON TB-Gold)** must have been administered within 12 months prior to departure. Required for Argentina, Canada, Italy and USA. If the student chooses the TST, a signed, dated copy of the test results is required for the USA.
- Meningococcal:** For the USA only. MenCCV2 – one (1) dose at 12 months is required, PLUS (if possible) MCV4 – two (2) doses are required with the 1st dose given between 13–15 years and the second given between 16–18 years. If the first dose is given after the 16th birthday, a booster is not needed.
- Yellow Fever Vaccination** required for students entering Brazil, students entering the Misiones province of Argentina, Brazilian students entering Australia and Argentine students from the Misiones province of Argentina entering Australia. Yellow Fever vaccination is recommended for all students to Argentina.

## Comments

I, the undersigned, have given a thorough physical examination and reviewed the medical history of the above named candidate. I certify that all important medical information has been included, and that the above information is complete and accurate. I certify that the above named student is emotionally and physically fit to engage in a secondary school program abroad.

PHYSICIAN: NAME

Medical Practitioner must not be a direct family member

SIGNATURE

DATE

PHYSICIAN'S STAMP HERE



STUDENT'S FAMILY NAME (AS IT APPEARS ON PASSPORT, ID CARD OR BIRTH CERTIFICATE)

FIRST NAME

MIDDLE NAME

Please complete this form in **BLACK** ink.

Some exchange organisations do not accept students with allergies. If there are any significant changes to the information entered on this form before your departure or during your program, we reserve the right to cancel your program. Since the host family location is not known in advance, all allergies (controlled by medication or not, environmental, seasonal etc) must be declared. False declarations may result in immediate dismissal from the program without refund.

Can any of the allergic reactions, listed below, be life threatening?  Yes  No

If **YES** please explain

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Can the symptoms be controlled with medication?  Yes  No

If **YES**, please provide information (list of medications and schedule of use)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Allergies to Living Conditions

(please tick the appropriate box)

Does the student have any allergic reactions to the following?

- Dust       Mould       Pollen       Grass
- Medications       Insect venom       Cigarette smoke
- Other (please specify)

Please describe the student's symptoms:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, the undersigned, certify that all available information regarding the student's allergies has been included, and that the above information is complete and accurate.

PHYSICIAN: NAME

SIGNATURE

DATE

Physician must not be a direct family member.

## Allergies to Animals (please tick the appropriate box)

Does the student have any allergic reactions to the following?

- Cats       Dogs       Horses
- Rabbits       Birds

Other (please specify)

What breeds of dogs/cats or other animals is the student allergic to?

\_\_\_\_\_

Please describe the student's symptoms:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Can the student live in a home with a dog that lives outdoors?  Yes  No

Can the student live in a home with a dog that lives indoors?  Yes  No

Can the student live in a home with a cat that lives outdoors?  Yes  No

Can the student live in a home with a cat that lives indoors?  Yes  No

Can the student live in a home with animals, if the animal is not permitted in the student's bedroom?  Yes  No

## Food Intolerances and Other Allergies

Please list:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe the student's symptoms:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Can the student prepare own meals to accommodate allergy/intolerance?  Yes  No

PHYSICIAN'S STAMP HERE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# HIGH SCHOOL EXCHANGE PROGRAM STUDENT'S AND PARENTS'

## AGREEMENT AND ACKNOWLEDGEMENT

### Student's family name

As it appears on passport, ID card or birth certificate

.....  
**First Name**

.....  
**Middle Name**

The term 'placing organisation' used hereunder refers to the sponsor organisation that will organise placement and supervise the student in the host country. This can be an organisation member of the WEP network or any other agency cooperating with your 'WEP sending organisation'. The term 'WEP sending organisation' refers to the sending organisation that has recruited the participant. The term 'WEP' refers to both the 'placing organisation' and 'WEP sending organisation'. The name and contact details of the 'placing organisation' will be given to you, prior to departure.

The word parent includes the student's legal guardian wherever applicable.

### 1. Privacy policy

Information provided by you to WEP in any application is subject to Privacy Laws. WEP respects your privacy and is committed to maintaining the privacy of your personal information. For more details contact your WEP sending organisation.

### 2. Inclusions in and exclusions from the program

#### 2.1 Inclusions

1. Thorough assessment by WEP of student's application.
2. Placement with a family in the host country by 'placing organisation'.
3. Enrolment in a secondary educational institution by 'placing organisation'.
4. Visa documentation (if necessary).
5. Welcome arrival in host country (either by local representative or hosts).
6. Post arrival orientation.
7. Support and assistance of 'placing organisation' in the host country.
8. Emergency support in host country 24 hours a day, 7 days a week.
9. Periodic reports from WEP placing organisation.

#### 2.2 Exclusions

1. Passport and visa fees.
2. Personal items and expenses including but not limited to toiletries, phone calls, postage, social activities, entertainment, restaurant and other meals away from the host family's home.
3. School excursions and trips not covered by the program fee.
4. Hire/purchase of school books (if not provided) and materials, uniform (if required), as well as subject levies.
5. Transport to and from school.
6. For some destinations, transportation to/from home country (please refer to the brochure of the WEP sending organisation).
7. Comprehensive insurance
8. Intensive language classes if required by the school or the 'placing organisation' in case the student cannot communicate at a sufficient level in the host country.

### 3. Student finance

Exchange students provide all their own spending money. We advise around US\$/EUR 180–250 or AU\$350+ in local currency each month to cover personal expenses such as social and other optional activities, means of communication and medical/pharmaceutical costs, etc. Personal expenditure varies according to destination. School costs, optional excursions, clothing and unfavourable foreign exchange rates can increase the monthly expenditure.

### 4. Passport and visa

Students who do not have a valid passport should apply for one as soon as possible as, in some countries, it can take several months to be issued. Whether your passport is old or new, please ensure that you have a validity of six months minimum on return to your home country. Most programs require a visa based on documentation supplied by 'placing organisation'. Your WEP sending organisation will keep you informed of the visa application procedure.

### 5. Alterations to program

WEP reserves the right to modify, alter and limit any aspects of the program as it deems necessary. This includes ensuring its proper conduct and compliance with visa regulations/changes.

### 6. Expulsion from program, voluntary withdrawal, termination or cancellation of program

'Placing organisation' reserves the right to expel students from the program at any time if it considers, at its absolute discretion, that a student has breached the program rules. In this case students will be returned to their home country at their parents'/guardian's expense.

WEP reserves the right to cancel any program or decline to accept or retain any student at any time. Should a program be cancelled by WEP prior to departure, a full refund of all monies paid will be made. Should the student withdraw voluntarily from program before end date, natural parents must accept all responsibility and bear all return costs.

### 7. Relationship between WEP and program service providers

WEP, its subsidiaries and representatives do not act as agents for the various companies, owners or providers of other services. The student and the student's parents/guardian acknowledge that WEP, its subsidiaries, and representatives are not liable for any loss, delay, injury, damage or irregularity resulting from a defect in any vehicle, or caused by any company or person, including but not limited to, owners or operators of transportation, insurers and suppliers of accommodation.

### 8. Relationship between student and WEP

This agreement does not constitute a partnership or joint venture between the student and parents/guardian on the one hand and WEP on the other hand. The student and parents/guardian may not hold themselves out as being authorised to bind or act as agent for WEP.

The student and parents/guardian may not impose any obligation on WEP including any costs or charges and may not incur any joint liability with WEP without the prior written consent of WEP.

### 9. Application of law

All aspects of this agreement are governed by the law of the state, district, region or province where the 'WEP sending organisation' is based. The parties select the courts of that state, district, region or province as the forum for settlement of any dispute that arises under this agreement.

*I confirm my candidacy to the Secondary School Program and certify that the information provided in all documents that form a part of the application and enrolment process is true and correct. I agree to follow the rules of the host country, hosts, education department and school(s) in which I am placed.*

Read and approved by mother/guardian:

Name: .....

Date: ..... Signature:

Read and approved by father/guardian:

Name: .....

Date: ..... Signature:

Read and approved by student:

Name: .....

Date: ..... Signature:



HIGH SCHOOL EXCHANGE PROGRAM

**STUDENT WELFARE  
AUTHORITY**

**Student's family name**

As it appears on passport, ID card or birth certificate

.....  
**First Name**

.....  
**Middle Name**

.....

1. We as Parent(s)/Guardian(s) of the Undersigned Student, grant WEP, the sending and/or the placing organisation, its employees, coordinators, the educational institution where the student is assigned, and the family or families with whom the student may live, at their decision, and if needed, at the cost of the student or his/her parents or legal guardians (in the case of expenses not covered by student's insurance) the power to place the student in a hospital or in any other institution for any type of assistance or medical treatment or, if there is no appropriate institution available, to place the student under the care of a local medical doctor for his/her treatment.

2. We grant WEP, the sending and/or the placing organisation, its employees, coordinators, the educational institution where the student is assigned, and the family or families with whom the student may live, all necessary permissions to act 'in loco parentis' at the cost of the student, parents or legal guardians in any situation, especially in emergencies whether medical or other including the possibility of permission for surgical operations or any other treatment deemed necessary. I/We authorise WEP, the sending and/or the placing organisation, its employees, coordinators, the educational institution where the student is assigned, and the family or families with whom the student may live to return the student to the country of origin at the cost of the student, parents or legal guardians, if necessary, to submit to medical treatment, if this is deemed necessary by the above mentioned people, after consultation with medical authorities.

3. We confirm that at the time of signing this document the student enjoys good health, that his/her medical records included in the student application are true and complete, and that the student is fit to engage in any physical and sporting activity.

Any substantial change to the student's physical and psychological health from the application signature dates to the student's departure date must be notified to WEP in writing. Problems resulting from health issues that were not disclosed may result in program dismissal.

4. We grant WEP, the sending and/or the placing organisation, its employees, coordinators, the educational institution where the student is assigned, and the family or families with whom the student may live, permission to act on our behalf in anything pertaining to possible representation before the local authorities. This authorisation shall be valid for the complete duration of the program in which the student is participating.

**Read and approved by mother/guardian:**

Name: .....

Date: .....

Signature:

**Read and approved by father/guardian:**

Name: .....

Date: .....

Signature:

**Read and approved by student:**

Name: .....

Date: .....

Signature:



# HIGH SCHOOL EXCHANGE PROGRAM

# AGREEMENT AND RELEASE

**Student's family name**

As it appears on passport, ID card or birth certificate

.....  
**First Name****Middle Name**  
.....**1. Medical Release**

We as Parent(s)/Guardian(s) of the Undersigned Student, do hereby authorise WEP, the sending and/or the placing organisation, its employees, coordinators, the educational institution where the student is assigned, and the family or families with whom the student may live as agents of the undersigned parents to consent to any X-ray examinations, anaesthetic, medical or surgical diagnosis or treatment or hospital care which is deemed advisable by and is rendered under the general supervision of any licenced physician or surgeon, whether such treatment or diagnosis is rendered at the clinic of said physician or surgeon or at a hospital. It is understood that this authorisation is not given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of our aforesaid agents to give specific consent to any and all such diagnoses, treatments or hospital care which the aforementioned physician or surgeon in the exercise of his best judgement may deem advisable. This authorisation shall be valid for the entire duration of the program in which the student is participating. Student agrees with the above conditions even if 18 years of age or more before or during the program.

**Read and approved by mother/guardian:**

Name: ..... Date: ..... Signature:

**Read and approved by father/guardian:**

Name: ..... Date: ..... Signature:

**Read and approved by student:**

Name: ..... Date: ..... Signature:

**2. Travel Authorisation Form**

1. We as Parent/Guardian of the Undersigned Student, do hereby authorise WEP, the sending and/or the placing organisation, its employees, coordinators, the educational institution where the student is assigned, and the family or families with whom the student may live as agents of the undersigned parents to make the determination for Student travel for the duration of Student's participation in the Secondary School Program. It is understood that this Authorisation is given in advance only when the Student is travelling and supervised by a Host parent or by a Representative of a school program, or any Tour Operator approved by the placing organisation stated hereunder.

2. We understand that the student may not travel unsupervised. Student agrees with the above conditions even if 18 years of age or more before or during the program.

**Read and approved by mother/guardian:**

Name: ..... Date: ..... Signature:

**Read and approved by father/guardian:**

Name: ..... Date: ..... Signature:

**Read and approved by student:**

Name: ..... Date: ..... Signature:

**Name of sponsor (placing) organisation**

To be completed by organisation manager

.....

**3. Program Duration**

We as Parent(s)/Guardian(s) of the Undersigned Student, understand that the program duration is dependent on school term/semester dates and the directive of the placing organisation, and specific program length cannot be guaranteed. I/We also understand that the Secondary School Program terminates one week following the closure of the student's program at school. WEP, the sending and/or the placing organisation, its employees, coordinators, the educational institution where the student is assigned, and the family or families with whom the student may live, will not be held responsible for the student after this termination date. Students must leave the country within seven (7) days, unless they travel with their natural parents, or change their visa status. Student agrees with the above conditions even if 18 years of age or more before or during the program.

**Read and approved by mother/guardian:**

Name: ..... Date: ..... Signature:

**Read and approved by father/guardian:**

Name: ..... Date: ..... Signature:

**Read and approved by student:**

Name: ..... Date: ..... Signature:

**4. Liability**

1. We as Parent(s)/Guardian(s) of the Undersigned Student do hereby authorise the Undersigned Student to participate in any sports except sports stated in section 'program rules', and agree to hold harmless WEP, the sending and/or the placing organisation, its employees, coordinators, the educational institution where the student is assigned, and the family or families with whom the student may live. I/We understand that the student may not be able to graduate or obtain a diploma, this is subject to Federal, State, Community and/or School regulations.

2. We also understand that acceptance of the Undersigned Student in a sporting team of the school and/or the community is subject to Federal, State, Community and/or School regulations. I/We, as Parent(s)/Guardian(s) of the Undersigned Student and the Undersigned Student, have read the rules of the program and agree to abide by them.

3. We agree that WEP, the sending and/or the placing organisation, its employees, coordinators, the educational institution where the student is assigned, and the family or families with whom the student may live cannot be held responsible if any incident occurs as a result of failure to follow program rules or advice. All the material provided for the purpose of the program (application form, student handbook, profile, interview report, etc...) and photographs and other documentation supplied by the student while on or returned from program... remain the property of WEP, the Sending and/or Placing Organisation. WEP, the Sending and/or Placing Organisation and/or their employees and agents may use pictures or any media support, in which student and/or parents appear, for promotional purposes through any media or any other promotional support available. Student agrees with the above conditions even if 18 years of age or more before or during the program.

**Read and approved by mother/guardian:**

Name: ..... Date: ..... Signature:

**Read and approved by father/guardian:**

Name: ..... Date: ..... Signature:

**Read and approved by student:**

Name: ..... Date: ..... Signature:





# PROGRAM RULES

**Student's family name**

As it appears on passport, ID card or birth certificate

.....  
**First Name**

.....  
**Middle Name**

.....

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

- Students must abide by the laws of the host country and native country.
- Students must only use drugs prescribed by a medical practitioner.
- Students are not permitted to purchase or drink alcoholic beverages.
- Students are not permitted to purchase or shoot guns of any type.
- Students are not permitted to drive any motorised vehicle.
- Due to his/her role as an 'ambassador' of his/her home country, exchange student must not participate in any sexual contact or sexual activity. In most countries, sexual activity among teenagers or young adults is considered as a breach of moral standards. Students who are of legal age must not participate in any sexual contact or sexual activity with a person who is under legal age.
- Students must maintain school attendance and enrolment. School expulsion results in program termination.

**VERY IMPORTANT**

The student's immediate dismissal from the program, and repatriation to their home country will result where:

- The student and/or their parents/legal guardians have knowingly provided false or misleading information as part of the WEP application form, or other program related document; or
- The student and/or their parents /legal guardians fail to notify WEP of any change relating to the student's physical or mental wellbeing, prior to his/her program departure; or
- The student shows any sign of a mental disorder, including eating disorders, episodes of depression, or the experience of a nervous breakdown; or
- The student behaves violently toward any person or animal; or
- The student behaves in a way which leads WEP to believe that he/she could represent a danger to him/herself, and or/others.

High School Student Exchange is a very challenging program and it is essential for the student to be physically fit and mentally sound, in order to successfully complete their program.

**ANY INFRACTION OF THE ABOVE RULES/POINTS WILL RESULT IN IMMEDIATE DISMISSAL FROM THE PROGRAM AND WILL RESULT IN TERMINATION OF STUDENT'S VISA.**

- Students are not allowed to smoke.
- Students must always be aware of their responsibility as exchange students and make a determined effort in their school, host family and host community.
- Students must attend school daily, including during exam time, maintain a 'C' grade average and attempt all tests, assignments and exams that are part of the standard curriculum in the host country. This rule must be followed despite any advice to the contrary received in the host country.
- Students are not permitted to visit such places as pornographic shops, adult theatres or drinking establishments.
- Students are not permitted to visit websites, chat sites, internet forums with adult content, or download software onto the host's family computer without permission.
- Students are not permitted to participate in parachute jumping, bungee jumping, caving or any dangerous activities.
- Students must show respect for their families and act as a member of the family.
- Students must obey family rules.
- Students must voluntarily help with household chores.
- Students are not permitted to talk about the family's private affairs to others (except with their coordinator or sponsor organisation).
- Students cannot change families and schools at will.
- Students must show respect for their coordinators and obey their instructions.
- Students are not permitted to travel independently by air, on land or sea during the program. All travel must be supervised by an adult (over 25) and approved in writing by the host family, natural family and WEP, well in advance of the planned travel.

- Students must not get any part of their body tattooed or pierced while on program.
- Online profiles need to be consistent with how students present themselves in application forms. If the sponsor organisation or any potential host family discover that the student is different from that portrayed in the application, dismissal from the program may result.
- Students will be held responsible for any derogatory, defamatory, insulting, negative, dishonest or misleading comments posted online about any member of the host country, including the host family, coordinator, teachers and friends. Program dismissal may result.
- Incriminating evidence related to inappropriate behaviour or violations of program rules discovered in photos or comments posted online, may result in program dismissal.

**ANY FAILURE TO ABIDE BY THE ABOVE RULES MAY RESULT IN DISMISSAL FROM THE PROGRAM AND TERMINATION OF STUDENT'S VISA.**

- Students should limit contacts with other exchange students during the program and make all necessary efforts to have contacts with host country citizens.
- On special occasions (Christmas, birthdays...), students priority's must be to spend this time with the host family.
- Students are responsible for bringing with them their official transcripts of their most recent grades.
- Students should limit contact with parents and friends via phone calls, SMS, email messages and social networking sites.
- Students must pay for phone calls and internet related expenses.
- Parents and friends may not visit the student during the program and may not disturb the host family life.
- Students may not enter into any contractual agreement, be it business, marital or religious.

**STUDENTS AND PARENTS UNDERSTAND THAT NOT FOLLOWING THE ABOVE, RULES MAY HAVE NEGATIVE EFFECTS ON STUDENTS INTEGRATION IN THE HOST FAMILY, COMMUNITY, SCHOOL OR HOST FAMILY.**

**STUDENT AND PARENTS UNDERSTAND THAT NOT FOLLOWING THE PROGRAM RULES MAY AFFECT THE SUCCESS OF STUDENT'S HOMESTAY AND/OR MAY HAVE NEGATIVE CONSEQUENCES ON STUDENT'S FUTURE.**

**STUDENT ALSO AGREES TO THE ABOVE RULES EVEN IF 18 YEARS OF AGE OR OLDER BEFORE OR DURING THE PROGRAM.**

Read and approved by mother/guardian:

Name: .....

Date: ..... Signature:

Read and approved by father/guardian:

Name: .....

Date: ..... Signature:

Read and approved by student:

Name: .....

Date: ..... Signature:



# UNDERSTANDING THE PROGRAM

**Student's family name**

As it appears on passport, ID card or birth certificate

.....  
**First Name**

.....  
**Middle Name**

.....

**1. Program concept**

The exchange student lives with a volunteer host family as a family member, while attending a local secondary school for the duration of the visit.

**2. Program purpose**

To learn about host country culture by actively participating in family, school and community life. To help students improve their written and oral knowledge of the host country language. This results in better understanding and tolerance among people throughout the world.

**3. Expectations**

Adapting to a new family, school, friends, language and culture is very challenging, and often difficult, but always rewarding, with benefits for the student's lifetime.

**4. Important aspects of the host country, life & culture**

The socio-economic standing of families varies greatly, and may be very different from that of the student. Hosts live in various areas and regions and are likely to live in suburbs, small towns, villages, rural or semi-rural locations. Placement in urban or suburban areas is not guaranteed in any way.

Host families come in all shapes and sizes. They represent a complete cross-section of each host community and the richness of family diversity in today's world. Families can be 'nuclear' (mum, dad plus children), 'empty-nesters' (older couples or singles who now have grown children), couples (de facto or married) of any age with or without children, blended families, same-sex couples with children, single parents with children, single adults and more. Most importantly, families are volunteers, eager to host students and are carefully interviewed and screened to ensure they are an appropriate host family.

Most host parents supervise the activities of their children, some quite firmly. Teenagers usually ask permission to go places, go only where they have been permitted to go and must return by the agreed hour, or phone if they will be late because of emergency.

The rules for all activities away from the family, especially evening activities, will be set by the host parents and must be honoured by the student.

Host parents expect their children to share the burden of household tasks. All students are to accept their share of this work as a member of the family. Smoking is becoming more of an unacceptable behaviour in most countries.

Students are not allowed to smoke. They may not drink, buy or possess alcohol.

**5. You should also know that...**

Host families are (unless stated otherwise) volunteers who have offered to take you into their family as a member, not as a guest. Their offer to you, the student, is from the heart. Except for some countries, (for example Japan, due to cultural differences), students normally have one family for the duration of the program. However, conditions and circumstances within the host family may change, requiring a host family change, as determined solely by the placing organisation.

Student's graduation from a secondary school in the host country is rarely possible. This varies from school to school, district to district and state to state. Wep and the placing organisation have no power in such matters. This is determined solely by the school. Student's year level and subject choices will be determined by the school and school reports cannot be guaranteed.

Exchange students provide all their own spending money. We advise around us\$/eur 180–250 or au\$ 350+ in local currency each month to cover personal expenses such as social and other optional activities, means of communication, and medical/pharmaceutical costs, etc...

Student placement is at the discretion of the placing organisation. No guarantees are made as to geographic area, socio-economic level or composition of the host family, size or type of school.

**6. The key to a highly successful exchange experience**

An exchange program makes available to the student an exciting, maturing experience with advantages lasting a lifetime. The greatest benefits are available to those students who treat all others with respect and consideration; are willing to reach out to others for friendship; can adjust to a new family, friends, language and culture; and settle into new school routines among new friends without major disruption. The rewards of the program are great, indeed, for the student who shares with the new family, friends and school.

**7. Social networking**

Another key component to a successful program is the desire and ability to communicate effectively and spend time with the host family. Students who allocate excessive time to social networking sites like Facebook run the risk of alienating their host family and experiencing increased levels of homesickness, resulting in disappointment for all concerned and sometimes program failure.

Students must ensure they effectively balance 'living in the host country' versus 'living online.'

**I, the student, have read these program details.  
 I understand my part in the student exchange process.**

**Read and approved by student:**

Name: .....

Date: ..... Signature:

*As the student's parents/guardians, we have read and understood these program details. We will encourage our child to participate in all aspects of the program.*

**Read and approved by mother/guardian:**

Name: .....

Date: ..... Signature:

**Read and approved by father/guardian:**

Name: .....

Date: ..... Signature:

**Name of sponsor (sending) organisation:**

*To be completed by organisation manager*

.....

**Name of sponsor (sending) organisation:**

*To be completed by organisation manager*

.....