

**INTERNATIONAL STUDENT APPLICATION**

**Student Information – Section 1**

**Student’s Full Name** enter first name middle enter last name

**Nickname/American Name** enter nickname **Height** enter height **Weight** enter weight

**Visa**:  J1  F1 **Program Start Date** Click here to enter a date.

**Home Address (Street)** Click here to enter street address

**City** Click here to enter city **Country** Click here to enter country **Postal** **Zone** enter text

**Home Telephone** Click here to enter home phone number

**Email** Click here to enter email address

**Date of Birth** Click here to enter a date. **Age** enter age **Sex** Female Male

**City of Birth** Click here to enter city **Country of Birth** Click here to enter country

**Passport No**. Click here to passport number **Expiration Date** Click here to enter a date.

**Country Issuing Passport** Click here to enter name of country

**Current Year of Study in Home Country** Enter here **Grade Entering in the US?** Enter here

**Do You Want to Get a Diploma?** Yes No

**Religious Preference** Click here to enter religious preference

**Interest and Involvement** Active Little None

**Who Do You Live With**

Mother and Father Mother Father Other (Who)enter here

**Father or Legal Guardian**

**Name** Enter first name here Enter middle name here Click last name here

**Street** **Address** Enter street address here **Postal** **Zone** Enter postal zone here

**City** Enter city here **Country** Enter country here

**Home** **Telephone** Enter home phone number here **Email** Enter email address here

**Occupation** Enter occupation here **Work** **Telephone** Enter work phone here

**Date** **of** **Birth** Enter date of birth **Cell** **Telephone** Enter cell phone number

**Mother or Legal Guardian**

**Name** Enter first name here Enter middle name here Click last name here

**Street** **Address** Enter street address here **Postal Zone** Enter postal zone here

**City** Enter city here **Country** Enter country here

**Home Telephone** Enter home phone number here **Email** Enter email address here

**Occupation** Enter email address here **Work Telephone** Enter work phone here

**Date of Birth** Enter date of birth **Cell Telephone** Enter first name here

**Brothers and Sisters**

**Name** Click here to enter name **Age** Click here to enter age

**Sex**: **Female** **Male** **Live at Home** **Yes** **No**

**Name** Click here to enter name **Age** Click here to enter age

**Sex**: **Female** **Male** **Live at Home** **Yes** **No**

**Name** Click here to enter name **Age** Click here to enter age

**Sex**: **Female** **Male** **Live at Home** **Yes** **No**

**Name** Click here to enter name **Age** Click here to enter age

**Sex**: **Female** **Male** **Live at Home** **Yes** **No**

**Student Information – Section 2**

**Current School Information**

**Current School** Enter name of current school here Public Parochial Private

**Dates Attended**

**From** Click here to enter a date. **To**Click here to enter a date. **Present Grade** Enter grade

**Street Address** Enter school’s street address here **Postal Code** Postal code here

**City** Click here to enter city **Country** Click here to enter country

**Principal/Counselor** Click here to enter name of principal **Email** Enter email address here

**Phone** Click here to enter phone number **Fax** Click here to enter fax number.

**Position** **of** **Student** **in** **Class** Enter rank **Number** **of Student in Class** Enter number

**Favorite Subjects** List favorite subjects here

**Subject(s) Which Student Achieves Best Grades** List subject(s) here

**Subject(s) Which Student Achieves Worst Grades** List subject(s) here

**What are the Student’s Aspirations?** Enter here

**SLEP** Score **TOEFL** Score **IELTS** Score **SSAT** Score **Other** Name & Score

**Current Grade Point Average** Enter GPA here

**Foreign Country Studied in Before** List any countries student has studied in before Year date

**How Long was the Program?** Enter length of program here

**Student’s Interests** List student’s interests here

**Does the Student Have Any Specific Medical Problems/Requirements?**

List any specific medical problems/requirements here

**List Foreign Languages You Speak or Have Studied**

**Language** **Years of Study** **Proficiency**

Language No. of years Average Good Excellent

Language No. of years Average Good Excellent

Language No. of years Average Good Excellent

Language No. of years Average Good Excellent

**Agent Information**

**Agency Name** Enter agency name here **Country** Name of country here

**Contact Name** Enter contact name here **Email** Enter email address here

**Mailing Address**

Enter complete mailing address here

**Telephone Number** Enter telephone no. here **Fax Number** Enter fax number here

**Student Information – Section 3**

**Personality Traits**: Check the following words that best describe you.

|  |  |  |
| --- | --- | --- |
| Active | Informal | Quick-tempered |
| Adaptable | Insecure | Reserved |
| Calm | Neat | Responsible |
| Casual | Open | Sensitive |
| Emotional | Optimistic | Serious |
| Friendly | Patient | Shy |
| Independent | Polite | Spontaneous |

**Interests**: Check active interests if you like them but DO NOT participate currently.

|  |  |  |
| --- | --- | --- |
| Aerobic Exercising | Fishing | Sailing |
| American Football | Going to movies | Sewing |
| Attending Theater | Hiking/Backpacking | Soap Operas |
| Ballet Dancing | Horseback Riding | Soccer |
| Baseball | Ice Skating | Social Clubs |
| Basketball | Individual Sports | Social Dancing |
| Camping | Indoor Games | Skiing |
| Chess/Backgammon | Jogging | Swimming |
| Classical Music | Martial Arts | Symphony |
| Collecting Stamps | Motor Vehicles | Tennis |
| Computers | Painting/Drawing | Visiting Museums |
| Cooking | Photography | Volleyball |
| Current Events | Play an instrument | Watching Sports |
| Cycling | Playing Cards | Watching TV |
| Dancing | Political Groups | Windsurfing |
| Debating | Popular Music | Writing |
| Drama | Reading | Other |
| Fashion | Religious Activities | Click here to enter text. |

**Interests**: Check active interests you CURRENTLY participate in.

|  |  |  |
| --- | --- | --- |
| Aerobic Exercising | Fishing | Sailing |
| American Football | Going to movies | Sewing |
| Attending Theater | Hiking/Backpacking | Soap Operas |
| Ballet Dancing | Horseback Riding | Soccer |
| Baseball | Ice Skating | Social Clubs |
| Basketball | Individual Sports | Social Dancing |
| Camping | Indoor Games | Skiing |
| Chess/Backgammon | Jogging | Swimming |
| Classical Music | Martial Arts | Symphony |
| Collecting Stamps | Motor Vehicles | Tennis |
| Computers | Painting/Drawing | Visiting Museums |
| Cooking | Photography | Volleyball |
| Current Events | Play an instrument | Watching Sports |
| Cycling | Playing Cards | Watching TV |
| Dancing | Political Groups | Windsurfing |
| Debating | Popular Music | Writing |
| Drama | Reading | Other |
| Fashion | Religious Activities | Click here to enter text. |

**MEDICAL FORM**

**Student Name** Click here to enter name of student . **Date of Birth** Click here to enter a date.

**Weight** Enter here **Height** Enter here **Blood** **Pressure** Enter here **Pulse** Enter here

**Vision** Normal Lenses If lenses: **Right** **Eye** Enter here **Left** **Eye** Enter here

**Allergies**: List any allergies here

**Dietary** **Restrictions**: List any dietary restrictions here

**IMMUNIZATION** **RECORDS** (all dates in mm/dd/yyyy)

**Tuberculin (TB) test** – Within the last 4 years. BCG not enough. Should read negative to indicate no TB.

Date: Enter here Result: Negative Positive

Please explain any positive reaction: Explanation here

**Diptheria – Pertussis – Tetanus (DPT or TD)** Dates: Date 1 Date 2 Date 3 Date 4 Date 5

**Polio (OPV)**  Dates: Date 1 Date 2 Date 3 Date 4

**Measles-Mumps-Rubella** Dates: Date 1 Date 2 Date

**Hepatitis A** – please list if vaccinated Dates: Date 1 Date 2

**Hepatitis B** Dates: Date 1 Date 2 Date 3

**Chicken Pox (Varicella)** – vaccines or disease date

Dates: Date 1 Date 2 or Disease date Date here

**Meningococcal** Date: Date 1

|  |  |
| --- | --- |
| **Immunizations Requirements for Admission to US Schools** | |
| 1. DTap/DTP/DT/Td | 5 doses of any combination(DTap/DTP) unless 4th dose was given on or after the 4th birthday |
| 1. Polio (OPV) | 4 doses unless the 3rd dose was given on or after the 4th birthday |
| 1. MMR | 2 doses or 2 measles, 2 mumps, and 1 rubella |
| 1. Hepatitis A | 2 doses on or after 2nd birthday (Not required by all American high schools) |
| 1. Hepatitis B | 3 doses |
| 1. Varicella | 2 doses of vaccine or history of disease |
| 1. Meningococcal/MCV4 | 1 dose |

**List all medications which will be brought to USA; both prescription and non-prescription.**

Click here to enter text.

**Is the student currently taking any prescription medications? If yes, please list and explain reasons:**

Click here to enter text .

**Is the student currently taking any over-the-counter medications? If yes, please list and explain reasons:**

Click here to enter text .

**Has the student ever had surgery or been hospitalized?**

Click here to enter text.

**Are there any other restrictions or pertinent medical information we should know about?**

Click here to enter text.

**Is this student fit enough to join sport activities at a U.S. high school?** Yes No

**Other Conditions**

|  |  |  |
| --- | --- | --- |
| Bleeding Tendencies | Dizziness | Persistent cough |
| Head Injury | Anemia | Tuberculosis |
| Neck Injury | Seizures | Headaches |
| High Blood Pressure | Convulsions | Appendicitis |
| Diabetes | Unconsciousness | Nervous breakdown |
| Asthma | Rheumatic Fever | Emotional disorder |
| Hepatitis | Hernia | Learning disabilities |
| Heart disease | Bone or joint disease | Had surgical operation |
| Kidney disease | Skin Disease | Currently under physician care |
| Diphtheria | Measles | Congenital defects |
| Mumps | Chicken pox |  |
| Any other contagious/infectious conditions which may be relevant to this overseas experience | | |

Please explain positive conditions above:

Click here to enter text .

Physician’s Name: Click here to enter text .

Physician’s Address: Click here to enter text .

**Student Letter**

**First Name:** Click here to enter text. **Last Name:** Click here to enter text.

Click here to key letter.

**Parent Letter**

**First Name:** Click here to enter text. **Last Name:** Click here to enter text.

Click here to key letter.

**Photo Album**

**Click on the individual photo placeholders to insert pictures that you would like to share.**

 

 

 

**Transcript**

**Click on the blue placeholder to insert a picture of the student’s transcript.**

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**School Form**

**Current Grade** Enter grade level here **Intended grade in U.S.** Enter grade level here

**SLEP** Enter score here **Oral** **English (1-10)** Enter score here **Years** of **English** Enter years here

**Transcript**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Previous | | Current |  | Previous | | Current |
|  | Two Years | | Year |  | Two Years | | Year |
| Native Tongue | Click here | Click here | Click here |  | Click here | Click here | Click here |
| English | Click here | Click here | Click here | Social Studies | Click here | Click here | Click here |
| Algebra | Click here | Click here | Click here | Geometry | Click here | Click here | Click here |
| Physics | Click here | Click here | Click here | Trigonometry | Click here | Click here | Click here |
| Chemistry | Click here | Click here | Click here | Computers | Click here | Click here | Click here |
| Biology | Click here | Click here | Click here | Religion | Click here | Click here | Click here |
| Science | Click here | Click here | Click here | Literature | Click here | Click here | Click here |
| Health | Click here | Click here | Click here | Physical Ed | Click here | Click here | Click here |
| World History | Click here | Click here | Click here | Japanese | Click here | Click here | Click here |
| Geography | Click here | Click here | Click here | Chinese | Click here | Click here | Click here |
| Music | Click here | Click here | Click here | Art | Click here | Click here | Click here |

**Description of Grade System – how it compares to U.S. system**

Click here to enter text.

**ENGLISH Teacher Recommendation**

**Teacher** Enter name of ENGLISH teacher here **School** Enter name of school here.

**How long have your know the student?** Enter answer here.

|  |  |
| --- | --- |
| Maturity | Excellent  Good  Fair  Poor |
| Responsibility | Excellent  Good  Fair  Poor |
| English Comprehension | Excellent  Good  Fair  Poor |
| Honesty | Excellent  Good  Fair  Poor |
| Class Participation | Excellent  Good  Fair  Poor |
| Sense of humor | Excellent  Good  Fair  Poor |
| Conversational English | Excellent  Good  Fair  Poor |
| Creativity | Excellent  Good  Fair  Poor |
| Personal Motivations | Excellent  Good  Fair  Poor |
| Academic Motivation | Excellent  Good  Fair  Poor |
| Ability to adapt to new experiences | Excellent  Good  Fair  Poor |
| Ability to interact with others | Excellent  Good  Fair  Poor |
| Overall Character | Excellent  Good  Fair  Poor |
| Ability to make decisions | Excellent  Good  Fair  Poor |

**What is your assessment of this student’s ability to participate in an exchange program?**

Click here to enter your response