



2 0 1 1 - 2 0 1 2



**DO NOT WRITE IN THIS SECTION**

LS \_\_\_\_\_ ESSAY \_\_\_\_\_ INT \_\_\_\_\_ DE \_\_\_\_\_  
 LANG \_\_\_\_\_ ESP \_\_\_\_\_

TC \_\_ - \_\_

OFFICIAL USE ONLY.

Name \_\_\_\_\_ (in native language)

Today's Date \_\_\_\_\_ day \_\_\_\_\_ month \_\_\_\_\_ year

**INSTRUCTIONS**

*Note to student: Please read all of the instructions carefully before you start to fill out this application. Specific instructions for each form are located at the top of the form, and additional instructions are located on the last page of this application. Use black ink.*

You must complete every section on each form in this application, and return the completed application **and one copy** by the date shown below. If you do not return the completed application **and one copy** by the date below, your application will not be considered.

All forms must be filled out in English. When writing a name or address in English, use English letters, but do not translate. For example, write Jaday Istiqlal, not Independence Boulevard. Write your name at top of each form where indicated.

**DUE DATE** \_\_\_\_\_

**IS SCHOOL TRANSCRIPT INCLUDED?**

Yes  No

Have you participated in the English Access Microscholarship program?  Yes  No

**STUDENT INFORMATION**

Last (Family) Name: \_\_\_\_\_  
(as written on passport)

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

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

Gender (circle one): Male Female Age: \_\_\_\_\_

Birthdate: Day \_\_\_\_\_ Year \_\_\_\_\_

Month (circle one): Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Place of birth: \_\_\_\_\_

Country of birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Country: \_\_\_\_\_

Are you a U.S. citizen, permanent resident or Green Card holder?

Yes  No

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_

Address: \_\_\_\_\_

Home telephone: City code \_\_\_\_\_ Number \_\_\_\_\_

Mobile telephone number: \_\_\_\_\_

Other telephone number where you can be contacted:

City code \_\_\_\_\_ Number \_\_\_\_\_

Whose telephone is this? Relationship to you: \_\_\_\_\_

Last Name First Name Middle Name

Fax number: City code \_\_\_\_\_ Number \_\_\_\_\_

Whose fax number is this? \_\_\_\_\_

Have you (or your parents) ever applied to emigrate to the U.S.?

Yes  No

**FAMILY INFORMATION** If parent is no longer alive, write "deceased." If parent is unknown, write "unknown".

MOTHER Last Name: \_\_\_\_\_

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

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

Work telephone: City code \_\_\_\_\_ Number \_\_\_\_\_

Home telephone: City code \_\_\_\_\_ Number \_\_\_\_\_

Mobile telephone number: \_\_\_\_\_

Country: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_

Address: \_\_\_\_\_

FATHER Last Name: \_\_\_\_\_

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

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

Work telephone: City code \_\_\_\_\_ Number \_\_\_\_\_

Home telephone: City code \_\_\_\_\_ Number \_\_\_\_\_

Mobile telephone number: \_\_\_\_\_

Country: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_

Address: \_\_\_\_\_

**DO NOT WRITE IN THIS SECTION**

This Document is FREE OF CHARGE

Missing Items: \_\_\_\_\_



STUDENT NAME: \_\_\_\_\_

Last Name First Name Middle Name

# Form 2

## ACTIVITIES AND ACHIEVEMENTS

**SCHOOL INFORMATION** Is this a boarding school?  Yes  No

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

Class (circle one): 8 9 10 11 12 other \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: City code \_\_\_\_\_ Number \_\_\_\_\_ School Director: \_\_\_\_\_  
Last Name First Name Middle Name

Website (if any): \_\_\_\_\_ Email address: \_\_\_\_\_

### SECTION 1

#### ACTIVITIES, INTERESTS AND SPORTS

HOURS EACH MONTH

DATES OF ACTIVITY (from-to)

*Example:*

*Basketball*

*8 hours per month*

*2008-2009*

List your activities and interests. Indicate how many hours each month you spend on each activity. Include only activities you have been involved in during the last three years. See the example on the first line and write your activities the same way.

You can include:

- Clubs and organizations you have been a member of.
- Sports played.
- Other activities such as scouts, religious or youth groups, volunteering, social activities.
- Special training or hobbies such as music, dance, drama or foreign language.
- Work experience.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### SECTION 2

#### ACHIEVEMENTS, AWARDS AND LEADERSHIP POSITIONS

NAME OF INSTITUTION

DATE RECEIVED

*Example:*

*English Contest - 1st place*

*School No. 140*

*2009*

List any awards or prizes you have received and any significant achievements for which you have been recognized. Indicate the dates you received the awards or special recognition and the name of the institution giving the award.

Examples include prizes, honors, medals or olympiads in areas such as foreign language, creative writing, science, or music.

List leadership positions you have held.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you work or have you ever held a job?  Yes  No If yes, explain: \_\_\_\_\_

### SECTION 3

If you have traveled on any international exchange programs or have lived outside your country, please list in this section.

EXCHANGE PROGRAMS (INCLUDE SPONSORS) OR LIVING OUTSIDE YOUR COUNTRY	DATES (month and year) FROM: TO:	CITY, STATE AND COUNTRY	TYPE OF PROGRAM
<i>Example: School exchange</i>	<i>Nov. 2009 - Dec. 2009</i>	<i>Munich, Germany</i>	<i>Cultural</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

# ACTIVITIES AND ACHIEVEMENTS

## SECTION 4

Place an "X" next to any sports, interests, or hobbies in which you have participated in the last three years. Then write how many hours per week you participate in this activity. Answer truthfully. You may be expected to participate in these activities in the United States.

SPORTS	HOURS PER WEEK	SPORTS	HOURS PER WEEK
<input type="checkbox"/> Aerobics/Shaping	_____	<input type="checkbox"/> Roller-Skating/Roller-Blading	_____
<input type="checkbox"/> Badminton	_____	<input type="checkbox"/> Running/Jogging	_____
<input type="checkbox"/> Basketball	_____	<input type="checkbox"/> Skateboarding	_____
<input type="checkbox"/> Bicycling	_____	<input type="checkbox"/> Skiing	_____
<input type="checkbox"/> Boating	_____	<input type="checkbox"/> Snowboarding	_____
<input type="checkbox"/> Cricket	_____	<input type="checkbox"/> Swimming	_____
<input type="checkbox"/> Football (Soccer)	_____	<input type="checkbox"/> Table Tennis	_____
<input type="checkbox"/> Gymnastics	_____	<input type="checkbox"/> Tennis	_____
<input type="checkbox"/> Hiking	_____	<input type="checkbox"/> Track and Field	_____
<input type="checkbox"/> Hockey	_____	<input type="checkbox"/> Volleyball	_____
<input type="checkbox"/> Horseback Riding	_____	<input type="checkbox"/> Weightlifting	_____
<input type="checkbox"/> Ice-Skating	_____	<input type="checkbox"/> Wrestling	_____
<input type="checkbox"/> Martial Arts	_____	<input type="checkbox"/> Other: _____	_____
<input type="checkbox"/> Mountain/Rock climbing	_____	<input type="checkbox"/> Other: _____	_____

INTERESTS/HOBBIES	HOURS PER WEEK	INTERESTS/HOBBIES	HOURS PER WEEK
<input type="checkbox"/> Acting (Drama/Theater)	_____	<input type="checkbox"/> Listening to Pop Music	_____
<input type="checkbox"/> Art	_____	<input type="checkbox"/> Modern Dancing	_____
<input type="checkbox"/> Astronomy	_____	<input type="checkbox"/> Movies	_____
<input type="checkbox"/> Auto Mechanics	_____	<input type="checkbox"/> Museums	_____
<input type="checkbox"/> Ballet	_____	<input type="checkbox"/> Opera	_____
<input type="checkbox"/> Ballroom Dancing	_____	<input type="checkbox"/> Painting/Drawing	_____
<input type="checkbox"/> Camping	_____	<input type="checkbox"/> Pets	_____
<input type="checkbox"/> Cars	_____	<input type="checkbox"/> Photography	_____
<input type="checkbox"/> Ceramics/Pottery	_____	<input type="checkbox"/> Pop Concerts	_____
<input type="checkbox"/> Chess	_____	<input type="checkbox"/> Playing Cards	_____
<input type="checkbox"/> Classical Concerts	_____	<input type="checkbox"/> Playing Musical Instrument(s)	_____
<input type="checkbox"/> Computers	_____	<input type="checkbox"/> Reading	_____
<input type="checkbox"/> Cooking	_____	<input type="checkbox"/> Religious Activity	_____
<input type="checkbox"/> Crafts	_____	<input type="checkbox"/> School Clubs	_____
<input type="checkbox"/> Current Events/Politics	_____	<input type="checkbox"/> Scouting	_____
<input type="checkbox"/> Debates	_____	<input type="checkbox"/> Singing (in Choir)	_____
<input type="checkbox"/> Environmental Issues	_____	<input type="checkbox"/> Sporting Events	_____
<input type="checkbox"/> Folk Music	_____	<input type="checkbox"/> Stamp Collecting	_____
<input type="checkbox"/> Fishing	_____	<input type="checkbox"/> Television/Video	_____
<input type="checkbox"/> Forestry	_____	<input type="checkbox"/> Theater	_____
<input type="checkbox"/> Gardening	_____	<input type="checkbox"/> Travel	_____
<input type="checkbox"/> Hunting	_____	<input type="checkbox"/> Tutoring/Teaching	_____
<input type="checkbox"/> Indoor Plants/Flowers	_____	<input type="checkbox"/> Video Games	_____
<input type="checkbox"/> Interior Design	_____	<input type="checkbox"/> Writing	_____
<input type="checkbox"/> Knitting/Sewing	_____	<input type="checkbox"/> Writing Letters	_____
<input type="checkbox"/> Listening to Classical Music	_____	<input type="checkbox"/> Other: _____	_____
		<input type="checkbox"/> Other: _____	_____







STUDENT NAME: \_\_\_\_\_  
Last Name First Name Middle Name

School Name and Location: \_\_\_\_\_

Current class (circle one): 8 9 10 11 12 other \_\_\_\_\_

# Form 4

## RECOMMENDATION FROM TEACHER

### INSTRUCTIONS

**TO STUDENT:** Complete the information on the top of this form. Please ask one of your teachers, who knows you well, to complete this form. If you cannot choose a teacher, you may choose your school director or a teacher from a school you have recently attended. This form must be completed and returned with your application by the due date shown on FORM 1.

**TO RECOMMENDER:** Please answer the questions, and sign this document. Your answers to the questions on this form will be evaluated along with the student's own application materials to determine his/her suitability for this scholarship program. Therefore we ask you to answer each question honestly, carefully and completely. Return the completed form to the student, who will attach it as part of the application. **This form must be filled out in English.** If the recommender **does not** know English, he or she should write the recommendation on a separate piece of paper, and then have a translator complete, **in English**, the English Form 4 and complete the Translator's Statement. **The recommender must then attach these two forms to each other.** If the recommender **does** know English, he or she should write the recommendation using the English Form 4 **only**.

4.1 Please describe this student's behavior. How does the student respond to authority? How does he/she relate to peers and participate in group projects with other students? What talents, interests and skills does this student have that will contribute to an international exchange experience? Please give examples.

4.2 Please comment on the student's motivation in school and study habits.

4.3 Please evaluate the student's character in the following categories (check the appropriate boxes):

Personality Traits	Excellent	Above Average	Average	Below Average
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Openness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to adapt to new situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to interact with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of English (if known)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_

4.4.1 Has the student had any adjustment or disciplinary problems at school?

Yes  No

4.4.2 Has the student missed or repeated a year?

Yes  No

4.4.3 Does the student have a history of continuous or frequent absences from school?

Yes  No

4.4.4 Does the student have any special educational needs?

Yes  No

If you answered "yes" to any question, please explain: \_\_\_\_\_





STUDENT NAME: \_\_\_\_\_  
Last Name First Name Middle Name

# Form 5

## PLACEMENT INFORMATION

### INSTRUCTIONS

Please fill out this form truthfully and completely. This information is not used during the selection process, so your answers to these questions do not affect your chances of being selected. Your answers on this form are used only to match you with an American host family if you are selected.

1 Describe a typical (normal, not special) day in your life.

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1.1 Have you ever been to the U.S.?  Yes  No If yes, when? \_\_\_\_\_

How long did you stay? \_\_\_\_\_

1.2 Have you ever lived in or traveled to other countries?  Yes  No If yes, when and where \_\_\_\_\_

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1.3 What are your household responsibilities?

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1.4 What time do your parents expect you to be home during the week? \_\_\_\_\_

On weekends? \_\_\_\_\_

1.5 How much time do you spend on average studying at home each day? \_\_\_\_\_ hours each day

1.6 Have you ever lived away from home?  Yes  No If yes, explain: \_\_\_\_\_

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1.7 Check the box that best describes the community where you live:  urban  suburban  small town  rural area

1.8 What is the population of your community? (approximate): \_\_\_\_\_

### 2 LANGUAGE STUDY

2.1 How many years have you studied English? \_\_\_\_\_ years At what age did you begin to study English? \_\_\_\_\_

2.2 What is the primary language spoken in your home? \_\_\_\_\_

2.3 What other languages do you know? Please list and indicate your **SPEAKING** ability in each language.

Language: _____	Years studied _____	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Language: _____	Years studied _____	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Language: _____	Years studied _____	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Language: _____	Years studied _____	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent

3 Future Plans: Do you intend to continue your education upon completion of secondary school?  Yes  No

3.1 If yes, what do you intend to study? \_\_\_\_\_  
 \_\_\_\_\_

3.2 What are your future job or career plans? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4 About your family. Who lives in your home? (indicate all that apply)

Father _____	name	age	occupation	Mother _____	name	age	occupation
Grandfather _____	name	age	occupation	Grandmother _____	name	age	occupation
Brothers _____	name	age	occupation	Sisters _____	name	age	occupation
_____	name	age	occupation	_____	name	age	occupation
_____	name	age	occupation	_____	name	age	occupation
Others _____	name	age	relationship to you	Others _____	name	age	relationship to you
_____	name	age	occupation	_____	name	age	occupation

4.1 Parents are:  married  separated  single  divorced. If divorced,  mother remarried,  father remarried

4.2 Do you have family members or friends in the U.S.?  Yes  No If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_

5 What is your religion, if any? \_\_\_\_\_

5.1 How often do you currently attend religious services in your home country?  once or more a week  occasionally  never

5.2 Do you need a special place for prayer?  Yes  No

6 Can you swim?  Yes  No

7 Do you smoke?  Yes  No

For all applicants: Whether or not you smoke, in most cases, you will not be allowed to smoke while on the YES program in the U.S. I understand that there are laws restricting smoking in my host state and host school, and that my host family may have objections to smoking in their home. I agree to honor these laws and/or restrictions.



\_\_\_\_\_  
 Student signature (indicating understanding of this statement)

8 Can you live in a home where other people smoke inside the home?  Yes  No

9 Do you have any dietary restrictions for health, religious or other reasons?  Yes  No

If yes, please explain: \_\_\_\_\_

10 Do you have allergies?  Yes  No If yes, please explain (examples food allergies, grass, pollen, medicines, dogs, cats, etc.):

Please explain your treatment or medication: \_\_\_\_\_

11 Will you bring any medication or supplements with you?  Yes  No

If yes, please give the name of the medication or supplement and indicate what it is for, how it is taken, etc. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



STUDENT NAME: \_\_\_\_\_  
Last Name                      First Name                      Middle Name

# Form 6

## PHOTOGRAPHS

### INSTRUCTIONS

- 1) On this page glue 2 photos, **taken within the last two years**, showing you with your family or friends. Write your name clearly in English on the back of each photo.
- 2) You must also submit **2 PASSPORT SIZE PHOTOGRAPHS**. Please smile! Place these 2 photographs in an envelope, seal the envelope and attach it to the back of this form. On the envelope write in English your name (last, first, middle), your date of birth (day/month/year), and your home town. You must include all of the required photographs as part of your completed application by the due date shown on FORM 1.
- 3) All photographs are used in the host family placement process and help introduce you to your American family. **Photos are not used during the selection process, and they are not used for passports or for any other official documents.**
- 4) The photographs will not be returned to you.

Attach photo here

1 Describe the photo. Indicate which person is you.

*For example, the 2nd person from the left*

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Attach photo here

2 Describe the photo. Indicate which person is you.

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STUDENT NAME: \_\_\_\_\_

Last Name

First Name

Middle Name

# Form 7

## PARENT/STUDENT AGREEMENT

### INSTRUCTIONS

You and your parents should carefully review this document and must sign all three English-language copies. One copy should be removed from this application and kept by your parents. Return the two remaining copies as part of your completed application by the due date shown on FORM 1.

### A. PURPOSE

The Youth Exchange & Study Program (YES), ["the Program"], funded by the United States Government, promotes respect for cultural diversity, friendship between the United States of America and your country, and opportunities for personal development through international host family living. The Program is implemented by private, not-for-profit organizations ("YES program organizations"). It provides the opportunity to attend an American school, share in U.S. family life, learn about the United States, increase the participants' sensitivity to cultural differences and similarities, and develop a deepened awareness of shared human values and interests. The Program, as implemented by YES program organizations, consistent with its commitment to international understanding, does not discriminate on the basis of race, color, national origin, religion or sex in employment or in making selections and placements of students.

### B. PARENT AGREEMENT

#### General Program Policies

1. We give our son or daughter permission to participate in this Program. We and our son or daughter will obey the policies described in the Program Handbook and YES program organization guidelines. We understand that the original English-language version of this document represents the final authoritative wording of all policies and guidelines.  
2. We affirm that we or any other immediate family member has not applied at any time to emigrate to the U.S.A. We understand that if application for immigration has been filed, the U.S. Embassy will not issue a visa for the Program to our son or daughter. We affirm that we or any other immediate family member (whether estranged or not) is not a U.S. citizen or green card holder.

3. We acknowledge that our son or daughter has not stayed in the U.S. for three (3) months or more during the past five (5) years.

4. We understand that our son or daughter must meet the Program eligibility requirements and is a citizen of the country in which s/he is applying, and is able to receive a passport of that country.

5. Home stay requirement: As participants of an exchange program funded by the U.S. Government, YES students are subject to Department of State's Two-Year Home-Country Physical Presence requirement [212(E)], which stipulates that the student must reside in their home country for a minimum of two years after completing their educational or cultural exchange program before they are eligible for immigrant or temporary worker status.

6. We understand that we may not visit our son or daughter during his or her participation in the YES Program unless we obtain written approval from the YES program organization.

7. We understand that if our son or daughter is selected to receive a scholarship, final acceptance will depend on fulfillment of the medical, placement, and academic requirements of the sponsoring student exchange organization.

8. We agree to release and discharge the YES program organizations, employees, host families, program representatives, and school representatives from any legal liability, claim, or demand in connection with:

- a. any emergency, accident, illness, injury or other consequences or event arising from the actions or participation of our son or daughter in the Program, or
- b. any cause, event or occurrence beyond the control of the YES program organization, including, but not limited to, natural disasters, war, terrorism, civil disturbances, and the negligence of parties not subject to the control of the Program organization.

#### Travel Policies

9. We agree that our son or daughter will travel to and from the United States in strict accordance with the travel plans made by the Program.

10. We will not encourage or permit our son or daughter to travel outside the host community during his or her participation in the Program except in strict accordance with the following requirements:

a. Where our son or daughter desires to travel outside the host community with and under the supervision of his or her host parent(s), school official or other responsible adult, our son or daughter must first obtain written approval for such travel from the YES program organization. For international travel this includes authorization of the DS2019 form.

b. Where our son or daughter desires to travel outside the host community unaccompanied by his or her host parent(s), school official or other responsible adult, our son or daughter must obtain written approval for such travel from the YES placement organization and us. For international travel this includes authorization of the DS2019 form.

c. We understand that many YES placement organizations place limits on or do not allow visits with natural family members or friends. We agree to follow all placement organization rules concerning visits with natural family members or family friends.

11. We understand that our son or daughter will be responsible for paying any fees incurred for carrying baggage in excess of the baggage limits set by the airlines used for Program travel. We understand that this provision applies to both international travel and domestic travel within both the U.S.A. and our country.

12. We understand that in making travel arrangements for our son or daughter, the YES program organization contracts with or uses commercial airlines, trains, buses, restaurants, hotels and other entities whose performance and services cannot be controlled by the Program. Consequently, we agree that the YES program organization is not liable for any of

the actions or negligence of such commercial entities including, but not limited to, lost baggage, uncomfortable accommodations, and travel delays. We further agree that the YES program organization reserves the right to change or alter travel, lodging or other arrangements if it believes such change or alteration to be in the best interest of the participants or the Program.

13. We understand that our son or daughter must return home at the end of the program on the date assigned by the responsible YES program organization. Changes to the assigned departure date will not be made to accommodate graduation, prom or other special school or family events that occur after the assigned date. We understand that the U.S. visa issued to our son or daughter will not be amended or extended beyond the program end date. No exceptions will be made to this policy.

#### School and Host Family Placement

14. We authorize the YES program organizations, employees and representatives to change the place of residence or school designated for our son or daughter when they believe such change to be in the best interest of our son or daughter. We understand that we will be notified of any such changes.

15. We recognize that schools in the U.S. may impose academic standards or other requirements in determining grade level placement that differ from those imposed in the school our son or daughter now attends. We acknowledge and accept that participation in the program does not guarantee credit or graduation from the school our son or daughter now attends or from the U.S. school he or she will attend while participating in the Program. We understand that it is our responsibility to arrange with the school our son or daughter now attends to receive credit or to take exams upon completion of the Program; or to arrange for permission for academic absence from any institute or university to be attended upon return.

16. We are aware that the U.S.A. is a multi-racial, multi-ethnic country providing a diversity of possible living experiences and that there is no single living experience that is typical. We understand that placements are made on the basis of criteria designed to determine suitability of host families, and the Program does not discriminate on the basis of race, religion or ethnic origin, either of students or of host families.

17. We understand that there are strict laws restricting smoking in the U.S. and that the host family may have objections to smoking in their home. We agree to honor these laws or restrictions.

#### Health/Medical Issues

18. We confirm that the information stated in the Student Health Certificate is accurate and contains no material omissions of which we are aware. We will immediately inform the YES program organization of any change in information given. We understand that such new information may require reconsideration of our son's or daughter's status in the Program. In the event our son/daughter has a recurrence of any previous illness or anything contracted before leaving home or in the U.S. that is not covered by insurance, we authorize the YES organization to release our child to our care in our country. We will not hold the YES organization responsible for any debts incurred in connection with this permission. We understand that treatment will be provided for injuries sustained by our son or daughter while on Program but the extent of coverage is subject to the insurance provider's rules and policies.

19. We confirm that we have provided a full and complete medical and immunization history on our son or daughter. We understand that U.S. schools absolutely require immunizations, and we agree to allow the Program organization to arrange for all such immunizations which are required for our son/daughter. We understand that such immunizations will be administered according to U.S. medical standards and at no expense to us or our son or daughter.

20. As the applicant's parents or guardians, we agree to and do hereby authorize the YES program organization, its personnel and representatives, and the adult members of the host family, to act for us in any emergency, accident or illness.

#### Termination from the Program

21. We understand that our son or daughter may be dismissed from the Program for behavior that the Program, at its discretion, considers detrimental to our son or daughter or to the Program.

22. We agree that if we violate any provision of this Agreement, or if our son or daughter, during his or her stay in the U.S. does any of the following, then it may be determined that our son or daughter has voluntarily withdrawn from the Program:

- a. is absent without authorization from the host school or the place of residence designated by the YES program organization; or
- b. violates any provision of this Agreement; or
- c. Has misrepresented him or herself in the program application.

23. If our son or daughter voluntarily withdraws, or is dismissed, from the Program at any time after departure from our country, we understand that his or her scholarship, visa and health insurance coverage are canceled.

#### Declaration

24. We have discussed the Program and this Agreement with our son or daughter, and each of us fully understands the obligations imposed on us.

25. We confirm that all information provided in this application is truthful. We understand that any misrepresentation or false answer in this application can be grounds for our son or daughter's elimination from the Program.

SIGNATURE OF A PARENT OR LEGAL GUARDIAN: \_\_\_\_\_

Parent's written name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last Name First Name Middle Name

### C. STUDENT AGREEMENT

I have read this Agreement and discussed with my parent(s) its terms and conditions. I agree with the purpose of the Program and fully accept all terms and conditions of this Agreement, and all other rules, regulations and conditions set forth concerning the Program. In particular I will do my best to become an integral part of my host family, school and community; will travel only in accordance with Paragraphs 9, 10 and 13 of this Agreement; and will attend the school designated for me on a regular basis and complete all work to the best of my ability. I hereby certify that the information provided in all parts of this application is truthful. I understand that any misrepresentation or false answer can be grounds for my elimination from this program.

SIGNATURE OF STUDENT: \_\_\_\_\_

Date: \_\_\_\_\_

I hereby attest that the student and the student's parent or legal guardian have signed this document before me.

SIGNATURE OF WITNESS: \_\_\_\_\_

Written Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last Name First Name Middle Name

The policies presented here are the general policies for students. Since variations regarding specific policies and procedures exist among program organizations, it is important that you check with the representatives or office of your program organization in the U.S.A.

#### PROGRAM ELIGIBILITY REQUIREMENTS

Participation on the Program: Applicants will be considered for a scholarship to participate on this Program if:

1. No immediate family member has applied at any time for permission to emigrate to the U.S.A. or for a green card;
2. The applicant meets the YES age and grade (class) requirements for his or her country; and
3. The applicant is a legal citizen of the country from which he or she applies.

#### GENERAL POLICIES

- **Internet:** Students are required to follow ALL RULES regarding use of the computer (regardless of whose property it is) and the Internet as determined by his/her placement organization, host family and/or host school. Students who place private (contact information, pictures, etc.) or inappropriate information on the Internet may be dismissed from the program. The rules are intended to protect students' safety and are based on federal guidelines and laws governing what can and cannot be posted online. Violation of any of these rules may result in dismissal from the program or criminal charges. Students who in any way put the safety of themselves or others at risk by misusing the Internet may be dismissed from the program
- **Dangerous/risky activities:** The following activities have been determined by most insurance companies to be too risky, and treatment for injuries sustained while participating in the them will not be covered by insurance: driving any motorized vehicle (such as a car, motorcycle, all-terrain vehicle, etc.) hang gliding, bungee jumping, jumping on a trampoline, parachute jumping, parasailing, scuba diving, piloting a private plane, mountain biking, mountaineering, rock climbing, skate boarding, extreme sports, handling or using a firearm or other weapon and any other such activities prohibited by your placement organization.
- **Driving:** Exchange students are not permitted to drive any motorized vehicle under any circumstances. Violators of this policy will be considered for program dismissal. This applies even if they are in possession of an International driver's license or if the host family feels that the student is a responsible and careful driver. Exceptions may be granted for farm equipment if allowed by the student's program organization. If authorized, the student must observe precautions regarding safety and legal limitations.
- **Employment:** The J-1 visa permitting the student to stay in the U.S.A. restricts employment. Program participants may seek only part-time, small jobs such as babysitting, yard clean-up, etc., according to specific regulations of program organizations.
- **Marriage:** Married students are not permitted on the Program. If marriage occurs while the student is a participant or is discovered to have occurred prior to the student becoming a participant, the student will be considered for Program dismissal.
- **Pregnancy:** If a program participant is found to be pregnant she must return to her home country. Male students who cause pregnancies also must return home.
- **Student expenses:** The Program provides visas, travel arrangements, host family and school placements, allowances and insurance. The Program is not responsible for additional student expenses beyond the incidentals allowance, monthly pocket allowance, and official program activities and travel. The host family is responsible for three meals a day for the student and must provide EITHER lunch money OR a bag lunch if the school does not provide free lunches for the student and the student cannot go home for lunch. All other expenses, such as extra school fees or activities, social activities, personal and hygienic supplies, postage and telephone calls, are paid by the student using Program allowances.

#### TRAVEL POLICIES

- **Return to home country at the end of the Program:** all students must return to their home country at the end of the program on the date assigned by the responsible YES program organization. Students will not be allowed to remain in the U.S.A after their assigned return-travel date. Those who do not adhere to this will be reported to the Department of Homeland Security and U.S. Immigration and Customs Enforcement and will have their program insurance cancelled.
- **Student travel:** It is the policy of the Program that only authorized student travel is permitted. Authorized student travel must meet these three criteria:
  1. The YES placement organization has knowledge of the student's location and approves the travel in advance, and/or the program organizations have obtained the natural parents' written permission for the travel;
  2. The student's safety is assured to the greatest extent possible;
  3. The travel does not interfere with school attendance.
- **Visits with natural family, home country friends or relatives who live in the US:** Such visits are strongly discouraged during the program year, especially during the initial adjustment period. Such visits interrupt the continuity of the relationship with the host family and may diminish the exchange experience for the student and host family. Policies vary by placement organization.
- **Visits to the home country while on Program:** Such visits are not allowed. Exceptions may be made, contingent upon funding and Program approval, in case of the death or imminent death of an immediate (mother, father, brother, sister) family member. An unauthorized visit will result in dismissal from the Program. Such non-emergency trips break the continuity of the relationship with the host family and may diminish the exchange experience for the student and host family. Any requests for exceptions must be presented to the YES program organization in the U.S.A. and approved by the U.S. Department of State.

#### SCHOOL AND HOST FAMILY PLACEMENT

- **School attendance:** All program participants must attend a high school and maintain a normal course of school work. Non-attendance may result in consideration for Program dismissal or determining that the student has left the Program.
- **School performance:** Allowing for an initial period of linguistic and/or academic adjustment, a student must achieve and maintain adequate academic results. After a reasonable period of time, poor motivation, under-achievement, or inappropriate behavior in combination with poor family adjustment, may be cause for Program dismissal.
- **School expulsion:** If a student is expelled from school, that student will be considered for Program dismissal.
- YES students cannot be hosted by natural family members.

#### HEALTH/MEDICAL

- **Medical treatment of a student (including emergencies):** Before a student arrives in the U.S.A., the Program must receive written permission from natural parents to obtain emergency medical attention if needed (see Permission for Care of My Child). Students will receive complete medical attention in case of an accident or emergency. Each insurance provider has specific policies and restrictions governing the types of expenses they will reimburse. YES Program organizations, their representatives and host families are not responsible for any medical bills, not covered by insurance, incurred by a student regardless of who signs a hospital admission form. The Program also is not responsible for any negative results because of medical treatment.

#### TERMINATION

- **Leaving the Program early:** If the student is absent from the host family, school or other place to which the Program has assigned him or her, without obtaining the written approval of the Program, the Program may determine that the student has left the Program through his or her own voluntary action. In this case, the Program is absolved from all obligations, legal or otherwise, to the student or his/her parents or guardians for the student's current or future well-being. The Program will, if the circumstances warrant, work with the student to return to the Program. However, if this cannot be accomplished, a decision will be made that the separation from the Program is final, and the student will receive a letter from the Program sponsor indicating that the student has been reported to the Department of Homeland Security and U.S. Immigration and Customs Enforcement. The student's medical insurance will be cancelled.
- **Unauthorized travel may constitute termination from the Program:** The YES placement organizations in the U.S.A. determine authorization for travel. Procedures for obtaining permission to travel vary by organization.

#### ILLEGAL ACTIVITY

- **Alcohol:** Students are required to observe all U.S. laws with regard to the minimum drinking age. Minimum drinking age in the U.S. is 21. The student will be considered for program dismissal.
- **Drugs:** Program participants may not possess or use drugs that are illegal in the U.S. Violators of this policy may be dismissed from the Program and are subject to prosecution by the U.S. legal system.
- **Theft/shoplifting:** Students involved in theft (either from an individual or from a place of business) or shoplifting may be dismissed from the Program and are subject to prosecution by the U.S. legal system.
- **Violation of the law:** If a student is found to have violated a U.S. law, is arrested, and/or is charged with a crime, the student may be dismissed from the Program but is first subject to prosecution by the U.S. legal system.



STUDENT NAME: \_\_\_\_\_

Last Name

First Name

Middle Name

# Form 7

## PARENT/STUDENT AGREEMENT

### INSTRUCTIONS

You and your parents should carefully review this document and must sign all three English-language copies. One copy should be removed from this application and kept by your parents. Return the two remaining copies as part of your completed application by the due date shown on FORM 1.

### A. PURPOSE

The Youth Exchange & Study Program (YES), ["the Program"], funded by the United States Government, promotes respect for cultural diversity, friendship between the United States of America and your country, and opportunities for personal development through international host family living. The Program is implemented by private, not-for-profit organizations ("YES program organizations"). It provides the opportunity to attend an American school, share in U.S. family life, learn about the United States, increase the participants' sensitivity to cultural differences and similarities, and develop a deepened awareness of shared human values and interests. The Program, as implemented by YES program organizations, consistent with its commitment to international understanding, does not discriminate on the basis of race, color, national origin, religion or sex in employment or in making selections and placements of students.

### B. PARENT AGREEMENT

#### General Program Policies

1. We give our son or daughter permission to participate in this Program. We and our son or daughter will obey the policies described in the Program Handbook and YES program organization guidelines. We understand that the original English-language version of this document represents the final authoritative wording of all policies and guidelines.  
2. We affirm that we or any other immediate family member has not applied at any time to emigrate to the U.S.A. We understand that if application for immigration has been filed, the U.S. Embassy will not issue a visa for the Program to our son or daughter. We affirm that we or any other immediate family member (whether estranged or not) is not a U.S. citizen or green card holder.

3. We acknowledge that our son or daughter has not stayed in the U.S. for three (3) months or more during the past five (5) years.

4. We understand that our son or daughter must meet the Program eligibility requirements and is a citizen of the country in which s/he is applying, and is able to receive a passport of that country.

5. Home stay requirement: As participants of an exchange program funded by the U.S. Government, YES students are subject to Department of State's Two-Year Home-Country Physical Presence requirement [212(E)], which stipulates that the student must reside in their home country for a minimum of two years after completing their educational or cultural exchange program before they are eligible for immigrant or temporary worker status.

6. We understand that we may not visit our son or daughter during his or her participation in the YES Program unless we obtain written approval from the YES program organization.

7. We understand that if our son or daughter is selected to receive a scholarship, final acceptance will depend on fulfillment of the medical, placement, and academic requirements of the sponsoring student exchange organization.

8. We agree to release and discharge the YES program organizations, employees, host families, program representatives, and school representatives from any legal liability, claim, or demand in connection with:

- a. any emergency, accident, illness, injury or other consequences or event arising from the actions or participation of our son or daughter in the Program, or
- b. any cause, event or occurrence beyond the control of the YES program organization, including, but not limited to, natural disasters, war, terrorism, civil disturbances, and the negligence of parties not subject to the control of the Program organization.

#### Travel Policies

9. We agree that our son or daughter will travel to and from the United States in strict accordance with the travel plans made by the Program.

10. We will not encourage or permit our son or daughter to travel outside the host community during his or her participation in the Program except in strict accordance with the following requirements:

a. Where our son or daughter desires to travel outside the host community with and under the supervision of his or her host parent(s), school official or other responsible adult, our son or daughter must first obtain written approval for such travel from the YES program organization. For international travel this includes authorization of the DS2019 form.

b. Where our son or daughter desires to travel outside the host community unaccompanied by his or her host parent(s), school official or other responsible adult, our son or daughter must obtain written approval for such travel from the YES placement organization and us. For international travel this includes authorization of the DS2019 form.

c. We understand that many YES placement organizations place limits on or do not allow visits with natural family members or friends. We agree to follow all placement organization rules concerning visits with natural family members or family friends.

11. We understand that our son or daughter will be responsible for paying any fees incurred for carrying baggage in excess of the baggage limits set by the airlines used for Program travel. We understand that this provision applies to both international travel and domestic travel within both the U.S.A. and our country.

12. We understand that in making travel arrangements for our son or daughter, the YES program organization contracts with or uses commercial airlines, trains, buses, restaurants, hotels and other entities whose performance and services cannot be controlled by the Program. Consequently, we agree that the YES program organization is not liable for any of

the actions or negligence of such commercial entities including, but not limited to, lost baggage, uncomfortable accommodations, and travel delays. We further agree that the YES program organization reserves the right to change or alter travel, lodging or other arrangements if it believes such change or alteration to be in the best interest of the participants or the Program.

13. We understand that our son or daughter must return home at the end of the program on the date assigned by the responsible YES program organization. Changes to the assigned departure date will not be made to accommodate graduation, prom or other special school or family events that occur after the assigned date. We understand that the U.S. visa issued to our son or daughter will not be amended or extended beyond the program end date. No exceptions will be made to this policy.

#### School and Host Family Placement

14. We authorize the YES program organizations, employees and representatives to change the place of residence or school designated for our son or daughter when they believe such change to be in the best interest of our son or daughter. We understand that we will be notified of any such changes.

15. We recognize that schools in the U.S. may impose academic standards or other requirements in determining grade level placement that differ from those imposed in the school our son or daughter now attends. We acknowledge and accept that participation in the program does not guarantee credit or graduation from the school our son or daughter now attends or from the U.S. school he or she will attend while participating in the Program. We understand that it is our responsibility to arrange with the school our son or daughter now attends to receive credit or to take exams upon completion of the Program; or to arrange for permission for academic absence from any institute or university to be attended upon return.

16. We are aware that the U.S.A. is a multi-racial, multi-ethnic country providing a diversity of possible living experiences and that there is no single living experience that is typical. We understand that placements are made on the basis of criteria designed to determine suitability of host families, and the Program does not discriminate on the basis of race, religion or ethnic origin, either of students or of host families.

17. We understand that there are strict laws restricting smoking in the U.S. and that the host family may have objections to smoking in their home. We agree to honor these laws or restrictions.

#### Health/Medical Issues

18. We confirm that the information stated in the Student Health Certificate is accurate and contains no material omissions of which we are aware. We will immediately inform the YES program organization of any change in information given. We understand that such new information may require reconsideration of our son's or daughter's status in the Program. In the event our son/daughter has a recurrence of any previous illness or anything contracted before leaving home or in the U.S. that is not covered by insurance, we authorize the YES organization to release our child to our care in our country. We will not hold the YES organization responsible for any debts incurred in connection with this permission. We understand that treatment will be provided for injuries sustained by our son or daughter while on Program but the extent of coverage is subject to the insurance provider's rules and policies.

19. We confirm that we have provided a full and complete medical and immunization history on our son or daughter. We understand that U.S. schools absolutely require immunizations, and we agree to allow the Program organization to arrange for all such immunizations which are required for our son/daughter. We understand that such immunizations will be administered according to U.S. medical standards and at no expense to us or our son or daughter.

20. As the applicant's parents or guardians, we agree to and do hereby authorize the YES program organization, its personnel and representatives, and the adult members of the host family, to act for us in any emergency, accident or illness.

#### Termination from the Program

21. We understand that our son or daughter may be dismissed from the Program for behavior that the Program, at its discretion, considers detrimental to our son or daughter or to the Program.

22. We agree that if we violate any provision of this Agreement, or if our son or daughter, during his or her stay in the U.S. does any of the following, then it may be determined that our son or daughter has voluntarily withdrawn from the Program:

- a. is absent without authorization from the host school or the place of residence designated by the YES program organization; or
- b. violates any provision of this Agreement; or
- c. Has misrepresented him or herself in the program application.

23. If our son or daughter voluntarily withdraws, or is dismissed, from the Program at any time after departure from our country, we understand that his or her scholarship, visa and health insurance coverage are canceled.

#### Declaration

24. We have discussed the Program and this Agreement with our son or daughter, and each of us fully understands the obligations imposed on us.

25. We confirm that all information provided in this application is truthful. We understand that any misrepresentation or false answer in this application can be grounds for our son or daughter's elimination from the Program.

SIGNATURE OF A PARENT OR LEGAL GUARDIAN: \_\_\_\_\_

Parent's written name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last Name First Name Middle Name

### C. STUDENT AGREEMENT

I have read this Agreement and discussed with my parent(s) its terms and conditions. I agree with the purpose of the Program and fully accept all terms and conditions of this Agreement, and all other rules, regulations and conditions set forth concerning the Program. In particular I will do my best to become an integral part of my host family, school and community; will travel only in accordance with Paragraphs 9, 10 and 13 of this Agreement; and will attend the school designated for me on a regular basis and complete all work to the best of my ability. I hereby certify that the information provided in all parts of this application is truthful. I understand that any misrepresentation or false answer can be grounds for my elimination from this program.

SIGNATURE OF STUDENT: \_\_\_\_\_

Date: \_\_\_\_\_

I hereby attest that the student and the student's parent or legal guardian have signed this document before me.

SIGNATURE OF WITNESS: \_\_\_\_\_

Written Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last Name First Name Middle Name

The policies presented here are the general policies for students. Since variations regarding specific policies and procedures exist among program organizations, it is important that you check with the representatives or office of your program organization in the U.S.A.

#### PROGRAM ELIGIBILITY REQUIREMENTS

Participation on the Program: Applicants will be considered for a scholarship to participate on this Program if:

1. No immediate family member has applied at any time for permission to emigrate to the U.S.A. or for a green card;
2. The applicant meets the YES age and grade (class) requirements for his or her country; and
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#### GENERAL POLICIES

- **Internet:** Students are required to follow ALL RULES regarding use of the computer (regardless of whose property it is) and the Internet as determined by his/her placement organization, host family and/or host school. Students who place private (contact information, pictures, etc.) or inappropriate information on the Internet may be dismissed from the program. The rules are intended to protect students' safety and are based on federal guidelines and laws governing what can and cannot be posted online. Violation of any of these rules may result in dismissal from the program or criminal charges. Students who in any way put the safety of themselves or others at risk by misusing the Internet may be dismissed from the program
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- **Marriage:** Married students are not permitted on the Program. If marriage occurs while the student is a participant or is discovered to have occurred prior to the student becoming a participant, the student will be considered for Program dismissal.
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#### TRAVEL POLICIES

- **Return to home country at the end of the Program:** all students must return to their home country at the end of the program on the date assigned by the responsible YES program organization. Students will not be allowed to remain in the U.S.A after their assigned return-travel date. Those who do not adhere to this will be reported to the Department of Homeland Security and U.S. Immigration and Customs Enforcement and will have their program insurance cancelled.
- **Student travel:** It is the policy of the Program that only authorized student travel is permitted. Authorized student travel must meet these three criteria:
  1. The YES placement organization has knowledge of the student's location and approves the travel in advance, and/or the program organizations have obtained the natural parents' written permission for the travel;
  2. The student's safety is assured to the greatest extent possible;
  3. The travel does not interfere with school attendance.
- **Visits with natural family, home country friends or relatives who live in the US:** Such visits are strongly discouraged during the program year, especially during the initial adjustment period. Such visits interrupt the continuity of the relationship with the host family and may diminish the exchange experience for the student and host family. Policies vary by placement organization.
- **Visits to the home country while on Program:** Such visits are not allowed. Exceptions may be made, contingent upon funding and Program approval, in case of the death or imminent death of an immediate (mother, father, brother, sister) family member. An unauthorized visit will result in dismissal from the Program. Such non-emergency trips break the continuity of the relationship with the host family and may diminish the exchange experience for the student and host family. Any requests for exceptions must be presented to the YES program organization in the U.S.A. and approved by the U.S. Department of State.

#### SCHOOL AND HOST FAMILY PLACEMENT

- **School attendance:** All program participants must attend a high school and maintain a normal course of school work. Non-attendance may result in consideration for Program dismissal or determining that the student has left the Program.
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- **School expulsion:** If a student is expelled from school, that student will be considered for Program dismissal.
- YES students cannot be hosted by natural family members.

#### HEALTH/MEDICAL

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#### TERMINATION

- **Leaving the Program early:** If the student is absent from the host family, school or other place to which the Program has assigned him or her, without obtaining the written approval of the Program, the Program may determine that the student has left the Program through his or her own voluntary action. In this case, the Program is absolved from all obligations, legal or otherwise, to the student or his/her parents or guardians for the student's current or future well-being. The Program will, if the circumstances warrant, work with the student to return to the Program. However, if this cannot be accomplished, a decision will be made that the separation from the Program is final, and the student will receive a letter from the Program sponsor indicating that the student has been reported to the Department of Homeland Security and U.S. Immigration and Customs Enforcement. The student's medical insurance will be cancelled.
- **Unauthorized travel may constitute termination from the Program:** The YES placement organizations in the U.S.A. determine authorization for travel. Procedures for obtaining permission to travel vary by organization.

#### ILLEGAL ACTIVITY

- **Alcohol:** Students are required to observe all U.S. laws with regard to the minimum drinking age. Minimum drinking age in the U.S. is 21. The student will be considered for program dismissal.
- **Drugs:** Program participants may not possess or use drugs that are illegal in the U.S. Violators of this policy may be dismissed from the Program and are subject to prosecution by the U.S. legal system.
- **Theft/shoplifting:** Students involved in theft (either from an individual or from a place of business) or shoplifting may be dismissed from the Program and are subject to prosecution by the U.S. legal system.
- **Violation of the law:** If a student is found to have violated a U.S. law, is arrested, and/or is charged with a crime, the student may be dismissed from the Program but is first subject to prosecution by the U.S. legal system.



STUDENT NAME: \_\_\_\_\_

Last Name

First Name

Middle Name

# Form 7

## PARENT/STUDENT AGREEMENT

### INSTRUCTIONS

You and your parents should carefully review this document and must sign all three English-language copies. One copy should be removed from this application and kept by your parents. Return the two remaining copies as part of your completed application by the due date shown on FORM 1.

### A. PURPOSE

The Youth Exchange & Study Program (YES), [“the Program”], funded by the United States Government, promotes respect for cultural diversity, friendship between the United States of America and your country, and opportunities for personal development through international host family living. The Program is implemented by private, not-for-profit organizations (“YES program organizations”). It provides the opportunity to attend an American school, share in U.S. family life, learn about the United States, increase the participants’ sensitivity to cultural differences and similarities, and develop a deepened awareness of shared human values and interests. The Program, as implemented by YES program organizations, consistent with its commitment to international understanding, does not discriminate on the basis of race, color, national origin, religion or sex in employment or in making selections and placements of students.

### B. PARENT AGREEMENT

#### General Program Policies

- We give our son or daughter permission to participate in this Program. We and our son or daughter will obey the policies described in the Program Handbook and YES program organization guidelines. We understand that the original English-language version of this document represents the final authoritative wording of all policies and guidelines.
- We affirm that we or any other immediate family member has not applied at any time to emigrate to the U.S.A. We understand that if application for immigration has been filed, the U.S. Embassy will not issue a visa for the Program to our son or daughter. We affirm that we or any other immediate family member (whether estranged or not) is not a U.S. citizen or green card holder.
- We acknowledge that our son or daughter has not stayed in the U.S. for three (3) months or more during the past five (5) years.
- We understand that our son or daughter must meet the Program eligibility requirements and is a citizen of the country in which s/he is applying, and is able to receive a passport of that country.
- Home stay requirement: As participants of an exchange program funded by the U.S. Government, YES students are subject to Department of State’s Two-Year Home-Country Physical Presence requirement [212(E)], which stipulates that the student must reside in their home country for a minimum of two years after completing their educational or cultural exchange program before they are eligible for immigrant or temporary worker status.
- We understand that we may not visit our son or daughter during his or her participation in the YES Program unless we obtain written approval from the YES program organization.
- We understand that if our son or daughter is selected to receive a scholarship, final acceptance will depend on fulfillment of the medical, placement, and academic requirements of the sponsoring student exchange organization.
- We agree to release and discharge the YES program organizations, employees, host families, program representatives, and school representatives from any legal liability, claim, or demand in connection with:
  - any emergency, accident, illness, injury or other consequences or event arising from the actions or participation of our son or daughter in the Program, or
  - any cause, event or occurrence beyond the control of the YES program organization, including, but not limited to, natural disasters, war, terrorism, civil disturbances, and the negligence of parties not subject to the control of the Program organization.

#### Travel Policies

- We agree that our son or daughter will travel to and from the United States in strict accordance with the travel plans made by the Program.
- We will not encourage or permit our son or daughter to travel outside the host community during his or her participation in the Program except in strict accordance with the following requirements:
  - Where our son or daughter desires to travel outside the host community with and under the supervision of his or her host parent(s), school official or other responsible adult, our son or daughter must first obtain written approval for such travel from the YES program organization. For international travel this includes authorization of the DS2019 form.
  - Where our son or daughter desires to travel outside the host community unaccompanied by his or her host parent(s), school official or other responsible adult, our son or daughter must obtain written approval for such travel from the YES placement organization and us. For international travel this includes authorization of the DS2019 form.
  - We understand that many YES placement organizations place limits on or do not allow visits with natural family members or friends. We agree to follow all placement organization rules concerning visits with natural family members or family friends.
- We understand that our son or daughter will be responsible for paying any fees incurred for carrying baggage in excess of the baggage limits set by the airlines used for Program travel. We understand that this provision applies to both international travel and domestic travel within both the U.S.A. and our country.
- We understand that in making travel arrangements for our son or daughter, the YES program organization contracts with or uses commercial airlines, trains, buses, restaurants, hotels and other entities whose performance and services cannot be controlled by the Program. Consequently, we agree that the YES program organization is not liable for any of

the actions or negligence of such commercial entities including, but not limited to, lost baggage, uncomfortable accommodations, and travel delays. We further agree that the YES program organization reserves the right to change or alter travel, lodging or other arrangements if it believes such change or alteration to be in the best interest of the participants or the Program.

13. We understand that our son or daughter must return home at the end of the program on the date assigned by the responsible YES program organization. Changes to the assigned departure date will not be made to accommodate graduation, prom or other special school or family events that occur after the assigned date. We understand that the U.S. visa issued to our son or daughter will not be amended or extended beyond the program end date. No exceptions will be made to this policy.

#### School and Host Family Placement

- We authorize the YES program organizations, employees and representatives to change the place of residence or school designated for our son or daughter when they believe such change to be in the best interest of our son or daughter. We understand that we will be notified of any such changes.
- We recognize that schools in the U.S. may impose academic standards or other requirements in determining grade level placement that differ from those imposed in the school our son or daughter now attends. We acknowledge and accept that participation in the program does not guarantee credit or graduation from the school our son or daughter now attends or from the U.S. school he or she will attend while participating in the Program. We understand that it is our responsibility to arrange with the school our son or daughter now attends to receive credit or to take exams upon completion of the Program; or to arrange for permission for academic absence from any institute or university to be attended upon return.
- We are aware that the U.S.A. is a multi-racial, multi-ethnic country providing a diversity of possible living experiences and that there is no single living experience that is typical. We understand that placements are made on the basis of criteria designed to determine suitability of host families, and the Program does not discriminate on the basis of race, religion or ethnic origin, either of students or of host families.
- We understand that there are strict laws restricting smoking in the U.S. and that the host family may have objections to smoking in their home. We agree to honor these laws or restrictions.

#### Health/Medical Issues

- We confirm that the information stated in the Student Health Certificate is accurate and contains no material omissions of which we are aware. We will immediately inform the YES program organization of any change in information given. We understand that such new information may require reconsideration of our son’s or daughter’s status in the Program. In the event our son/daughter has a recurrence of any previous illness or anything contracted before leaving home or in the U.S. that is not covered by insurance, we authorize the YES organization to release our child to our care in our country. We will not hold the YES organization responsible for any debts incurred in connection with this permission. We understand that treatment will be provided for injuries sustained by our son or daughter while on Program but the extent of coverage is subject to the insurance provider’s rules and policies.
- We confirm that we have provided a full and complete medical and immunization history on our son or daughter. We understand that U.S. schools absolutely require immunizations, and we agree to allow the Program organization to arrange for all such immunizations which are required for our son/daughter. We understand that such immunizations will be administered according to U.S. medical standards and at no expense to us or our son or daughter.
- As the applicant’s parents or guardians, we agree to and do hereby authorize the YES program organization, its personnel and representatives, and the adult members of the host family, to act for us in any emergency, accident or illness.

#### Termination from the Program

- We understand that our son or daughter may be dismissed from the Program for behavior that the Program, at its discretion, considers detrimental to our son or daughter or to the Program.
- We agree that if we violate any provision of this Agreement, or if our son or daughter, during his or her stay in the U.S. does any of the following, then it may be determined that our son or daughter has voluntarily withdrawn from the Program:
  - is absent without authorization from the host school or the place of residence designated by the YES program organization; or
  - violates any provision of this Agreement; or
  - Has misrepresented him or herself in the program application.
- If our son or daughter voluntarily withdraws, or is dismissed, from the Program at any time after departure from our country, we understand that his or her scholarship, visa and health insurance coverage are canceled.

#### Declaration

- We have discussed the Program and this Agreement with our son or daughter, and each of us fully understands the obligations imposed on us.
- We confirm that all information provided in this application is truthful. We understand that any misrepresentation or false answer in this application can be grounds for our son or daughter’s elimination from the Program.

SIGNATURE OF A PARENT OR LEGAL GUARDIAN: \_\_\_\_\_

Parent’s written name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last Name First Name Middle Name

### C. STUDENT AGREEMENT

I have read this Agreement and discussed with my parent(s) its terms and conditions. I agree with the purpose of the Program and fully accept all terms and conditions of this Agreement, and all other rules, regulations and conditions set forth concerning the Program. In particular I will do my best to become an integral part of my host family, school and community; will travel only in accordance with Paragraphs 9, 10 and 13 of this Agreement; and will attend the school designated for me on a regular basis and complete all work to the best of my ability. I hereby certify that the information provided in all parts of this application is truthful. I understand that any misrepresentation or false answer can be grounds for my elimination from this program.

SIGNATURE OF STUDENT: \_\_\_\_\_

Date: \_\_\_\_\_

I hereby attest that the student and the student’s parent or legal guardian have signed this document before me.

SIGNATURE OF WITNESS: \_\_\_\_\_

Written Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last Name First Name Middle Name

The policies presented here are the general policies for students. Since variations regarding specific policies and procedures exist among program organizations, it is important that you check with the representatives or office of your program organization in the U.S.A.

#### PROGRAM ELIGIBILITY REQUIREMENTS

Participation on the Program: Applicants will be considered for a scholarship to participate on this Program if:

1. No immediate family member has applied at any time for permission to emigrate to the U.S.A. or for a green card;
2. The applicant meets the YES age and grade (class) requirements for his or her country; and
3. The applicant is a legal citizen of the country from which he or she applies.

#### GENERAL POLICIES

- **Internet:** Students are required to follow ALL RULES regarding use of the computer (regardless of whose property it is) and the Internet as determined by his/her placement organization, host family and/or host school. Students who place private (contact information, pictures, etc.) or inappropriate information on the Internet may be dismissed from the program. The rules are intended to protect students' safety and are based on federal guidelines and laws governing what can and cannot be posted online. Violation of any of these rules may result in dismissal from the program or criminal charges. Students who in any way put the safety of themselves or others at risk by misusing the Internet may be dismissed from the program
- **Dangerous/risky activities:** The following activities have been determined by most insurance companies to be too risky, and treatment for injuries sustained while participating in the them will not be covered by insurance: driving any motorized vehicle (such as a car, motorcycle, all-terrain vehicle, etc.) hang gliding, bungee jumping, jumping on a trampoline, parachute jumping, parasailing, scuba diving, piloting a private plane, mountain biking, mountaineering, rock climbing, skate boarding, extreme sports, handling or using a firearm or other weapon and any other such activities prohibited by your placement organization.
- **Driving:** Exchange students are not permitted to drive any motorized vehicle under any circumstances. Violators of this policy will be considered for program dismissal. This applies even if they are in possession of an International driver's license or if the host family feels that the student is a responsible and careful driver. Exceptions may be granted for farm equipment if allowed by the student's program organization. If authorized, the student must observe precautions regarding safety and legal limitations.
- **Employment:** The J-1 visa permitting the student to stay in the U.S.A. restricts employment. Program participants may seek only part-time, small jobs such as babysitting, yard clean-up, etc., according to specific regulations of program organizations.
- **Marriage:** Married students are not permitted on the Program. If marriage occurs while the student is a participant or is discovered to have occurred prior to the student becoming a participant, the student will be considered for Program dismissal.
- **Pregnancy:** If a program participant is found to be pregnant she must return to her home country. Male students who cause pregnancies also must return home.
- **Student expenses:** The Program provides visas, travel arrangements, host family and school placements, allowances and insurance. The Program is not responsible for additional student expenses beyond the incidentals allowance, monthly pocket allowance, and official program activities and travel. The host family is responsible for three meals a day for the student and must provide EITHER lunch money OR a bag lunch if the school does not provide free lunches for the student and the student cannot go home for lunch. All other expenses, such as extra school fees or activities, social activities, personal and hygienic supplies, postage and telephone calls, are paid by the student using Program allowances.

#### TRAVEL POLICIES

- **Return to home country at the end of the Program:** all students must return to their home country at the end of the program on the date assigned by the responsible YES program organization. Students will not be allowed to remain in the U.S.A after their assigned return-travel date. Those who do not adhere to this will be reported to the Department of Homeland Security and U.S. Immigration and Customs Enforcement and will have their program insurance cancelled.
- **Student travel:** It is the policy of the Program that only authorized student travel is permitted. Authorized student travel must meet these three criteria:
  1. The YES placement organization has knowledge of the student's location and approves the travel in advance, and/or the program organizations have obtained the natural parents' written permission for the travel;
  2. The student's safety is assured to the greatest extent possible;
  3. The travel does not interfere with school attendance.
- **Visits with natural family, home country friends or relatives who live in the US:** Such visits are strongly discouraged during the program year, especially during the initial adjustment period. Such visits interrupt the continuity of the relationship with the host family and may diminish the exchange experience for the student and host family. Policies vary by placement organization.
- **Visits to the home country while on Program:** Such visits are not allowed. Exceptions may be made, contingent upon funding and Program approval, in case of the death or imminent death of an immediate (mother, father, brother, sister) family member. An unauthorized visit will result in dismissal from the Program. Such non-emergency trips break the continuity of the relationship with the host family and may diminish the exchange experience for the student and host family. Any requests for exceptions must be presented to the YES program organization in the U.S.A. and approved by the U.S. Department of State.

#### SCHOOL AND HOST FAMILY PLACEMENT

- **School attendance:** All program participants must attend a high school and maintain a normal course of school work. Non-attendance may result in consideration for Program dismissal or determining that the student has left the Program.
- **School performance:** Allowing for an initial period of linguistic and/or academic adjustment, a student must achieve and maintain adequate academic results. After a reasonable period of time, poor motivation, under-achievement, or inappropriate behavior in combination with poor family adjustment, may be cause for Program dismissal.
- **School expulsion:** If a student is expelled from school, that student will be considered for Program dismissal.
- YES students cannot be hosted by natural family members.

#### HEALTH/MEDICAL

- **Medical treatment of a student (including emergencies):** Before a student arrives in the U.S.A., the Program must receive written permission from natural parents to obtain emergency medical attention if needed (see Permission for Care of My Child). Students will receive complete medical attention in case of an accident or emergency. Each insurance provider has specific policies and restrictions governing the types of expenses they will reimburse. YES Program organizations, their representatives and host families are not responsible for any medical bills, not covered by insurance, incurred by a student regardless of who signs a hospital admission form. The Program also is not responsible for any negative results because of medical treatment.

#### TERMINATION

- **Leaving the Program early:** If the student is absent from the host family, school or other place to which the Program has assigned him or her, without obtaining the written approval of the Program, the Program may determine that the student has left the Program through his or her own voluntary action. In this case, the Program is absolved from all obligations, legal or otherwise, to the student or his/her parents or guardians for the student's current or future well-being. The Program will, if the circumstances warrant, work with the student to return to the Program. However, if this cannot be accomplished, a decision will be made that the separation from the Program is final, and the student will receive a letter from the Program sponsor indicating that the student has been reported to the Department of Homeland Security and U.S. Immigration and Customs Enforcement. The student's medical insurance will be cancelled.
- **Unauthorized travel may constitute termination from the Program:** The YES placement organizations in the U.S.A. determine authorization for travel. Procedures for obtaining permission to travel vary by organization.

#### ILLEGAL ACTIVITY

- **Alcohol:** Students are required to observe all U.S. laws with regard to the minimum drinking age. Minimum drinking age in the U.S. is 21. The student will be considered for program dismissal.
- **Drugs:** Program participants may not possess or use drugs that are illegal in the U.S. Violators of this policy may be dismissed from the Program and are subject to prosecution by the U.S. legal system.
- **Theft/shoplifting:** Students involved in theft (either from an individual or from a place of business) or shoplifting may be dismissed from the Program and are subject to prosecution by the U.S. legal system.
- **Violation of the law:** If a student is found to have violated a U.S. law, is arrested, and/or is charged with a crime, the student may be dismissed from the Program but is first subject to prosecution by the U.S. legal system.



STUDENT NAME: \_\_\_\_\_  
Last Name                      First Name                      Middle Name

# Form 8

## MINOR PARTICIPANT NAME AND/OR LIKENESS RELEASE

I hereby consent to and authorize the use of my name or likeness (or the name or likeness of my child) in connection with participation in the United States Department of State ("DOS")-sponsored exchange program, the Kennedy-Lugar Youth Exchange and Study (YES) Program.

I understand and give my consent that this use may include, but is not limited to, any photographic, video or other recording of my words, likeness, images and/or written materials.

DOS and the participating organizations shall have the right to exhibit, reproduce, distribute, display or otherwise use my name and/or likeness in all media or technology now known or hereafter developed, and may assign such rights to third parties.

OR

I do not authorize the use of my (or my child's) name or likeness.

**Please sign below to indicate your choice:**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Printed Name (First, Middle Last)

\_\_\_\_\_  
Student Home City and Country

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Printed Name



STUDENT NAME: \_\_\_\_\_  
Last Name First Name Middle Name

# Form 9

## PERMISSION FOR CARE OF MY CHILD

### STUDENT INFORMATION

\_\_\_\_\_  
Last (Family) Name: First Name: Middle Name:  
Gender (circle one): Male Female Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
day/month/year

Fill out the information in the lines above. Have your parent or legal guardian (the same parent who signs Forms 7 and 8) for permission for care. Return this document as part of your completed application by the due date shown on FORM 1.

### PERMISSION FOR CARE (STATEMENT TO BE SIGNED BY YOUR PARENT)

My son/daughter has my permission to take part in the YES program. As the applicant's parent or legal guardian, I authorize the participating organization or the host family in the U.S to act for me in any emergency or accident or illness or need for immunization. In the event my son/daughter has a recurrence of any previous illness or anything contracted before leaving home, I, the undersigned authorize the participating organization to release my child to my care in my country. I will not hold the organization responsible for any debts incurred in connection with this permission. In addition, I agree that medical or other legal records of my son/daughter in the U.S. can be released to program representatives, including American Councils for International Education: ACTR/ACCELS, the U.S. placement organization or the U.S. host family.

PRINT NAME OF PARENT OR LEGAL GUARDIAN: \_\_\_\_\_  
Last Name First Name Middle Name

RELATIONSHIP TO STUDENT: \_\_\_\_\_

SIGNATURE OF PARENT OR LEGAL GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_  
(same parent or legal guardian as on Forms 7 and 8) day/month/year



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OFFICIAL USE ONLY. TC     -

# STUDENT HEALTH CERTIFICATE

# Form 10

## PART A - INSTRUCTION TO THE STUDENT

It is important that this form be filled out completely and accurately. **THIS FORM MUST BE FILLED OUT IN ENGLISH.** Complete PART A. Your physician must complete PART B, and your dentist must complete PART C. When all parts are completed, return this document as part of your application by the due date shown on FORM 1.

Student's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: M F  
family name first name middle name (day month year) (circle one)

## PART B - MEDICAL CERTIFICATION (TO BE COMPLETED BY YOUR MEDICAL DOCTOR)

This student may be participating in a program that involves living in the U.S.A. with a host family. Please give especially detailed information on any medical or psychological conditions that would be of concern during this student's stay in the U.S.A. Please write clearly in **black pen in English**. Upon completion of this form, please return it to the student. Thank you for your assistance.

1. **MEDICAL HISTORY.** Has the student ever received treatment, attention or advice from a physician or other practitioner for, or been told by any physician or practitioner that he/she had (circle Yes or No for each question):

- |                                                          |     |    |                                                           |     |    |                                     |     |    |
|----------------------------------------------------------|-----|----|-----------------------------------------------------------|-----|----|-------------------------------------|-----|----|
| 1.1 Allergies to Medications or Vaccines                 | Yes | No | 1.12 Chronic or recurrent Kidney or Urinary Tract Disease | Yes | No | 1.24 Hearing Impairment             | Yes | No |
| 1.2 Other Allergies                                      | Yes | No | 1.13 Persistent or Recurrent Headache                     | Yes | No | 1.25 Anorexia/Bulimia               | Yes | No |
| 1.3 Asthma                                               | Yes | No | 1.14 Seizure Disorder (Epilepsy)                          | Yes | No | 1.26 Psychiatric Problem or Illness | Yes | No |
| 1.4 Tuberculosis                                         | Yes | No | 1.15 Other Neurologic Abnormality or Disease              | Yes | No | 1.27 Learning Disability            | Yes | No |
| 1.5 Chronic or recurrent Respiratory Disease             | Yes | No | 1.16 Thyroid Abnormality or Disease                       | Yes | No | 1.28 Sexually Transmitted Diseases  | Yes | No |
| 1.6 Rheumatic Fever                                      | Yes | No | 1.17 Diabetes Mellitus                                    | Yes | No | 1.29 HIV/AIDS                       | Yes | No |
| 1.7 Disease or Abnormality of the Heart                  | Yes | No | 1.18 Other Endocrine Abnormality or Disease               | Yes | No | 1.30 Hepatitis                      | Yes | No |
| 1.8 Chronic or recurrent Upper Gastrointestinal Disorder | Yes | No | 1.19 Chronic or recurrent Arthritis                       | Yes | No | 1.31 Chicken Pox                    | Yes | No |
| 1.9 Chronic or recurrent Lower Gastrointestinal Disorder | Yes | No | 1.20 Muscle Disease or Skeletal Abnormality               | Yes | No | 1.32 Measles                        | Yes | No |
| 1.10 Abnormal Weight Loss or Weight Gain                 | Yes | No | 1.21 Chronic or recurrent Skin Condition                  | Yes | No | 1.33 Mumps                          | Yes | No |
| 1.11 Enuresis (Bedwetting)                               | Yes | No | 1.22 Cancer or Leukemia                                   | Yes | No | 1.34 Rubella                        | Yes | No |
|                                                          |     |    | 1.23 Eye Abnormality or Disease                           | Yes | No | 1.35 Other childhood diseases       | Yes | No |

IF ANY OF THE ABOVE ITEMS IS ANSWERED " YES ", PROVIDE DETAILS BELOW (PLEASE IDENTIFY BY ITEM NUMBER):

Item No.	Date of last symptoms or attack	Specific diagnosis; date of diagnosis; severity and frequency; current treatment (including medications); physical or dietary limitations; need for ongoing care
<i>Example 1.31</i>	<i>Sept. 15-21, 2009</i>	<i>Chicken pox, without complications. Bed rest. No further treatment needed.</i>

2. **IMMUNIZATION RECORD.** An accurate and complete record will be required for the student to enter school in the U.S.A. Please record **all** dates DAY . MONTH . YEAR for all doses of the following vaccines (since birth):

2.1 Can the student receive immunizations? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain: _____					
2.2 Diphtheria, Pertussis and Tetanus Vaccines	DOSE 1 Date: ___/___/___	DOSE 2 Date: ___/___/___	DOSE 3 Date: ___/___/___	DOSE 4 Date: ___/___/___	BOOSTER DOSE <i>(must be within past 9 years)</i> Date: ___/___/___
2.3 Poliomyelitis (trivalent oral): Check which series:  <input type="checkbox"/> 4 doses <input type="checkbox"/> 8 doses	DOSE 1 Date: ___/___/___	DOSE 2 Date: ___/___/___	DOSE 3 Date: ___/___/___	DOSE 4 Date: ___/___/___	
	DOSE 5 Date: ___/___/___	DOSE 6 Date: ___/___/___	DOSE 7 Date: ___/___/___	DOSE 8 Date: ___/___/___	
2.4 Measles/Mumps/Rubella:	DOSE 1 Date of measles (Rubeola): ___/___/___	DOSE 2 Date of measles (Rubeola): ___/___/___	Date of Mumps: ___/___/___	Date of Rubella (German Measles): ___/___/___	
2.5 For Tuberculosis: BCG	DOSE 1 Date: ___/___/___	DOSE 2 Date: ___/___/___			
2.6 Hepatitis B:	DOSE 1 Date: ___/___/___	DOSE 2 Date: ___/___/___	DOSE 3 Date: ___/___/___		
2.7 Additional doses or other vaccinations: (for example, Chicken Pox, H1N1)	VACCINE _____ Date: ___/___/___	VACCINE _____ Date: ___/___/___	VACCINE _____ Date: ___/___/___	VACCINE _____ Date: ___/___/___	VACCINE _____ Date: ___/___/___

# STUDENT HEALTH CERTIFICATE

**3. SCREENING FOR PULMONARY TUBERCULOSIS.** In order to enter school in the U.S.A., it is required that the student be screened for Tuberculosis.

3.1. All students must provide the results of a tuberculosis skin test performed after September 1, 2010.

Exception: If the student has ever had a skin test result of 10mm or greater, please provide the date of the last skin test (below) and the date of the last normal chest X-ray (#3.3 below).

Skin test result: size: \_\_\_\_\_ (mm)      date (day/month/year): \_\_\_\_\_

3.2. Does the student currently have any of the following symptoms? (circle all that apply)

cough for more than two weeks      bloody sputum      fever      night sweats      recent unexplained weight loss

3.3. If the skin test result is 10mm or greater, or any item in #3.2 is circled, get a chest X-ray and provide the results:

Chest X-ray result: date (day/month/year): \_\_\_\_\_ (circle one) NORMAL (-)      ABNORMAL (+)

**4. PHYSICAL EXAMINATION.** Please complete the following based on your physical examination of the student:

Date of Examination \_\_\_\_\_ (day month year)      Height: \_\_\_\_\_ (meters)      Weight: \_\_\_\_\_ (kilograms)      Blood Pressure: \_\_\_\_\_ (systolic)      \_\_\_\_\_ (diastolic)      Pulse \_\_\_\_\_ (beats per minute)

Is there or has there been any abnormality of (circle Yes or No for each question)? IF " YES" , PROVIDE DETAILS BELOW (PLEASE IDENTIFY BY ITEM NUMBER):

4.1. Eyes	Yes	No	4.6. Abdomen or Abdominal Organs	Yes	No	4.11. Brain or Nervous System	Yes	No
4.2. Ears	Yes	No	4.7. Urinary System	Yes	No	4.12. Skin	Yes	No
4.3. Nose or Throat	Yes	No	4.8. Thyroid Gland or Endocrine System	Yes	No	4.13. For Women: Breast, Ovaries or Genitalia	Yes	No
4.4. Lungs or Respiratory System	Yes	No	4.9. Bones or Joints	Yes	No	For Men: Testes or Genitalia	Yes	No
4.5. Heart or Cardiovascular System	Yes	No	4.10. Muscles or Skeletal System	Yes	No			

Item No.      Specific diagnosis; date of diagnosis; severity of abnormality; recommended treatment (including medications or surgery); need for follow-up care

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**5. QUESTIONS FOR THE PHYSICIAN.** Circle Yes or No for each question. IF " YES" , PLEASE DESCRIBE:

- 5.1. Has the student ever had surgery not revealed in previous questions?      Yes      No      \_\_\_\_\_
- 5.2. Has the student ever received inpatient care in hospital, clinic, or sanatorium?      Yes      No      \_\_\_\_\_
- 5.3. Has the student been advised to have surgery or additional medical care?      Yes      No      \_\_\_\_\_
- 5.4. Has the student taken any prescribed medication in the past 6 months?(name, dose, etc.)      Yes      No      \_\_\_\_\_
- Will the student continue to take this prescribed medication in the U.S.A.?      Yes      No      \_\_\_\_\_
- 5.5. Does the student have any limitations in physical activity?      Yes      No      \_\_\_\_\_
- 5.6. Is the student required to observe any dietary restrictions for health reasons?      Yes      No      \_\_\_\_\_
- 5.7. Is the student significantly overweight or underweight?      Yes      No      \_\_\_\_\_
- 5.8. Has the student ever consulted a psychologist or psychiatrist?      Yes      No      \_\_\_\_\_
- 5.9. Has the student ever abused drugs such as alcohol, opiates, or barbiturates?      Yes      No      \_\_\_\_\_
- 5.10. Does the student wear eyeglasses or contact lenses?      Yes      No      \_\_\_\_\_
- 5.11. Is there any medical reason why the student should not participate in this program?      Yes      No      \_\_\_\_\_

5.12. In your opinion, what is the general state of the student's health (circle one)      **EXCELLENT**      **GOOD**      **POOR**

How long has this person been your patient?      Years \_\_\_\_\_      Months \_\_\_\_\_

If known less than a year, do you know this student's complete medical history?      YES      NO (circle one)

Physician's name: \_\_\_\_\_      PHYSICIAN'S SIGNATURE: \_\_\_\_\_      DATE: \_\_\_\_\_  
family name      first name      (day/month/year)



Physician's postal index: \_\_\_\_\_      Country: \_\_\_\_\_      City: \_\_\_\_\_

Work Address: \_\_\_\_\_

**PART C - DENTAL CERTIFICATION (TO BE COMPLETED BY YOUR DENTIST WITHIN THE PAST YEAR):**

1. Are the student's teeth and gums in healthy condition?      Yes      No (circle one)      DATE OF EXAMINATION: \_\_\_\_\_

1.1 If no, please explain in detail: \_\_\_\_\_ (day/month/year)

1.2 If dental work is needed, provide the date it was completed, or will be completed.      Date (day/month/year) \_\_\_\_\_

2. The student wears:      fixed braces      YES      NO (circle one)      removable orthodontia devices      YES      NO (circle one)

2.1 If the student wears fixed braces, will they be removed before the student departs for the U.S.A.?      YES      NO (circle one)

2.2 Is any follow up required on braces?      YES      NO (circle one)

If yes, explain: \_\_\_\_\_

Dentist's name: \_\_\_\_\_      DENTIST'S SIGNATURE: \_\_\_\_\_      DATE: \_\_\_\_\_  
family name      first name      (day/month/year)



Dentist's postal index: \_\_\_\_\_      Country: \_\_\_\_\_      City: \_\_\_\_\_

Address: \_\_\_\_\_



## APPLICATION INSTRUCTIONS

Carefully read these instructions, and the instructions on each of the forms, before you begin to fill out the application. You will not be able to receive another application if you make any mistakes, so it is best to make a copy of the application before you begin. The application must be filled out in black ink. Instructions are given for many, but not all, questions. All signatures should be as they appear in your passport. **Return the completed application and one copy (except Form 4) to your YES office by the date indicated on Form 1 of the application. Please keep a copy for your files.**

**FORM 1:** Do not write anything in the space in the top right hand corner where it is written **OFFICIAL USE ONLY**. Write your full name on each form exactly as it appears on the top of Form 1 and in your passport.

**Name (in local language)** – Write your name in the language of your country.

**Today's Date** – The date you fill out the application.

**Due Date** – The date that your application is due at the designated office. If your application is received after the due date, even if it is in the mail, it will not be considered.

### STUDENT INFORMATION

**Family name** or last name, as written in your passport.

**Middle Name, if any** - If you do not have a second or middle name, write **NONE**.

**Gender** - Circle Male or Female.

**Age** - Indicate your age on the day your application is due.

**Birthdate** – The day, month, and year that you were born. Circle the appropriate month.

**Place of birth** - The name of the city, town, or village where you were born. If the name has changed, write the current name.

**Country of birth** - The name of the country where you were born. If the name has changed, write the current name.

**Citizenship** – If you are a citizen of more than one country, write only the name of the country where you will receive your international passport. It must be the country in which you are applying.

**Postal Index** – Please be sure to put your correct postal index.

**Country** – The country where you currently live.

**City** – The city, town, or village where you currently live.

**Address** – The actual address where you live. Do not translate the address. Write it as it sounds in your native language.

**Home telephone** – You must include the city code. If you do not have a home telephone write **NONE**.

**Other telephone number where you can be contacted** -You must fill out this blank. You may write the phone number of a relative or a friend.

### FAMILY INFORMATION

You must include information about both parents. If your parent is no longer alive, write **DECEASED**. If you do not know who or where they are, write **UNKNOWN**. The YES program needs to have information on the people who are legally responsible for you and make decisions for you. This may include a stepparent or a parent who does not live with you.

**MOTHER and FATHER - Current family name** -The name that is written in his or her passport.

If someone other than your mother or father is legally responsible for you, write **LEGAL GUARDIAN** after his or her name in the space for mother or father.

**Work, home and mobile telephone numbers:** You must include the city code. **Mobile number:** If your mother and father do not have mobile phones, write **NONE**.

### SCHOOL INFORMATION

**School (city and number or city and name)** - the city where the school is located and number of the school (or the name of the school).

Do not translate the name into English. Write it as it sounds in your native language.

Circle the **class** in which you currently study. If your class is not shown, write your class in the blank after **other**. The **address** and **telephone** number of the school as well as the name of the **school director** must be included. If your school has a website and/or an email address, indicate the addresses in the blanks.

**FORM 2:** Write your name at the top of the form. Fill out this form truthfully. If you write that you play basketball three (3) times a week or enjoy swimming, you may be expected to participate in these activities in the U.S.

**Section 3** must be filled out completely. If you have never participated in an international exchange program, or lived outside your country, write **NONE**.

**FORM 3:** Write your name at the top of the form. You may use a dictionary. Use only the page provided. Extra pages will be discarded.

**FORM 4:** This form should be filled out by a **teacher** who knows you well. If you cannot choose a teacher you may ask the school director, or a teacher from a school you have recently attended. Before you give the form (and the attached envelope) to your teacher, **write your full name at the top, as well as the name of your school, and circle the class in which you study.** If your class is not shown, write your class in the blank after **other**.

If your teacher knows English, he or she should fill out the English version of **Form 4**. The English version must be signed by the teacher and have the school stamp. If you cannot get a school stamp, you must provide an explanation. If your teacher knows English, the **Translator's Statement** is left blank and the local language **Form 4** is NOT turned in.

If your teacher does not know English, he or she should fill out the version of **Form 4** provided (in local language). This version must be translated, in English, onto the **English Form 4**. The **English Form 4** must be signed by the teacher and have the school stamp. The **Translator's Statement** must be filled out by the translator. Neither the applicant nor a member of the applicant's family may translate **Form 4**.

**Both the English and local language versions (if original is not in English) of Form 4 must be returned with the application in the envelope provided, sealed and with the recommender's signature across the seal.**

**FORM 5:** Write your name at the top of the page. Answer these questions honestly. They are not used during the selection process. They are used to find an American family for you to live with.

**FORM 6:** Write your name at the top of the page. Attach two (2) current photos to this form showing you and your family or friends. Photos should not display cigarettes, alcohol, revealing clothing or bare stomachs, or weapons (knives, guns). Indicate which person you are. Photos **will not** be returned. Put six (6) passport size photos in a separate (your own) envelope. Smile for this photo! On the envelope, in English, write your complete name, date of birth, and your hometown. Attach the envelope to the back of **Form 7**.

**FORM 7:** You must complete the three English copies of **Form 7**. Attach two copies to the application. You keep one copy of the English form. Each copy of the English form must have your signature, the signature of one of your parents, or legal guardian, the signature of a witness (the witness must be an adult and may not be the other parent; however, the witness **can** be a family member), and the date that **Form 7** was signed. If **Form 7** is signed by your legal guardian, please underline **LEGAL GUARDIAN**.

**FORM 8:** You and your parents need to make a choice and sign this form. It must be the same parent who signs **Form 7**.

**FORM 9:** Only one parent needs to sign this form. This allows you to receive emergency medical treatment, If this form is signed by your legal guardian underline **LEGAL GUARDIAN**. This form may not be signed by a relative who is not your legal guardian. It must be the same parent who signs **Forms 7** and **8**.

**FORM 10:** This form needs special attention. **Form 10** must be filled out in English. You should complete **Part A**. You may attach an extra page to **Form 10** if there is not enough space to explain an illness or other health related issue.

**Part B: Section 1:** The doctor must provide an explanation for any question answered **YES**.

**Section 2:** This section must be filled out completely and accurately. If you have not received an immunization write a dash ( - ) in the blank.

**Section 3:** You must provide the results of a tuberculosis skin test performed after September 1, 2010. Indicate the size and date of the skin test (3.1). If the result of the skin test is 10 mm or greater, or if any item in 3.2 is circled, you must also get a chest x-ray and provide the date and result of the chest x-ray (3.3).

**Section 4:** Information needs to be given about your height, weight, blood pressure, and pulse. The doctor must provide an explanation for any question answered **YES**.

**Section 5:** The doctor must provide an explanation for any question answered **YES**. The doctor must circle one of the options in point 5.12.

**Form 10** must contain the physician's signature, the date s/he signed the form and the physician's or medical institution's stamp.

**Part C:** **Form 10** must contain the dentist's signature, the date s/he signed the form and the dentist's stamp. The dentist must answer all of the questions, and explain where indicated.

**Secondary School Transcript of Grades:** In addition to your current year transcript, you must submit a certified copy of your last three years' transcript of school grades. If necessary, include transcripts from previous schools. The transcript should be official and have the stamp of your school.

- o Read all instructions before beginning
- o Be truthful

- o Write clearly and in black ink
- o Additional materials will be discarded

**If your application is not filled out completely, it will not be considered.**

