01 Student Application

Program Requested :

Date of Entry: _____/_____

☐ Full year(AYP/CYP) ☐ Fall Semester ☐ Spring Semester

SLEP Score: Date taken:

_____ _____/_____/_____

Student Name: (as written on the passport)

_____ _____ _____

Family Name (Last) Given Name (First) Middle (if any)

Gender: **Date of birth:** **Age on arrival:**

☐ Female ☐ Male _____/_____/_____ _____

Street Address:

_____

City: **Province:** **Country:**

_____ _____ _____

Postal Code: **Home telephone:** **E-mail address:**

_____ _____ _____

City of birth: **Country of birth:** **Country issuing passport:**

_____ _____ _____

Date of expiration of passport: **Last grade of school completed:** **Grade applying for in USA:**

_____ / _____ / _____ _____ _____

Height: **Weight:** **Eye Color:** **Hair Color:**

_____ _____ _____ _____

Are you planning to graduate from high school in the USA? ☐ Yes ☐ No ☐ Undecided

Are you currently on an: ☐ F-1 Visa ☐ J-1 Visa ☐ No US Visa

Are you currently studying abroad in another country? ☐ Yes ☐ No

***If yes,* fill in information below.**

School:

_____

Address:

_____

City: **Province:** **State (USA only):** **Country:**

_____ _____ _____ _____

Your personal email:

_____

02 Personal Information

1. Religion : _____

2. How often do you attend services? ☐ Weekly ☐ Monthly ☐ Holidays ☐ Never

3. Will you adjust to a home with a different religion? ☐ Yes ☐ No

4. Are you willing to attend religious services and activities with your host family as a cultural experience? ☐ Yes ☐ No

(Many host families attend services regularly and it is an important part of their family life.)

5. Will you adjust to a home where others smoke?

☐ Yes ☐ Yes, if smoking only occurs outside ☐ No

(EDUONE policy prohibits students from smoking during the program)

6. Do you have any allergies? ☐ Yes ☐ No

If yes, please specify: _____

7. Do you have pets at home? ☐ Yes ☐ No

If yes, what kinds? _____

(Many host families have pets. EDUONE will only guarantee placement in a home without pets if you provide a doctor's note specifying a pet allergy)

8. Do you have dietary restrictions (i.e. vegetarian, vegan, food allergies)? ☐ Yes ☐ No

If yes, please specify: _____

9. How many years have you been studying English? _____

10. What other languages do you speak?

Language	Years Studied	Proficiency

11. Do you have any siblings? ☐ Yes ☐ No

Siblings Name	M/F	Age	Grade

12. Do you prefer to be placed in a family ☐ with siblings ☐ without siblings ☐ no preference

(EDUONE does not guarantee placement according to this preference.)

13. List your hobbies and interests (including sports) in order of importance to you(list at least 5):

_____

03 Parents Information

Father or legal guardian:

Last Name _____ **First Name** _____

Occupation _____ **Title** _____

Home telephone _____ **Work telephone** _____

E-mail _____

Address if different than student's _____

Mother or legal guardian:

Last Name _____ **First Name** _____

Occupation _____ **Title** _____

Home telephone _____ **Work telephone** _____

E-mail _____

Address if different than student's _____

Student lives with:

☐ Both parents ☐ Father ☐ Mother ☐ Other _____

Check all that apply

Mother: ☐ Living ☐ Deceased

Father: ☐ Living ☐ Deceased

Parents: ☐ Married ☐ Divorced/Separated

04 Additional Personal Date

1. Who initiated the idea for you to come to study in the United States?

_____

2. What are your favorite courses at school?

_____

3. List any clubs that you belong to:

_____

4. Have you received any awards or honors, or do you have any outstanding achievements?

_____

5. How much time a day do you spend on school homework?

_____

6. When you return home, will you:

☐ continue education at your school ☐ enter university ☐ seek employment ☐ undecided

What are your future academic or career plans?_____

7. Have you ever lived apart from your parents for an extended period of time? ☐ Yes ☐ No

If yes, please specify: ._____

a. Have you ever traveled to or lived in any foreign countries?

Countries visited:_____

Countries lived in:_____

b. Have you ever participated in an Academic Year or Semester high school ☐ Yes ☐ No

exchange in the USA? If yes, please specify:_____

8. What is your curfew at home?

School day _____ **Weekend**_____

(You will be expected to abide by the curfew that your Host Family sets for you.)

9. What are your chores and responsibilities at home?

_____

10. Do you drink alcoholic beverages with your family or friends?

☐ Never ☐ Occasionally ☐ Only on holidays

11. Are you taking any medication? ☐ Yes ☐ No

If yes, please specify:_____

(EDUONE students must provide a doctor's note specifying any medications you plan to take while participating in the Program.)

12. Do you have any relatives or friends living in the USA? ☐ Yes ☐ No

If the answer is yes, where do they live? _____

05 Interests and Hobbies

Interests and Hobbies: Check all that apply:

- ☐ Animals
- ☐ Art
- ☐ Astronomy
- ☐ Board games
- ☐ Camping
- ☐ Card games
- ☐ Chess
- ☐ Choir
- ☐ Classical music
- ☐ Computer
- ☐ Cooking
- ☐ Crafts
- ☐ Dancing (ballet)
- ☐ Dancing (folk)
- ☐ Drama
- ☐ Gardening
- ☐ Movies
- ☐ Musical Instrument
- ☐ Opera
- ☐ Painting/ Drawing
- ☐ Photography
- ☐ Piano
- ☐ Political activities
- ☐ Popular music
- ☐ Reading
- ☐ Sewing
- ☐ Symphony
- ☐ Television
- ☐ Theater
- ☐ Writing
- ☐ Other _____

Athletics: Check all that apply:

- ☐ Aerobics
- ☐ Archery
- ☐ Badminton
- ☐ Baseball
- ☐ Basketball
- ☐ Canoeing
- ☐ Cycling
- ☐ Diving
- ☐ Fishing
- ☐ Football (American)
- ☐ Gymnastics
- ☐ Handball
- ☐ Hiking
- ☐ Hockey (field)
- ☐ Hockey (ice)
- ☐ Ice Skating
- ☐ Martial arts
- ☐ Rugby
- ☐ Sailing
- ☐ Scuba diving
- ☐ Soccer
- ☐ Swimming
- ☐ Table tennis
- ☐ Tennis
- ☐ Volleyball
- ☐ Other _____

What sports or activities would you like to participate in while in the USA?

_____

06 Student Letter

Address this letter to your host family. It is a very important part of your application. In this letter tell your host family who you are, and about your family and interests. Explain why you want to come to the United States and what you expect from your exchange experience. Additional pages are welcome. The letter must be at least 450 words.

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07 Teacher / Counselor Recommendation

Student Name: _____

The student named above has applied for admission to EduOne. Please complete this form to the best of your knowledge. Please use your professional judgment in answering these questions. Please confer with colleagues to ascertain information, if necessary. Thank you.

Recommender's Name: _____

Title: _____ Contact Number: _____

School: _____

Street Adress: _____

City: _____ State: _____ Zip: _____

1. How long has the student been enrolled in your school? _____
2. How long have you known the student, and in what capacity? _____

   _____
3. Does the applicant possess the ability to complete a college prep curriculum? _____
4. Has the student had any history of serious conduct problems? _____

   If yes, please explain _____

   _____
5. Has the applicant ever been expelled or suspended? Yes No

   If yes, please explain _____

   _____
6. Will the applicant be permitted to re-enroll in your school? Yes No

   If no, please explain _____

   _____
7. Please comment on the applicant's overall attitude toward school _____

   _____

   _____
8. To your knowledge, has the applicant had any history of involvement with drugs, alcohol or juvenile delinquency problems? Yes No

   If yes, please explain _____

   _____
9. Are you aware of any type of Learning Disability? Yes No

   If yes, please explain _____

   _____

10. What is your candid estimation of the candidate's moral character? _____

_____

_____

11. To your knowledge will the applicant take good advantage of the curricular and extracurricular activities offered by a private school? _____

_____

_____

12. Please complete the appropriate blanks. Please confer with colleagues to make your recommendations.

	Below Average	Average	Good	Excellent	Outstanding	No Basis for Judgment
Motivation						
Creative Qualities						
Self Discipline						
Growth Potential						
Leadership						
Self Confidence						
Personal Appearance						
Warmth/Personality						
Sense of Humor						
Concern for Others						
Energy						
Personal Initiative						
Reaction to Setback						
Respect for Authority						
Physical Condition						

13. Additional Comments: _____

_____

_____

_____

Signature:_____ Date:_____

08 Medical Statement 1

Student name: _____ _____ _____

Last First Middle

This section must be completed by the student's physician. Please type or print in black ink.

Physician's Name: **Patient Since:**

_____ _____/_____/_____

Parent's Signature: _____

Has the student ever had any of the following illnesses?

• ILLNESSES:

Yes	No			Yes	No		
☐	☐	Asthma	_____/_____	☐	☐	Pneumonia	_____/_____
☐	☐	Cancer	_____/_____	☐	☐	Poliomyelitis	_____/_____
☐	☐	Diabetes	_____/_____	☐	☐	Rheumatic Fever	_____/_____
☐	☐	Epilepsy	_____/_____	☐	☐	Scarlet Fever	_____/_____
☐	☐	Hepatitis	_____/_____	☐	☐	Small Pox	_____/_____
☐	☐	Hernia	_____/_____	☐	☐	Typhoid Fever	_____/_____
☐	☐	Malaria	_____/_____	☐	☐	Ulcer	_____/_____
☐	☐	Chicken Pox	_____/_____				

If yes to any of the above, please explain:

_____

• IMPAIRMENTS OR DISORDERS:

Yes	No			Yes	No		
☐	☐	Bones, Joint or Locomotor Sys.	_____/_____	☐	☐	Lungs, Respiratory System	_____/_____
☐	☐	Abdominal Organs	_____/_____	☐	☐	Persistent headaches	_____/_____
☐	☐	Anorexia Nervosa	_____/_____	☐	☐	Psych/Emotional	_____/_____
☐	☐	Brain/Nervous Sys.	_____/_____	☐	☐	Seizures	_____/_____
☐	☐	Bulimia	_____/_____	☐	☐	Speech disorder	_____/_____
☐	☐	Ears or Hearing	_____/_____	☐	☐	Vertigo, Dizziness	_____/_____
☐	☐	Eating disorder	_____/_____	☐	☐	Heart/Blood Vessels	_____/_____

If yes to any of the above, please explain:

_____

09 Medical Statement 2

Student name: _____ _____ _____

Last First Middle

• MEDICAL CARE HISTORY:

Is the student presently taking any medications or injections? ☐ Yes ☐ No

If yes, please explain:

_____

Medication student will need while in the USA:

_____

Has the student ever been hospitalized? ☐ Yes ☐ No

If yes, please explain:

_____

Has the student ever been advised to have surgery which was not done? ☐ Yes ☐ No

If yes, please explain:

_____

• DEPENDENCIES:

Has the student ever consulted with, or been treated by a specialist for any of the following:

Alcoholism ☐ Yes ☐No **Substance Abuse** ☐ Yes ☐ No **Chemical Abuse** ☐ Yes ☐ No

If yes, please explain:

_____

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

_____

• **ALLERGIES:**

Currently suffer form allergies? ☐ Yes ☐ No

Type of allergy: _____

List medication the student has received for the allergy:

_____

Is he/she allergic to pets? ☐ Yes ☐ No

If yes, does the student take medication that enables

him or her to live with pets? ☐ Yes ☐ No

Allergen if known: _____

Allergy started: _____ Last symptoms: _____

Do allergic symptoms interfere with the student's activities at school or at home? ☐ Yes ☐ No

Please explain: _____

Does the student have hay fever? ☐ Yes ☐ No

How would you describe the student's reaction to hay fever? ☐ Mild ☐ Strong ☐ Severe

Note for Physician: **Most areas in the USA have hay fever seasons. In your opinion, would the student be able to endure or control with medication hay fever during his/her stay?**

☐ Yes ☐ No

• **GENERAL HEALTH:**

Height _____ **Weight** _____ **Pulse rate** _____ **Pulse normal?** ☐ Yes ☐ No

Hearing normal? ☐ Yes ☐ No **Blood pressure: Systolic** _____ **Diastolic** _____

Vision: W/O glasses: OD _____ OS _____ W Glasses: OD _____ CIS _____

Please indicate the state of the student's health: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Is the Student able to participate in sports? ☐ Yes ☐ No

Restrictions? _____

Pupillary and knee reflexes normal? ☐ Yes ☐ No

Physician's Signature: _____ **Please Place Official Physician's Stamp Here**

Clinic Name: _____ **Date:** _____/_____/_____

10 Vaccination Chart

Student name: _____ _____ _____

Last First Middle

Immunizations Required for School Admittance:

Students enrolled in kindergarten through grade 12(in the United States) are required to have written proof on file at their public or nonpublic school that they have been immunized against DPT(diphtheria, pertussis, tetanus), poliomyelitis, measles, mumps and rubella and hepatitis B, Varicella and Meningitis. Failure to do so is cause for exclusion from school. Required immunizations may vary from state to state.

Minimum Immunization Requirements:

- Five or more doses of DPT, DT(Pediatric), TD(Adult) vaccine or a combination thereof.
- **PPD/Mantoux(TB Test) has to be taken within a year.**
- One dose of Tdap
- Three or more doses of trivalent oral polio vaccine (TOPV).
- Two doses measles vaccine.
- Two doses mumps vaccine
- Two doses rubella vaccine.
- If the final dose of any of the above vaccines occurred before the third birthday, a booster shot is required.
- Two doses of Hepatitis A.
- Three doses of Hepatitis B
- Two doses of Varicella (Two doses required if first dose issued after thirteenth birthday).
- One dose of Meningitis vaccine.

VACCINE	DATES					
	Mo. Day Year	Mo. Day Year	Mo. Day Year	Mo. Day Year	Mo. Day Year	Mo. Day Year
DPT / DT	/ / 1st	/ / 2nd	/ / 3rd	/ / 4th	/ / 5th	/ / 6th *
Tdap	/ / 1st					
Polio(TOPV)	/ / date of disease	/ / 1st	/ / 2nd	/ / 3rd	/ / 4th *	
Measles	/ / date of disease	/ / 1st	/ / 2nd	/ / 3rd		
Mumps	/ / date of disease	/ / 1st	/ / 2nd	/ / 3rd		
Rubella	/ / date of disease	/ / 1st	/ / 2nd	/ / 3rd		
Hepatitis A		/ / 1st	/ / 2nd			
Hepatitis B		/ / 1st	/ / 2nd	/ / 3rd		
Varicella	/ / date of disease	/ / 1st	/ / 2nd	/ / 3rd		
Meningitis		/ / 1st	Recommended Not required			
PPD/Mantoux (TB Test)	/ / date placed	/ / date read	mm Results in mm			

* booster, if required

Additional information or comments:

_____

Name of physician: _____ **Date:** ____/____/____

(Month/Day/Year)

Signature of physician: _____ **Physician stamp:**

Any immunizations not available in your country are available here, but they are expensive and are not covered by insurance. The student must be prepared to pay for any immunizations they receive in the USA. Please make every effort to obtain all immunizations before your departure from your home country.