

Please Attach a Smiling Colour Photo!

APPLICATION



PERSONAL INFORMATION Please type or print in blue or black ink.

Family Name: _____

Given Name(s): _____

Nickname: _____

E-mail address: _____

Instagram/
YouTube: _____

Mobile Number: _____

Height: _____ Weight: _____ Eye Colour: _____ Hair Colour: _____

Sex: male female other

Religion: _____

Street Address: _____

Code, City: _____

Country: _____

Birthdate: _____
(dd/mm/yy)

City of Birth: _____

Country of Birth: _____

Citizen of (Country): _____

Legal Permant
Resident of (Country): _____

Are you religiously very active active inactive

FATHER OR LEGAL GUARDIAN

Family Name: _____

Given Name(s): _____

Street Address: _____

Code, City: _____

Country: _____

Birthdate: _____
(dd/mm/yy)

E-mail address: _____

Phone Number: _____
(with Area Code)

Mobile Number: _____

Occupation/Title: _____

MOTHER OF LEGAL GUARDIAN

Family Name: _____

Given Name(s): _____

Street Address: _____

Code, City: _____

Country: _____

Birthdate: _____
(dd/mm/yy)

E-mail address: _____

Phone Number: _____
(with Area Code)

Mobile Number: _____

Occupation/Title: _____

SIBLINGS

Name, Age: _____ Sex: male female

School/
Occupation: _____ Living at Home? yes no

Name, Age: _____ Sex: male female

School/
Occupation: _____ Living at Home? yes no

Name, Age: _____ Sex: male female

School/
Occupation: _____ Living at Home? yes no

NEAREST RELATIVE OR FRIEND TO CONTACT,

in case of emergency, if parent or legal guardian is not accessible.

Family Name: _____

Given Name(s): _____

Phone Number: _____
(with Area Code)

Relationship: _____

Are you a member of any club(s)? yes no

Which? _____

List hobbies, interests and sports in which you participate in order of importance to you:

Do you sing or play a musical instrument? (If yes, please describe:)

Indicate any part-time job or work experience you may have had:

What are your normal household responsibilities?

Have you ever been an exchange student before? (If yes, which country(ies)?)

Why did you decide to become an exchange student?

Indicate the foreign languages you speak and/or have studied (Language, Years of Study):

Indicate with an X if you have or have had any of the following illnesses:

	Yes	No		Yes	No		Yes	No
Allergy (only if serious)			Eczema			Rheumatic Fever		
Asthma			Hepatitis			Rubella		
Cancer/Tumors			Measles			Scarlet Fever		
Chicken Pox			Migraine Headaches			Substance Abuse		
Convulsive Disorder			Mumps			Thyroid Disease		
Diabetes			Psychological Disorder			Ulcer		
Dyslexia			Pertussis (whooping cough)			Urological Problems		
Eating Disorder			Physical Handicap			Other:		

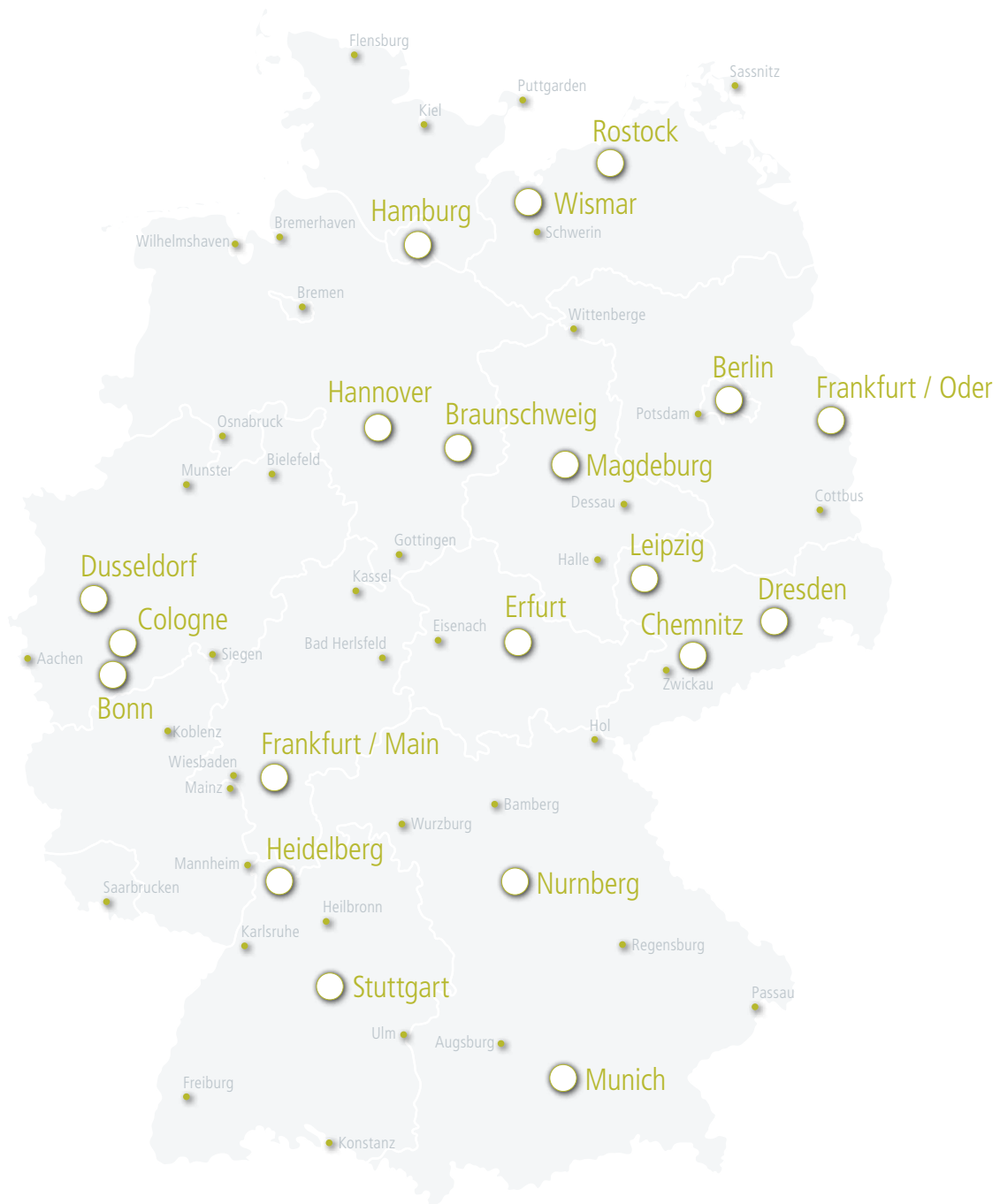
If yes, are any of the above serious enough to warrant regular treatment or require special consideration in hosting you by a 'normal' host family? Please explain (if serious):

If you will be required to take any prescription medication(s) during your stay, please specify which medication(s) and for what condition(s):

Are you a vegetarian?	Yes	No	Notes
If yes, as it may be more difficult to find families to host vegetarian students, please indicate which foods you are absolutely unable or unwilling to eat			
Do you have any other health, dietary, physical or emotional condition(s) that should be considered when we are placing you in a host family? (Keep in mind that such conditions may limit the number of families willing or able to host you.)			

PLACE OF RESIDENCE

On the map below, please indicate the approximate location of your hometown/city. ('X')



RULES - CONSENT AGREEMENT

The undersigned parents or legal guardians ("Guardians") of the above mentioned student, a minor ("Minor"), do hereby authorize iST, its authorized agents, school officials or adult host family members responsible for the care and supervision of Minor, ("Authorized Person"), to consent to any medical and surgical treatment; hospital care; or action or proceeding brought to enforce Minor's legal rights, which a physician, a dentist or an attorney licensed under the laws where the treatment, hospital care, or legal action is to take place deems advisable. This applies to minor medical treatments and to all life threatening circumstances. By foreseeable medical treatments. natural parents / legal guardians will be consulted with, as soon as possible.

In addition, Guardians do hereby authorize any hospital which provides medical or surgical treatment to the Minor pursuant to this Consent to surrender physical custody of the Minor of Authorized Person upon the completion of such medical or surgical treatment.

The following Rules for iST Students ("Rules") have been established by iST as minimum standards of participant conduct, and any infraction may result in immediate repatriation (return) of student to his/her home country. Each student and his or her parent(s) or legal guardian(s) must acknowledge that they understand and have agreed to adhere to these Rules prior to the student's final program acceptance.

- It has been arranged for you to attend school and attendance is mandatory. If you are given a falling grade or mark or a complaint from your school you may be sent home. Your classroom behaviour and academic performance must be exemplary.
- All use, purchase or possession of alcohol, drugs including tobacco or other harmful controlled substances will subject you to immediate repatriation.
- Secondary school students are not allowed to drive or purchase a motorized vehicle.
- Secondary school students are not allowed to travel outside their local area, either by themselves or with other teenagers without permission of iST, their host family and natural parents. (Travelling may be done with your host family, an adult who is approved by your host family, or an approved iST, church, school or community group tour).
- You are not permitted to hitch-hike.
- You are not allowed to take a job during your stay.
- Do not get any piercings or tattoos while you are staying with the program. There is no insurance coverage for medical attention required as a result of getting pierced or tattooed!
- All your activities must be approved by your host parents and/or your school. Secondary school students must always advise their host parents or school officials of their whereabouts and when they will return home.

Please indicate that you have read, understood and are in full agreement with the iST Rules, the Consent Agreements and that the information provided by you is complete and correct by signing hereunder.

Date signed: _____ Signature of Exchange student: _____

Date signed: _____ Signature of Mother/Legal Guardian: _____

Date signed: _____ Signature of Father/Legal Guardian: _____

Date signed: _____ Signature of Program Representative: _____