



## PROGRAM OPTIONS & SELECTIONS

### ACADEMIC YEAR PROGRAM

**ONLY complete this page if you are selecting a specific program option. If you are not, continue to the next page.**

**Student Name:** \_\_\_\_\_

**Home Country:** \_\_\_\_\_

#### **AYP Select Option**

***\*This option has an additional cost and space is limited. Complete applications must be received by January 1<sup>st</sup>***

AYP Select follows the same program guidelines as the traditional Academic Year Program. The only difference is students have choice of where they will be living. Students can select from one of three distinct regions throughout the U.S. These regions are Northern Michigan, Georgia, and North Carolina. Students still live with a Host Family and attend an American high school.

- |   |                                   |                                    |
|---|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Yes, I am interested in applying for the AYP Select Program Option |                                   |                                    |
| <input type="checkbox"/> Georgia  | <input type="checkbox"/> 5 months | <input type="checkbox"/> 10 months |
| <input type="checkbox"/> North Carolina   | <input type="checkbox"/> 5 months | <input type="checkbox"/> 10 months |
| <input type="checkbox"/> Northern Michigan  | <input type="checkbox"/> 5 months | <input type="checkbox"/> 10 months |

#### **AYP Private School Option**

The AYP Private School Option gives students the opportunity to select the school they would like to attend. Students who choose a private school pay the tuition and fees, but still come to the U.S. on a J-1 visa and live with an American Host Family. If you are interested in attending a private school, there are two ways for apply for this:

**Application Option 1:** Indicate the amount of tuition you are willing to pay below. Your application will then be submitted for consideration. If there is an opening at one of the private schools NOD will contact the student's agency with a proposal.

- Yes, I am willing to pay tuition
- |  |
|--|
| <input type="checkbox"/> \$2,000 – \$3,999 USD |
| <input type="checkbox"/> \$4,000 – \$5,999 USD |
| <input type="checkbox"/> \$6,000 - \$7,999 USD |
| <input type="checkbox"/> \$8,000 and up        |

**Application Option 2:** Ask your agency to see a list of available AYP Private Schools. If you have a certain school or schools you would like to attend after viewing the list please indicate your first, second, and third choice below:

- I would like to request to attend the following AYP Private School(s)
- |                         |       |
|-------------------------|-------|
| 1 <sup>st</sup> Choice: | _____ |
| 2 <sup>nd</sup> Choice: | _____ |
| 3 <sup>rd</sup> Choice: | _____ |



# STUDENT APPLICATION

## ACADEMIC YEAR PROGRAM

**STUDENT PROFILE** – Please type or print clearly in black ink.

**PERSONAL DATA** Home Country \_\_\_\_\_

PLEASE ATTACH  
A SMILING  
PHOTO HERE

Legal Name: \_\_\_\_\_  
Family Name First Name Middle Name

Program Duration:  
 \_\_\_ Calendar Year (January to January)      \_\_\_ Semester 1 (August to January)  
 \_\_\_ Academic Year (August to June)      \_\_\_ Semester 2 (January to June)

Name you are commonly called or “nickname”: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_       Male  Female      Height \_\_\_\_\_ Weight \_\_\_\_\_  
Month / Day / Year

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

Student email: \_\_\_\_\_

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

\_\_\_\_\_ City State/Province Postal Code

\_\_\_\_\_ Country Phone: Country Code City Code Number

### FAMILY INFORMATION

Mother:  Living  Deceased

Father:  Living  Deceased

Parent marital status:  Married/in a relationship  Separated  Divorced  Single

Right of custody:  Both parents  Mother  Father  Step-mother  Step-father

I currently live with:  Both parents  Mother  Father  Step-mother  Step-father

Other: \_\_\_\_\_  
(Please give name, relation)

Please list the members of your immediate family:

Relation	Name	Age	Gender	Lives at home?
Father	_____	_____	M	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mother	_____	_____	F	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No



# STUDENT PROFILE

## ACADEMIC YEAR PROGRAM

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK.

### INTERESTS/HOBBIES: Check any interests you have.

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Acting (Drama/Theater) | <input type="checkbox"/> Crafts                | <input type="checkbox"/> Music (Pop)          | <input type="checkbox"/> Singing (in choir) |
| <input type="checkbox"/> Art                    | <input type="checkbox"/> Current Events        | <input type="checkbox"/> Musical Instruments  | <input type="checkbox"/> Social Activities  |
| <input type="checkbox"/> Astronomy              | <input type="checkbox"/> Environmental Issues  | <input type="checkbox"/> Opera                | <input type="checkbox"/> Sporting Events    |
| <input type="checkbox"/> Automotives            | <input type="checkbox"/> Fishing               | <input type="checkbox"/> Painting/Drawing     | <input type="checkbox"/> Television/Video   |
| <input type="checkbox"/> Board Games/Cards      | <input type="checkbox"/> Forestry              | <input type="checkbox"/> Pets                 | <input type="checkbox"/> Theater            |
| <input type="checkbox"/> Camping                | <input type="checkbox"/> Gardening             | <input type="checkbox"/> Photography          | <input type="checkbox"/> Travel             |
| <input type="checkbox"/> Ceramics/Pottery       | <input type="checkbox"/> Indoor Plants/Flowers | <input type="checkbox"/> Political Activities | <input type="checkbox"/> Video Games        |
| <input type="checkbox"/> Chess                  | <input type="checkbox"/> Knitting/Sewing       | <input type="checkbox"/> Reading              | <input type="checkbox"/> Volunteering       |
| <input type="checkbox"/> Concerts               | <input type="checkbox"/> Movies                | <input type="checkbox"/> Religious Activities | <input type="checkbox"/> Writing            |
| <input type="checkbox"/> Community Affairs      | <input type="checkbox"/> Museums               | <input type="checkbox"/> School Clubs         |   |
| <input type="checkbox"/> Computers              | <input type="checkbox"/> Music (Classical)     | <input type="checkbox"/> Scouting             |   |
| <input type="checkbox"/> Other: _____           |  |   |   |

List up to **5** interests from above that you enjoy **most**:

---

List your musical skills (instrument, voice), and rate them (E = Excellent; G = Good; F = Fair; P = Poor):

Instrument/Voice	Years studied	Years in Orchestra/Band/Choir	Rating
_____	_____	_____	_____
_____	_____	_____	_____

### SPORTS: Check any interests you have.

- |  |  |  |                                       |
|--|--|--|---------------------------------------|
| <input type="checkbox"/> Aerobics          | <input type="checkbox"/> Diving              | <input type="checkbox"/> Mountain Climbing       | <input type="checkbox"/> Soccer       |
| <input type="checkbox"/> Badminton         | <input type="checkbox"/> Football (American) | <input type="checkbox"/> Racquetball             | <input type="checkbox"/> Squash       |
| <input type="checkbox"/> Ballet            | <input type="checkbox"/> Golf                | <input type="checkbox"/> Rugby                   | <input type="checkbox"/> Surfing      |
| <input type="checkbox"/> Ballroom Dancing  | <input type="checkbox"/> Gymnastics          | <input type="checkbox"/> Running (Cross Country) | <input type="checkbox"/> Swimming     |
| <input type="checkbox"/> Baseball/Softball | <input type="checkbox"/> Handball            | <input type="checkbox"/> Running (Track)         | <input type="checkbox"/> Table Tennis |
| <input type="checkbox"/> Basketball        | <input type="checkbox"/> Hiking/Backpacking  | <input type="checkbox"/> Sailing                 | <input type="checkbox"/> Tennis       |
| <input type="checkbox"/> Bicycling         | <input type="checkbox"/> Hockey (Ice)        | <input type="checkbox"/> Skateboarding           | <input type="checkbox"/> Volleyball   |
| <input type="checkbox"/> Boating           | <input type="checkbox"/> Hockey (Field)      | <input type="checkbox"/> Skating (Ice/Roller)    | <input type="checkbox"/> Water Polo   |
| <input type="checkbox"/> Body Building     | <input type="checkbox"/> Horseback Riding    | <input type="checkbox"/> Skating (Inline)        | <input type="checkbox"/> Water Skiing |
| <input type="checkbox"/> Bowling           | <input type="checkbox"/> Judo                | <input type="checkbox"/> Skiing (Cross Country)  | <input type="checkbox"/> Windsurfing  |
| <input type="checkbox"/> Canoeing          | <input type="checkbox"/> Lacrosse            | <input type="checkbox"/> Skiing (Downhill)       | <input type="checkbox"/> Wrestling    |
| <input type="checkbox"/> Dancing: _____    | <input type="checkbox"/> Martial Arts        | <input type="checkbox"/> Snowboarding            |                                       |
| <input type="checkbox"/> Other: _____      |  |  |                                       |

List up to **5** sports from above that you enjoy **most**:

---

List the sports you practice regularly, and rate your performance (E = Excellent; G = Good; F = Fair; P = Poor):

Sport(s)	Years practiced	Frequency of practice	Rating
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



# STUDENT PROFILE

## ACADEMIC YEAR PROGRAM

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK.

1. Given the opportunity, what activities do you want to participate in while abroad (i.e., sports, music)?

\_\_\_\_\_

2. What is the single most important interest or activity in which you participate?

\_\_\_\_\_

3. How comfortable would you be living with a family with small children?

Very comfortable     Somewhat comfortable     Not comfortable     Not sure, but willing to try

4. Do you have any pets at home?  Yes  No

Please specify:  Cats  Dogs  Others \_\_\_\_\_

Are you allergic to any animals or animal fur?  No  Yes (specify): \_\_\_\_\_

Are you afraid of any animals?  No  Yes (specify): \_\_\_\_\_

5. Dietary questions:

Do you have any food allergies?  No  Yes (specify): \_\_\_\_\_

Do you have a special diet?  No  Yes (specify):

Diabetic  Lactose Intolerant  Religious  Vegan  Vegetarian  Other: \_\_\_\_\_

If yes, please describe your diet: \_\_\_\_\_

6. Do you have a religious affiliation?

No:

Are you open to attending religious activities (church service, youth group) with your Host Family as a cultural and English language learning opportunity?  Yes  No

Yes:

Please specify your religious affiliation: \_\_\_\_\_

Would you be willing to participate in the religious activities (church service, youth group) with your Host Family, even if they are of a different faith?  Yes  No

Is it important for you to attend your own religious services during your stay?  Yes  No

7. Would you agree to a placement in a Host Family that has a single parent of your same gender?

Yes  No

8. Would you agree to a placement with another exchange student (who does not speak your same native language)?

Yes  No

9. Do you understand that Nacel Open Door does not allow smoking during your exchange experience?

Yes  No

10. Do you understand that Nacel Open Door does not allow participation in Driver's Education courses?

Yes  No

11. Do you understand that Nacel Open Door can't guarantee your athletic participation?  Yes  No



# STUDENT QUESTIONNAIRE

## ACADEMIC YEAR PROGRAM

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK.

1. Describe your expectations of American culture. How you adjust if your experience is different than your expectations?
2. Describe your relationship with your immediate family.
3. Describe the activities you take part in with your family.
4. What household chores/responsibilities do you have in your home?





# STUDENT LETTER TO THE HOST FAMILY

## ACADEMIC YEAR PROGRAM

TO BE COMPLETED IN ENGLISH BY THE PARTICIPANT.

Student Name: \_\_\_\_\_ Country: \_\_\_\_\_  
Family Name First Name Middle Name

**YOUR LETTER TO YOUR HOST FAMILY IS ONE OF THE MOST IMPORTANT PARTS OF YOUR APPLICATION.**

It is an opportunity to reveal your true personality. Your Host Family will want to know about your habits and routines, your likes and dislikes, your family and friends, your interests and hobbies, and your community and school. Please include any additional information that will help your Host Family know you better. You may use the next three pages for your letter to the Host Family. 250 word minimum

**PLEASE USE BLACK INK AND PRINT CLEARLY**



# STUDENT LETTER TO THE HOST FAMILY

## ACADEMIC YEAR PROGRAM





# STUDENT LETTER TO THE HOST FAMILY

## ACADEMIC YEAR PROGRAM



# PARENT INFORMATION AND COMMENTS

## ACADEMIC YEAR PROGRAM

TO BE COMPLETED BY THE PARTICIPANT'S PARENTS.  
PLEASE TYPE OR PRINT CLEARLY IN BLACK INK.

\_\_\_\_\_  
Mother's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State/Province

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Country

\_\_\_\_\_  
Home Telephone Number

\_\_\_\_\_  
Occupation/Title

\_\_\_\_\_  
Type of Business

\_\_\_\_\_  
Work Telephone Number

\_\_\_\_\_  
Work Fax Number

\_\_\_\_\_  
Primary Email Address

Do you speak English?  Yes  No

\_\_\_\_\_  
Father's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State/Province

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Country

\_\_\_\_\_  
Home Telephone Number

\_\_\_\_\_  
Occupation/Title

\_\_\_\_\_  
Type of Business

\_\_\_\_\_  
Work Telephone Number

\_\_\_\_\_  
Work Fax Number

\_\_\_\_\_  
Primary Email Address

Do you speak English?  Yes  No



## PARENT COMMENTS ACADEMIC YEAR PROGRAM

TO BE COMPLETED BY THE PARTICIPANT'S PARENTS.  
PLEASE TYPE OR PRINT CLEARLY IN BLACK INK.

1. Who in the family initiated the idea of your daughter's/son's participation in a high school exchange program?  Mother  Father  Student  Other: \_\_\_\_\_
2. Describe your daughter's/son's personal qualities and characteristics.
3. Describe your relationship with your daughter/son.
4. What responsibilities (chores, curfews, duties, etc.) does your daughter/son have as a member of your family?
5. How does your daughter/son typically express frustration or anger? How does she/he handle problems?
6. Provide any additional information or describe any special circumstances regarding your daughter/son that may assist the Host Family in preparing themselves for this experience.

Mother's Initials: \_\_\_\_\_ Father's Initials: \_\_\_\_\_



# STUDENT'S ACADEMIC/EDUCATIONAL INFORMATION

## ACADEMIC YEAR PROGRAM

TO BE COMPLETED BY THE PARTICIPANT.

1. How many years of school will you have completed before going to the United States? \_\_\_\_\_  
(Do not include kindergarten)
2. Will you have graduated high school before going to the United States?  Yes  No
3. How many years of high school will you have to complete in your own country upon your return from the United States? \_\_\_\_\_
4. What is your current grade level?  9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup>  12<sup>th</sup>  Other: \_\_\_\_\_
5. Have you ever participated in a semester or academic year education program in the United States?  Yes  No
6. Have you ever attended school in the United States on an F-1 or J-1 visa?  Yes  No
7. Do you understand that receiving an American diploma is made only at the discretion of your American high school or district office (not Nacel Open Door)?  Yes  No
8. What is your favorite subject in school? \_\_\_\_\_
9. What is your least favorite subject in school? \_\_\_\_\_
10. Do you intend to go to university?  Yes  No What do you intend to study? \_\_\_\_\_
11. List below the foreign languages you have studied and rate your ability (E = Excellent, G = Good, F = Fair, P = Poor):

Language	Years Studied	Reading	Writing	Speaking	Listening
English	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

12. Describe any past foreign travel and/or other international experiences. Did you travel with or without your family?
  
  
  
13. Aside from improved English, what do you expect to gain from your participation in an academic program abroad?



# ACADEMIC TRANSCRIPTS

## ACADEMIC YEAR PROGRAM

### ENGLISH TRANSLATION.

TO BE COMPLETED BY SCHOOL OFFICIAL. PLEASE TYPE OR PRINT IN BLACK INK.

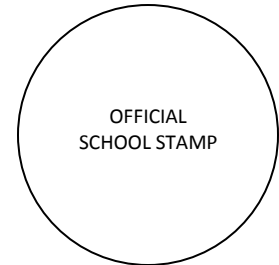
Student Name: \_\_\_\_\_ Country: \_\_\_\_\_

School Official's Name: \_\_\_\_\_ Title: \_\_\_\_\_

School Official's Signature: \_\_\_\_\_

PLEASE LIST, IN ENGLISH, YOUR COUNTRY'S GRADING SCALE NEXT TO THE CORRESPONDING AMERICAN GRADE LISTED ON THE LEFT.

American System	Country Equivalent	Comments
Excellent = A	_____	_____
Above Average =	_____	_____
B	_____	_____
Average = C	_____	_____
Below Average =	_____	_____
D	_____	_____



Please type or print, in English, the course taken and the American equivalent level for the past three years, as well as current courses. If final grades are not available, list most recent marks. Attach original school transcripts for the years listed below.

<b>SCHOOL YEAR 20__ / __</b> <table border="1"> <thead> <tr> <th>Course</th> <th>Amer. Equiv.</th> <th>Hours/ Week</th> <th>Final Grade</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>				Course	Amer. Equiv.	Hours/ Week	Final Grade	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	<b>SCHOOL YEAR 20__ / __</b> <table border="1"> <thead> <tr> <th>Course</th> <th>Amer. Equiv.</th> <th>Hours/ Week</th> <th>Final Grade</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>				Course	Amer. Equiv.	Hours/ Week	Final Grade	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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# SCHOOL RECOMMENDATION

## ACADEMIC YEAR PROGRAM

TO BE COMPLETED BY SCHOOL OFFICIAL.  
PLEASE RETURN THIS FORM AS SOON AS POSSIBLE. THANK YOU VERY MUCH FOR YOUR TIME AND COOPERATION.

Student Name: \_\_\_\_\_ Country: \_\_\_\_\_

School Official Name: \_\_\_\_\_ Title: \_\_\_\_\_

Recommended American grade-level placement (no guarantee can be made for such placement):

- 9<sup>th</sup> grade    
  10<sup>th</sup> grade    
  11<sup>th</sup> grade    
  12<sup>th</sup> grade

Indicate the student's academic standing in his/her class:

- Top ten percent (10%)    
  Top quarter (25%)    
  Top half (50%)    
 Other: \_\_\_\_\_

### A. PRELIMINARY QUESTIONS

How long have you known this student? \_\_\_\_\_

Is there any reason why you might hesitate to recommend this student? \_\_\_\_\_

### B. YOUR RECOMMENDATION – Please indicate your estimation of the following:

Academic ability	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Academic performance	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Attitude toward school	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Study habits	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Initiative	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Emotional stability	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Maturity level	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Adaptability / Flexibility	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Leadership capabilities	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Cooperativeness	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Friendliness	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Relationship with teachers	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Relationship with classmates	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Potential as an exchange student	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor

### C. PLEASE WRITE YOUR RECOMMENDATION BELOW – Include comments on the above items.

School Official's Signature: \_\_\_\_\_



# ENGLISH TEACHER RECOMMENDATION

## ACADEMIC YEAR PROGRAM

TO BE COMPLETED BY ENGLISH TEACHER.

Student Name: \_\_\_\_\_ Country: \_\_\_\_\_

English Teacher's Name: \_\_\_\_\_ Email: \_\_\_\_\_

A. How many years has the applicant studied English? \_\_\_\_\_

This student's comprehension of English is:  very good  good  fair  weak  very weak

This student's ability to speak English is:  very good  good  fair  weak  very weak

This student's ability to read English is:  very good  good  fair  weak  very weak

This student's participation in class is:  very good  good  fair  weak  very weak

B. Please comment on the student's attitude toward the study of English and toward learning about American culture.

C. Does the student possess enough English skills to function successfully in an American high school and Host Family?

Yes

No



# INTERVIEWER REPORT

## ACADEMIC YEAR PROGRAM

TO BE COMPLETED BY A REPRESENTATIVE OF THE PARTNER ORGANIZATION.

Student Name: \_\_\_\_\_ Country: \_\_\_\_\_

Interviewer's Name: \_\_\_\_\_ Date: \_\_\_\_\_

### ASSESSMENT

The student expresses himself/herself:  very well  reasonably well  poorly

The student speaks English:

- Very well:** has complex vocabulary, understands slang/colloquialism, uses proper grammar almost 100% of the time.
- Well:** can both listen and speak with understanding, converses with ease at least 75% of the time.
- Reasonably well:** understands much of the English vocabulary and grammar he/she hears at least 50% of the time. Student may be nervous to speak but puts forth effort.
- Poorly:** has difficulty answering questions in English, tends to grasp what he/she hears less than 50% of the time.

The student has passed the required oral and written examination indicating reasonable competence in English:

- no  yes: Name of test \_\_\_\_\_ Score \_\_\_\_\_

Which of the following appears to be most true about this student's personality?

- Student speaks openly or is known to befriend strangers easily. Not afraid to stand out or in front of a crowd.
- Student is friendly, moderately talkative, makes friends easily, likes social events, and feels happy in a group of people.
- Student has a few close friends that he/she talks to regularly and honestly. Prefers small gatherings to large ones.
- Student is happiest when he/she spends time alone reading, thinking, or studying. Prefers one-on-one conversations.

The student's physical presentation can be described as:

- well groomed  average  poor  
 Notable traits (i.e., hair color, piercings, tattoos, etc.): \_\_\_\_\_

Regarding manners, the student appears:

- courteous, well mannered
- acceptably mannered
- poorly mannered

The student's relationship with his/her parents appears:

- respectful & close
- respectful but distant
- disrespectful or hostile

The student's relationship with his/her siblings appears:

- respectful & close
- respectful but distant
- disrespectful or hostile  not applicable

The student dates:

- frequently
- sometimes
- has a steady boyfriend/girlfriend
- not at all

The student smokes:

- regularly  occasionally  not at all

Regarding maturity, the student appears:

- very mature  average maturity  immature

Does the student have any special physical characteristics?

- no  yes: Please explain (i.e., sight loss, limp, etc.) \_\_\_\_\_

It can take time to adjust to a new culture, language, family, friends, and sometimes a smaller community. What strategies will the student use to adapt?





# INTERVIEWER REPORT

## ACADEMIC YEAR PROGRAM

It is likely that the student's Host Family will have different rules than those enforced by his or her Natural Parents. How would the student handle this situation?

### CONCLUSION

I feel the student is:

- an exceptionally desirable candidate
- a desirable candidate
- a poor candidate
- should not be allowed to participate

I have interviewed the student in English, and I am confident that the student has enough English skills to communicate and function in an American Host Family and high school.

- yes
- no

### COMMENTS (required)

Please summarize below your own conclusion about the student. Include any outstanding qualities, weakness, or special considerations that should be noted:

---

Signature

---

Date



# MEDICAL INFORMATION AND INOCULATION RECORD

## ACADEMIC YEAR PROGRAM

### PART 1

TO BE COMPLETED, SIGNED, AND DATED BY PARTICIPANT'S PHYSICIAN.

Student Name: \_\_\_\_\_ Country: \_\_\_\_\_  
Family Name First Name Middle Name

The student must have a physical examination by a licensed physician, who is not a family member, within the 12 months preceding his/her arrival abroad. The physician should complete this report on the applicant's medical history, current health, and immunizations.

### MEDICAL HISTORY

Has the applicant ever had a history of any of the following conditions?

- |   |  |  |   |
|---|--|--|---|
| Y N<br><input type="checkbox"/> <input type="checkbox"/> Allergies          | Y N<br><input type="checkbox"/> <input type="checkbox"/> Eating disorder | Y N<br><input type="checkbox"/> <input type="checkbox"/> Mumps (year: _____) | Y N<br><input type="checkbox"/> <input type="checkbox"/> Sleep disorder |
| <input type="checkbox"/> <input type="checkbox"/> Appendicitis              | <input type="checkbox"/> <input type="checkbox"/> Enuresis               | <input type="checkbox"/> <input type="checkbox"/> Parasites                  | <input type="checkbox"/> <input type="checkbox"/> Tonsils removed       |
| <input type="checkbox"/> <input type="checkbox"/> Appendix removal          | <input type="checkbox"/> <input type="checkbox"/> Headache               | <input type="checkbox"/> <input type="checkbox"/> Pertussis (year: _____)    | <input type="checkbox"/> <input type="checkbox"/> Tuberculosis          |
| <input type="checkbox"/> <input type="checkbox"/> Asthma                    | <input type="checkbox"/> <input type="checkbox"/> Hepatitis              | <input type="checkbox"/> <input type="checkbox"/> Pneumonia                  | <input type="checkbox"/> <input type="checkbox"/> Vertigo               |
| <input type="checkbox"/> <input type="checkbox"/> Cancer                    | <input type="checkbox"/> <input type="checkbox"/> Goiter                 | <input type="checkbox"/> <input type="checkbox"/> Rheumatic Fever            |   |
| <input type="checkbox"/> <input type="checkbox"/> Chicken Pox (year: _____) | <input type="checkbox"/> <input type="checkbox"/> Hernia                 | <input type="checkbox"/> <input type="checkbox"/> Rubella (year: _____)      |   |
| <input type="checkbox"/> <input type="checkbox"/> Cough (persistent)        | <input type="checkbox"/> <input type="checkbox"/> Malaria                | <input type="checkbox"/> <input type="checkbox"/> Polio (year: _____)        |   |
| <input type="checkbox"/> <input type="checkbox"/> Depression                | <input type="checkbox"/> <input type="checkbox"/> Measles (year: _____)  | <input type="checkbox"/> <input type="checkbox"/> Scarlet Fever              |   |
| <input type="checkbox"/> <input type="checkbox"/> Diabetes Mellitus         | <input type="checkbox"/> <input type="checkbox"/> Menstrual disorder     | <input type="checkbox"/> <input type="checkbox"/> Seizure disorder           |   |

Has the applicant ever had any disease, impairment, or abnormality of:

- |   |   |  |   |
|---|---|--|---|
| Y N<br><input type="checkbox"/> <input type="checkbox"/> Blood/endocrine system | Y N<br><input type="checkbox"/> <input type="checkbox"/> Ears/hearing   | Y N<br><input type="checkbox"/> <input type="checkbox"/> Locomotor system  | Y N<br><input type="checkbox"/> <input type="checkbox"/> Teeth and gums |
| <input type="checkbox"/> <input type="checkbox"/> Bones/joints                  | <input type="checkbox"/> <input type="checkbox"/> Eyes/vision           | <input type="checkbox"/> <input type="checkbox"/> Lungs                    | <input type="checkbox"/> <input type="checkbox"/> Tonsils, throat, nose |
| <input type="checkbox"/> <input type="checkbox"/> Brain/nervous system          | <input type="checkbox"/> <input type="checkbox"/> Genito-urinary system | <input type="checkbox"/> <input type="checkbox"/> Menstrual cycle          | <input type="checkbox"/> <input type="checkbox"/> _____                 |
| <input type="checkbox"/> <input type="checkbox"/> Digestive system              | <input type="checkbox"/> <input type="checkbox"/> Heart/blood vessels   | <input type="checkbox"/> <input type="checkbox"/> Skin (acne, eczema, etc) | <input type="checkbox"/> <input type="checkbox"/> _____                 |

Has the applicant ever had any of the following?

- Y N  
  Has the applicant ever been hospitalized?  
  Has the applicant had difficulty with school work or teacher(s)?  
  Has the applicant had a restriction of physical activity in the past five years?

**If any of the above are marked "yes," please give a detailed explanation. Include dates of diagnosis and medications for any current health issues. Attach additional information, as necessary.**

Student Initials: \_\_\_\_\_

Parent Initials: \_\_\_\_\_



# MEDICAL INFORMATION AND INOCULATION RECORD

## ACADEMIC YEAR PROGRAM

**PART 2 – TO BE COMPLETED BY A PHYSICIAN.**  
 INOCULATION DATE MUST INCLUDE MONTH, DAY, AND YEAR.

The student must have the following inoculations, prior to arrival, in order to be admitted into a high school. Please note that some schools will not allow students to enroll or attend classes if the student is missing required inoculations. Cost of inoculation or boosters is not covered by Nacel Open Door health insurance. Immunization costs are the responsibility of the student.

Vaccine	M / D / Y	M / D / Y	M / D / Y	M / D / Y	M / D / Y
<b>Polio</b>	__ / __ / __	__ / __ / __	__ / __ / __	__ / __ / __	__ / __ / __
<b>DTaP</b> (Diphtheria, Tetanus, acellular Pertussis)	__ / __ / __	__ / __ / __	__ / __ / __	__ / __ / __	__ / __ / __
<b>Tdap</b> (Tetanus, diphtheria, acellular pertussis)	__ / __ / __	__ / __ / __	__ / __ / __	__ / __ / __	__ / __ / __
<b>Measles</b>	__ / __ / __	__ / __ / __	or give year applicant had measles		__ / __ / __
<b>Mumps</b>	__ / __ / __	__ / __ / __	or give year applicant had mumps		__ / __ / __
<b>Rubella</b> (3-day Measles)	__ / __ / __	__ / __ / __	or give year applicant had rubella		__ / __ / __
<b>Varicella</b> (Chicken Pox)	__ / __ / __	__ / __ / __	or give year applicant had chicken pox		__ / __ / __
<b>Hepatitis B</b>	__ / __ / __	__ / __ / __	__ / __ / __	__ / __ / __	__ / __ / __
Other: _____	__ / __ / __	__ / __ / __	__ / __ / __	__ / __ / __	__ / __ / __
Other: _____	__ / __ / __	__ / __ / __	__ / __ / __	__ / __ / __	__ / __ / __
Other: _____	__ / __ / __	__ / __ / __	__ / __ / __	__ / __ / __	__ / __ / __
Other: _____	__ / __ / __	__ / __ / __	__ / __ / __	__ / __ / __	__ / __ / __
<b>TB skin test (Mantoux)</b>	__ / __ / __	Results: <input type="checkbox"/> Positive <input type="checkbox"/> Negative			
<b>Chest X-Ray*</b>	__ / __ / __	Results: _____			

\*If TB skin test is positive, the student must have a chest x-ray.

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

Does the student wear contact lenses?  Yes  No      Does the student wear glasses?  Yes  No  
 Applicant's uncorrected vision: R: \_\_\_\_\_ L: \_\_\_\_\_      Applicant's corrected vision: R: \_\_\_\_\_ L: \_\_\_\_\_  
 Applicant's uncorrected hearing: R: \_\_\_\_\_ L: \_\_\_\_\_      Applicant's corrected hearing: R: \_\_\_\_\_ L: \_\_\_\_\_

Has the applicant had counseling or treatment for a character disorder, emotional problems, nervous condition, or personality disorder?  Yes  No

Is the student currently under treatment for any medical or emotional conditions?  
 If yes, please explain: \_\_\_\_\_  Yes  No

Does the student have an eating disorder or a history of an eating disorder?  
 If yes, please explain: \_\_\_\_\_  Yes  No

Is the applicant currently taking any medication?  
 If yes, please list medication(s) and reason(s): \_\_\_\_\_  Yes  No

Recommendation for physical activity:  unlimited  limited

Your opinion on the state of the student's health:  excellent  good  fair  poor

Physician's Full Name	Physician's Signature	Date
Address		Phone



# STANDARDS OF CONDUCT

## ACADEMIC YEAR PROGRAM

### NACEL OPEN DOOR ACADEMIC YEAR AND SEMESTER PROGRAM RULES AND STANDARDS OF CONDUCT

TO BE READ, SIGNED, AND DATED BY THE STUDENT AND BOTH PARENTS OR LEGAL GUARDIANS.

The purpose of the high school program is to provide opportunities for people of diverse cultures to come together to learn about different points of view and ways of life. Cross-cultural understanding is, we believe, a fundamental step in promoting better friendships and world peace. We expect the highest standards of behavior from program participants at all times and, in turn, assume responsibility for the welfare and safety of the student throughout the program. Nacel Open Door's (NOD) staff, our Foreign Partners, and Local Representatives work together to ensure that a student's stay in the United States is as successful, safe, and secure as possible. The following Standards of Conduct have been established for that purpose. Violation of these rules will lead to disciplinary actions and possible termination from the program. Violations of American laws or serious misbehavior in the Host Family or the community will result in an early return to the student's home country at the expense of the student's parents/guardians and with no refund of program fees.

### AMERICAN LAWS

If a student is arrested, or if it is reliably confirmed that the student has acted illegally, program sponsorship will be revoked, resulting in an early return as soon as legally possible to the home country at the expense of the student's parents.

1. Drinking of alcoholic beverages, including beer and wine, is not permitted while on the program and is illegal for all persons under 21 years of age.
2. The student must not buy, sell, possess, or use illegal drugs of any kind or use any controlled drugs, unless prescribed for him/her by a physician or other health professional. If the student is taking prescription drugs, the name, dosage, and duration of use for each drug must be listed on the Medical Information and Inoculation Form. The student must not associate with any persons involved in illegal drug taking or drug trafficking.
3. The student must not commit or take part in any act of violence against another person or property.
4. Shoplifting and theft are illegal and may lead to criminal charges.
5. It is illegal for the student to take regular employment while in the United States. The only exceptions are occasional odd jobs, such as yard work or babysitting. Any such jobs must not interfere with schoolwork, and the student must have Host Family permission.

### HIGH SCHOOL AND INTERSCHOLASTIC SPORTS PARTICIPATION, SCHOOL FEES

High schools expect exchange students to maintain high academic standards and to participate actively in school life. American high schools believe the presence of exchange students enhances the learning environment. Therefore, a student who is suspended or expelled from school due to problems with attendance, attitude, discipline, or falling grades will be terminated from the high school program and returned home immediately.

1. The exchange student is not guaranteed placement in a certain grade level, or that transferable credit will be granted, or that a diploma will be awarded at the end of the academic program. All such decisions are at the discretion of individual high schools and/or districts.
2. No guarantee is made to the student with regard to participation in interscholastic sports. Eligibility is at the discretion of each high school and/or regional/state high school athletic association. Depending upon local regulations, if a student has graduated from high school in their home country or has completed a certain number of years in high school, he/she may be ineligible for interscholastic sports. Students who try out for high school sports teams are not guaranteed a place on the team.
3. The student must obey all school rules, attend classes regularly, and be responsible for assuming a full course load, for making a strong effort in all classes, and for maintaining at least a "C" average, with no "F" (failing) grades at the end of the semester.
4. The student is responsible for all school fees. Such fees may include but are not limited to: registration, books, lockers, laboratories, gym/physical education, yearbook, class ring, letter jacket, student activities, etc.
5. The student will be responsible to pay for his/her school lunch, if they do not bring one from home.
6. The student must be proficient enough in English to be able to communicate with his/her Host Family and high school teachers. Nacel Open Door reserves the right to terminate the program of any student who is judged by the high school or an NOD Student Advisor to have insufficient English to function successfully on the program.
7. The student may not, under any circumstances, change schools without the express permission of the NOD National Office.

Student Initials: \_\_\_\_\_

Parent Initials: \_\_\_\_\_



# STANDARDS OF CONDUCT

## ACADEMIC YEAR PROGRAM

### NACEL OPEN DOOR ACADEMIC YEAR AND SEMESTER PROGRAM RULES AND STANDARDS OF CONDUCT (CONTINUED)

#### HOST FAMILY PARTICIPATION

Nacel Open Door (NOD) Host Families are volunteers and generally receive no compensation for hosting exchange students. Host Families participate in the Academic Year Program because of their sincere desire to have a cross-cultural experience and learn about other cultures while sharing the American way of life. Fees paid are used for administrative and supervisory purposes.

1. No guarantee is made with regard to placement in a particular region of the United States, nor in a town of a certain size, nor with a particular kind of Host Family (for example, with a teenager in the home).
2. A private bedroom is not guaranteed. Only a separate bed is guaranteed.
3. The student must comply with all reasonable rules of the Host Family (e.g., curfews, chores, visitors, phone calls, etc.).
4. Overnight travel with the Host Family, an NOD representative, or the high school is permitted if NOD, the Host Family, and the Local Rep are informed of all such trips and have a phone contact to reach the student in an emergency.
5. The student must not borrow money from the Host Family or from any other source. Natural Parents must supply the student with an adequate amount of spending money at all times, normally \$200-\$300 per month, not to fall below \$150.
6. The student may not, under any circumstances, change Host Families without the express permission of the National Office.

#### BIOLOGICAL FAMILY VISITS AND STUDENT TRAVEL WHILE ON PROGRAM

1. Visits by members of the student's biological family or by friends from his/her home country can be very disruptive to the adjustment of the student and an inconvenience to the Host Family. Therefore, visits during the first six months of the program are not permitted. All visits are discouraged until the very end of the program. Any visit during the program must have the prior permission of the National Office.
2. The student is not permitted to travel outside the local area by himself/herself or with peers.
3. The student is not permitted to hitchhike, whether alone or with companions.
4. Overnight travel with the Host Family, another family, a responsible adult (at least 25 years of age), approved groups (e.g., church, school, etc.) is permitted if prior consent is given by the Host Family and Local Representative. The Host Family and Local Representative must be informed of all such trips and have a phone contact to reach the student in an emergency.
5. If a student plans to travel outside the United States, he/she must always obtain prior permission from the NOD National Office and get his/her Form DS-2019 signed by a U.S. State Department responsible officer of NOD.
6. Overnight travel with other parties is not permitted without written permission from Natural Parents. NOD maintains the right to disapprove of any overnight student travel. A student who obtains his/her Natural Parents' permission to travel independently during the program cannot travel alone by bus or train.

#### LIFE-CHANGING DECISIONS AND MISCELLANEOUS RULES

1. The student will not be permitted to make life-changing decisions, including but not limited to marriage, religious conversion, body piercing, tattoos, or other decisions with legal, political, religious, and/or social ramifications.
2. The student is to abstain from sexual behavior and activity. A student found to be sexually active, pregnant, or responsible for a pregnancy will be sent home immediately.
3. The student may not withdraw from or temporarily leave the program without the permission of NOD or its Foreign Partner. If the student leaves the program or the United States (without authorized approval from NOD) for any reason other than a legitimate emergency (death or serious illness in the student's immediate family), the student may not return to the program and will not receive a refund.
4. NOD reserves the right to repatriate any student who is diagnosed with a psychological or eating disorder. A student who is found to have any history of psychological or emotional disorders that were not mentioned in his/her application and medical documents can be terminated from the program for not fully disclosing the condition.
5. The student is not permitted to smoke during his/her exchange experience.

Student Initials: \_\_\_\_\_

Parent Initials: \_\_\_\_\_



# STANDARDS OF CONDUCT

## ACADEMIC YEAR PROGRAM

### NACEL OPEN DOOR ACADEMIC YEAR AND SEMESTER PROGRAM RULES AND STANDARDS OF CONDUCT (CONTINUED)

#### HIGH RISK ACTIVITIES

1. Due to the danger and liability involved in operating a motorized vehicle, the student may not drive any car, motorcycle, or other motorized vehicle. Any student who violates our driving policy will be sent home, and the student's program will be terminated, pending travel arrangements to their home country.
2. The student is not permitted to handle, possess, or operate firearms or other equipment related to the act of hunting (e.g., bow & arrow, knife, etc.).
3. The student may not participate in skydiving, hang gliding, glider racing, parachute jumping, parasailing, jet skiing, hot air ballooning, scuba diving, mountaineering, bungee jumping, and/or any activity that Nacel Open Door (NOD) defines as high-risk.

#### RETURNING HOME AT THE END OF THE PROGRAM

1. The student must return to the home country by the program end date designated on his/her Form DS-2019 unless prior permission has been granted by NOD or its Foreign Partner.
2. Unsupervised travel or travel with peers is NOT permitted at the end of the program. Adult-accompanied and supervised travel may be permitted at the end of the program only if permission is granted by the Natural Parents and NOD or its Foreign Partner. The student should be aware that his/her medical insurance will not be extended for such travel.
3. If a student leaves a Host Family or the United States and has any outstanding debts (such as medical bills not covered by insurance or long distance phone calls), the student's Natural Parents will be responsible for payment of these debts in addition to a \$25.00 surcharge to cover the costs of NOD or its Foreign Partner's collection and payments.
4. Program extensions are only available to 5-month students requesting to extend to a 10-month program. Program extensions are not guaranteed. Approval to extend is granted at the discretion of NOD. Extensions will only be considered for students who remain in the same Host Family and school for the duration of their program stay.

#### AGREEMENT TO ABIDE BY THE RULES AND STANDARDS OF CONDUCT

We, the undersigned (student and parent/legal guardians), have read and understood all of the above stated in the Nacel Open Door Academic Year and Semester Program Rules and Standards of Conduct. I, the student, agree to obey the Rules and Standards of Conduct and all conditions of participation in the Academic Year Program. We, the parents, agree that our son/daughter will obey the Rules and Standards of Conduct. We understand that violation of these Rules and Standards of Conduct may lead to disciplinary action and possible termination from the NOD program, which may result in an early return to the home country at the parents' expense and with no refund of program fees.

Signature of the father/legal guardian	Print father's/legal guardian's full name	Date
Signature of the mother/legal guardian	Print mother's/legal guardian's full name	Date
Signature of student	Print student's full name	Date

#### TRAVEL RELEASE/AUTHORIZATION

We, the undersigned (parents/legal guardians), authorize our child to travel within the guidelines as established in the Standards of Conduct and accept full responsibility for our child's participation in and approved travel activities and agree to indemnify and hold harmless Nacel Open Door and its Foreign Partners and their designated agents/representatives from any claims and/or liability to third parties arising from our child's participation.

It is understood that this Travel Release/Authorization is signed in advance and eliminates the necessity of obtaining our signatures at the time of any NOD-approved travel for the duration of our child's participation in the Academic Year Program. This includes travel with the student's Host Family and/or NOD Representative or Coordinator, as well as any school-related chaperoned trip.

Signature of the father/legal guardian	Print father's/legal guardian's full name	Date
Signature of the mother/legal guardian	Print mother's/legal guardian's full name	Date



# MEDICAL CARE, LIABILITY, & PROMOTIONAL RELEASE

## ACADEMIC YEAR PROGRAM

TO BE READ, SIGNED, AND DATED BY THE STUDENT AND BOTH PARENTS OR LEGAL GUARDIANS.

In case of illness, accident, or injury, we grant permission to examine and treat our child, whose signature appears below, at an appropriate medical facility and to make referrals to outside physicians and facilities as indicated. We also grant permission for our child to receive any and all immunization(s) required for participation in an academic program. We understand that we must pay for any necessary physical examinations and/or immunizations that are not covered by insurance.

While under the sponsorship of Nacel Open Door or St. Paul Preparatory School, the student may not participate in any high-risk activities, including: skydiving, hang gliding, glider riding, parachute jumping, parasailing, jet skiing, hot air ballooning, scuba diving, mountaineering, bungee jumping, and/or any other high-risk activity as outlined in the Program Rules and Standards of Conduct. We also understand that our child may not drive any motorized vehicle during his/her exchange experience.

In anticipation of my son's/daughter's (child's) acceptance to participate in this program, we, the undersigned (student and parents/legal guardians), hereby release Nacel Open Door, St. Paul Preparatory School, its Foreign Partners, its Board of Directors, Agents, Community Coordinators, and Host Families from any and all current and future claims, charges, costs, and/or causes of action for loss of property, personal injury, illness, accident, or death sustained by my child during the time that he/she is a participant in the program, whether covered by insurance or not. I further agree to indemnify and hold harmless all of the above named from any and all liabilities, including liabilities to third parties, that may arise from my child's participation in the program, including all activities specified herein, in the Standards of Conduct, and elsewhere.

We, the undersigned, grant Nacel Open Door and St. Paul Preparatory School permission to use photographs, videos, or digital images in which the participant may appear, for the purposes of promotion, public relations, or publicity. We further understand that we will not receive payment for the use of these images.

We, the student and parents, certify that all information provided in the application is correct and complete, including medical and inoculation history. We understand that withholding information and/or providing incorrect information is grounds for possible termination from the program and repatriation at the parents' expense with no refund of program fees.

This agreement covers the period from the publicized program start date to program end date.

Signature of the father/legal guardian	Print father's/legal guardian's full name	Date
Signature of the mother/legal guardian	Print mother's/legal guardian's full name	Date
Signature of student	Print student's full name	Date



# AUTHORIZATION FOR THE RELEASE OF PROTECTED HEALTH INFORMATION ACADEMIC YEAR PROGRAM

TO BE READ, SIGNED, AND DATED BY THE STUDENT AND BOTH PARENTS OR LEGAL GUARDIANS.

I hereby authorize \_\_\_\_\_ (name of medical facility; enter only once known) to disclose the records obtained in the course of my evaluation and/or treatment to Nacel Open Door, St. Paul Preparatory School, and their affiliates for the purpose of helping me resolve claims and health benefit coverage issues. I specifically consent to the release of the following sensitive information:

- Alcohol/Drug Abuse Treatment/Referral
- HIV/AIDS-related Treatment
- Psychotherapy Notes ONLY (by checking this box, I am waiving any psychotherapist-patient privilege)
- Sexually Transmitted Diseases
- Mental Health (other than Psychotherapy Notes)

I understand that I have the right to revoke authorization by providing written notice to Nacel Open Door, and/or the medical records department of the health care facility. However, this authorization may not be revoked if Nacel Open Door, the health care facility, or its employees or agents have taken action on this authorization prior to receiving my written notice. I also understand that I have a right to receive a copy of this authorization and that a copy or facsimile of this authorization is as valid as the original.

I hereby release Nacel Open Door, the health care provider, and all of their affiliates from any and all legal liability and injuries that may arise from the release of this information. The information requested may be sent by U.S. mail service and/or electronic facsimile in accordance with the health care facility's policy.

I understand that information disclosed by this authorization, except for Alcohol and Drug abuse records, as defined in 42 CFR Part 2, may be subject to re-disclosure by the recipient and may no longer be protected by the Health Insurance Portability and Accountability Act Privacy Rule (45 CFR Part 164), and the Privacy Act of 1974 (5 USC 552a).

Patient Name	Birthdate
Patient Signature	Date
Signature of father/legal guardian	Date
Signature of mother/legal guardian	Date

**FOR OFFICE USE ONLY:**

This authorization is valid for the program participation dates of \_\_\_\_\_ through \_\_\_\_\_.





# NACEL OPEN DOOR-USA INBOUND PROGRAM

## PARENT & STUDENT AGREEMENT

### ACADEMIC YEAR PROGRAM

Nacel Open Door, its agents, sponsors, affiliates, directors, officers, employees, and attorneys (collectively “NOD”), the undersigned parent(s) or legal guardian(s) (“Guardian”), and student (“Student”), understand and agree to the terms and conditions stated in this agreement (“Agreement”) relating to Student’s participation in NOD’s student exchange program (“Program”). Guardian and Student are referred to collectively as the Participants (“Participants”). Adult(s) and their resident children who volunteer to host a Student for the Program term are referred to as the Host Family (“Host Family”).

1. **Admission and Placement:** NOD considers each criteria, such as Student application packet materials, academic background, high school transcripts, age, education level, physical and mental health, references, essays, and personal interviews in determining whether to admit a Student into the Program. NOD had the sole discretion to determine whether the Student will be admitted into the Program, and such determination is final. All preferences and characteristics of the Student may not be accommodated in the placement process. Further, NOD relies solely on volunteer Host Families to select a student. Once the student is selected, a Host Family devotes considerable time, effort, and resources to hosting a student. NOD cannot control or guarantee neither student selection nor the timing of selection and placement. Students may be placed with a Host Family and/or enrolled in school after the beginning of the school term.
2. **Living Expenses:** Guardians agree to provide the Student the equivalent of \$250 (U.S.) minimum per month to cover incidentals and pocket money. Participants must reimburse the Host Family for all extraordinary expenses incurred on the Student’s behalf, such as personal telephone calls, non-essential school expenses, household damage, etc.
3. **Living Conditions:** In addition to learning the host country’s language, the student is expected to adapt to the culture and lifestyle of the Host Family and host country. There may be significant cultural, economic, and lifestyle differences between the Student’s home country and the host country. The host country may have different health care services, living conditions, road and transportation systems, educational approaches and systems, criminal justice systems, civil liberty laws, customs, and values. Some host country services, conditions, or systems may be relatively inadequate, unsafe, or unreliable in comparison to the Student’s home country. Other host country services, conditions, or systems may be superior to the standards in the home country. Living conditions vary from one Host Family to another, even in the same community. Any such differences may not necessarily be sufficient reason for a change in Host Family. The Program offers numerous opportunities for the Student; however, Participants must be aware of and accept these differences and the risks associated with traveling and living in another country. The Student’s level of maturity must be adequate to recognize and cope with these differences and risks. Guardians must take responsibility to educate and prepare the Student for the risks associated with foreign travel and living abroad. Program Representatives are available by telephone to provide assistance on an ongoing basis during the Student’s participation in the Program. However, the Program cannot and does not provide constant direct supervision of the Student and does not act in the capacity of loco parentis. Guardians retain all rights and duties relating to the welfare of the Student.

As a condition of acceptance into the Program, the Participants agree to hold NOD harmless for all injuries and/or damages incurred during the Student’s participation in the Program resulting from risks associated with international travel and living abroad, and any negligence and/or intentional acts caused by any third party, including but not limited to any member, guest, employee, or agent of the Host Family or other persons in the host country.

4. **Rules for Students:** The rules for NOD students (“Rules”) have been established by NOD as a minimum standard of participant conduct, and any infraction may result in immediate repatriation (return) of Student to his/her home country, without any refund of program fees. Each Student and his or her Guardian(s) must acknowledge they understand and have agreed to adhere to the Rules prior to the Student’s final program acceptance.
5. **Problem Notification and Resolution:** As the Student is living as a member of a Host Family and not under continual supervision or control of NOD staff, it is the responsibility of the Student to advise NOD of any significant problems, including but not limited to health, safety, or welfare of the Student, adjustment to school, culture, language, etc. In addition, the Student must notify NOD of any misunderstandings or problems with the Host Family. NOD will intervene and attempt to resolve the problem. If necessary, NOD may in its sole discretion seek a replacement Host Family, if possible within the same community. If the Student does not make a good faith and substantial effort to resolve the problem, NOD may return the Student to his/her

Student Initials: \_\_\_\_\_

Parent Initials: \_\_\_\_\_



# NACEL OPEN DOOR-USA INBOUND PROGRAM

## PARENT & STUDENT AGREEMENT

### ACADEMIC YEAR PROGRAM

(CONTINUED)

home country. If the Student violates any terms of its Agreement, NOD may, in its sole and absolute discretion, terminate the Student's participation in the Program and immediately repatriate the Student to his/her home country without any refund of program fees.

6. **Agreement between Participants and Originating Exchange Organization:** Participants understand that NOD is not a party to any agreement between the Participants and the Originating Student Exchange Organization through which the Participants enrolled in the Participant's home country ("Originating Exchange Organization"). Participants acknowledge and agree that the laws of their home country shall exclusively govern any dispute or claim arising out of any agreement with the Originating Exchange Organization. Participants agree and acknowledge that the Originating Exchange Organization is solely responsible to the Participants for injury or damage from a violation of any such agreement. NOD assumes no duties or responsibilities for any acts or omissions of the Originating Exchange Organization.
7. **General Release. Indemnification and Hold Harmless Provisions:** As a condition of Student's participation in the Program, Participants agree to release and hold harmless NOD for injury, loss, delay, or any other damage and expense incurred by Participants due to (i) any incident beyond NOD's reasonable control, including, without limitation, acts of God, acts of war, or government actions and restrictions, (ii) any events directly or indirectly caused by intentional or negligent acts of omissions by any third party including but not limited to and member, guest, employee, or agent of Host Family or other persons in the host country, (iii) risks associated with foreign travel and living abroad, including but not limited to risks associated with health care services, living conditions, sanitation conditions, road and transportation systems, criminal justice systems, civil liberty laws, customs and values, (iv) any differences in the living conditions and standards between Participants' home country and the host home and host country, and (v) any act or omission of the Originating Exchange Organization.
8. As further condition of Student's participation in the Program, Participants agree to indemnify and hold harmless NOD from any liability expense, including court costs and attorney fees, resulting from any injury, loss, or any other damage or expense caused by the Student during his/her participation in the Program.
9. **Arbitration and Venue:** This Agreement shall be deemed to have been made in the state of North Dakota, USA, and its validity, construction, breach, performance, and interpretation shall be governed by the laws of the State of North Dakota. The parties to the Agreement acknowledge and agree that any dispute or claim arising of the Agreement, any resulting or related transaction, or the relationship of the parties, shall be decided by neutral, exclusive, and binding arbitration in Fargo, North Dakota, USA. The arbitration shall be conducted before a designated, neutral arbitrator in North Dakota agreed upon by both parties. Either party may appear telephonically at the arbitration hearing. The award of the arbitrator may be enforced in any court of competent jurisdiction located in the United States. In the event that the arbitration clause is deemed void and inapplicable, each party expressly consents to and submits to the personal jurisdiction of the federal or state courts of Fargo, North Dakota, USA. In any action, including arbitration, brought for breach of this Agreement, the prevailing party shall be entitled to recover reasonable attorney's fees and costs, including but not limited to the costs of arbitration.
10. **Authority of Parent/Guardian:** Each Parent/Guardian who signs this Agreement represents and warrants that he or she, together with the other Parent/Guardian who signs this Agreement, if any, is the custodial parent/guardian of the Student and has full authority to sign this Agreement on behalf of the Student as his/her legal guardian without the consent or approval of any other person, and agrees to indemnify and hold NOD harmless for any liability expense, including court costs and attorney's fees resulting from any breach or claim of this representation.
11. **Ratification of the Agreement:** In the event the Student is under the age of 18 at the time of execution of this agreement, and the Student attains 18 years of age while participating on the Program, Student agrees that continued participation in the Program after he/she attains 18 is deemed ratification and adoption of all terms and conditions of this Agreement.
12. **NOD Program Agreement Controls:** Where there are any differences between this Agreement and any other Program materials, the Agreement shall control. NOD cannot be legally bound or committed by any other person other than the duly authorized representative. Parties are required to follow this Agreement and cannot vary from its terms.
13. **Modification:** This Agreement shall not be modified except by writing that is executed by all parties hereto.
14. **Severability:** In the event any clause, sentence, term, or provision of this Agreement shall be held by a court of competent jurisdiction to be illegal, invalid, or unenforceable for any reason, the remaining portions of this Agreement shall remain in full force and effect.

Student Initials: \_\_\_\_\_

Parent Initials: \_\_\_\_\_



# NACEL OPEN DOOR-USA INBOUND PROGRAM

## PARENT & STUDENT AGREEMENT

### ACADEMIC YEAR PROGRAM

(CONTINUED)

#### CONSENT AGREEMENT

15. **Health Care:** The Guardian(s) and/or Student consent to and authorize NOD or any adult Host Family member to obtain any medical, dental, surgical, psychological, psychiatric, or hospital care, deemed necessary by any health care provider, for the health, treatment, and care of the Student during the Student's participation in the Program. Any problems arising from inadequate or improper care shall be the responsibility of the health care provider. NOD shall not be liable for any failure to secure or the inadequacy of medical attention. The Guardian(s) and/or Student authorize the health care provider to release all health care records relating to the Student to NOD. The Guardian and/or Student consent to and authorize the release of the Student's medical information, as included in the Student's application, as well as any additional medical information submitted or obtained, to necessary parties, for the purposes of placement, enrollment, and/or supervision and care of the Student. In the event that the Student self-administers any medication, whether brought into the host country or obtained in the host country, Participants agree to release and hold harmless NOD for injury, loss, delay, or any other damage and expense incurred as a result. Participants also agree to release and hold harmless NOD for injury, loss, delay, or any other damage and expense incurred as a result of any medical, dental, surgical, psychological, psychiatric, or hospital care or treatment received by the Student while in the host country.
16. **Legal Proceedings:** The Guardian(s) and/or Student consent to and authorize NOD or any adult Host Family member to pursue or defend any legal action or proceedings regarding the Student during Student's participation in the Program, costs to be reimbursed by Guardian(s). Such consent, however, does not obligate NOD or any Host Family member to pursue or defend any such legal action or proceedings. The Guardian(s) and/or Student authorize any court, law enforcement agency, or any other government agency to release the Student to NOD or any adult Host Family member in the event that the Student is detained or held by any such entity or government agency.
17. **Use of Student's Name or Likeness:** The Guardian(s) and/or Student consent to the use of Student's name, photograph, film, or video likeness of Student or any comments or statements of Student in materials or publications utilized to promote the Program or find Host Families.

We read and fully understand the Program materials and agree to adhere to the Nacel Open Door Academic Year and Semester Program Rules and Standards of Conduct and the Nacel Open Door-USA Inbound Program Parent and Student Agreement, including the Consent Agreement.

We, the Student and Guardian(s), certify that all information provided in the application is correct and complete, including academic information and medical and inoculation information and history. We understand that withholding information and/or providing incorrect information is grounds for possible termination from the Program and repatriation at the Guardian's expense with no refund of Program fees.

This Agreement covers the period from the time the student boards transportation scheduled by Nacel Open Door until the student departs from the host country.

Name of Student (Please Print)	Signature of Student	Date
Name of Mother/Guardian (Please Print)	Signature of Mother/Guardian	Date
Name of Father/Guardian (Please Print)	Signature of Father/Guardian	Date
Originating Exchange Organization (Please Print)		
Signature of Representative	Title of Representative	Date
Name of Nacel Open Door-USA Director	Signature of Nacel Open Door-USA Director	Date