



High School Abroad Summer Programs Student Application

Memorandum

To: Parents of CIEE High School Abroad Summer Program Participants
From: CIEE
Re: High School Abroad Summer Programs Student Application

Thank you for choosing a CIEE High School Abroad Summer Program for your son or daughter. We welcome you into the world-wide family of CIEE participants and parents!

The materials included in this application are important for both participants and their parents and are required to be completed for participation in the program. We ask that you take the time to review them carefully with your son or daughter. It is essential that all information provided be complete and accurate. Your cooperation and support will assist our staff in planning and carrying out the program.

The application also contains important information for you and your child to review together. We hope that you will give your close attention to CIEE policies regarding driving, the use of illegal substances, and other rules intended to ensure your child's safe participation.

The next page contains a checklist to ensure that your child's application is complete before you mail it. If you have questions as you complete any of the items, please call us at 207.553.4049, as we'd be glad to help.

CIEE High School Abroad programs, Summer High School Abroad programs, and Gap Year Abroad programs provide U.S. high school students and recent high school graduates with an unforgettable international experience. Since 1947, CIEE has sent over 50,000 U.S. youth to locations around the globe. These programs allow U.S. high school students and recent high school graduates to study abroad, to live with a native host family, and to challenge themselves on a new level by becoming fully immersed in a language and a new culture.

We look forward to welcoming your son or daughter on our CIEE Summer program!

High School Abroad Summer Programs Student Application Application Checklist



Applicant's Name:

For Office Use Only: Student ID#:

Program

Beijing, China Tokyo, Japan Volunteer Your Summer - Teach in the Dominican Republic

Personal Information (Pages 1-3)

Program Deposit: \$500

Check should be payable to CIEE. The deposit is due with the application. \$100 of the program deposit is non-refundable.

Health Report Form (Page 4)

Teacher's Recommendation and School Transcript (Page 5)

Agreement and Release Form (Page 6)

CIEE cannot accept any exceptions or alterations to the outlined conditions. All three parts: Permission for Emergency Treatment, Blanket Travel Authorization, and Release must be signed and dated.

High School Abroad Program Rules, Expectations, and Participant Contract (Pages 7-8)

Fees and Cancellation Policy (Page 9)

Emergency Contact Information Sheet (Page 10)

Four Passport Photos of the Applicant (2" x 2" required)

Two Copies of Passport

If passport copies will be sent at a later date, please provide date of application _____.

Supplemental Application Documents (If applicable)

How did you find out about CIEE?

Internet Facebook Mail School Visit Referral, name:

Other:

Please note that CIEE will begin application review when all documents have been received.

Please send completed application to:

CIEE

**Attn: High School Abroad Programs
300 Fore Street, Portland, ME 04101**

Tel: 1.888.40.STUDY

Fax: 1.207.553.5049

High School Abroad Summer Programs Student Application

Personal Information



Applicant's Name:

For Office Use Only: Student ID#:

Attach Smiling
Photo Here

Passport size
2"x 2"

Original Passport Pictures

Please note digital photos will not be accepted. Photos must be 2"x 2".
These photos are used for official in country documents and must be submitted as specified.

Please type or write in black ink

Insert all names as shown on passport. CIEE requires applications to be the applicant's own and original work.

Last name:

Nickname:

First name:

Middle name:

Address (if P.O., please provide street address):

City:

State:

Zip code:

Country:

Cell phone:

Telephone:

Fax:

Email address:

Sex: Male Female

City and country of birth:

Nationality on passport:

Date of birth (month/day/year):

Age on date of departure:

Family Information

Mother or Legal Guardian

Relationship:

Last name:

First name:

Employer:

Work phone:

Email address:

Cell phone:

Father or Legal Guardian

Relationship:

Last name:

First name:

Employer:

Work phone:

Email address:

Cell phone:

Brother(s) and Sister(s)

First name	Age	Sex	Living at home?
1.			
2.			
3.			
4.			
5.			

Mother: Living Deceased

Father: Living Deceased

Parents: Separated Divorced

I live with: Mother Father Both Other:

Alternate Emergency Contact

Name:

Relationship:

Address:

Telephone:

Applicant's Name:

For Office Use Only: Student ID#:

Short Essays

Please answer all questions with complete sentences.

Why do you want to be an exchange student? Why are you interested in learning the language?

Describe your family and school.

Describe your relationships with members of your family and friends.

Applicant's Name:

For Office Use Only: Student ID#:

Favorite subjects in school.

Organizational membership, extracurricular activities, hobbies, leisure time activities.

Volunteer and paid work experience.

Describe your personality.

Have you ever traveled abroad before? Where have you traveled? For what reason?

Applicant's Name: _____

For Office Use Only: Student ID#: _____

To be completed by the applicant:

Every item must be completed. If more space is needed than available, please provide information on a separate page.

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	1. Do you have any present medical problems, under the regular care of a physician or other medical health provider? Please explain.

<input type="checkbox"/>	<input type="checkbox"/>	2. Does your health prevent you from participating in any physical activities? Please explain.
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<input type="checkbox"/>	<input type="checkbox"/>	3. Are you taking any prescription medications regularly? If yes, please list the medication(s) along with the condition(s) for which they were prescribed.
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<input type="checkbox"/>	<input type="checkbox"/>	4. Have you been hospitalized in the past five years? Please explain.
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<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have any allergies or reactions to any medications, foods, insects or other agents? If yes, please list which ones and describe the effects.
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<input type="checkbox"/>	<input type="checkbox"/>	6. Have you ever had any of the following? If you check yes to any box, please explain in detail on a separate page.
<input type="checkbox"/>	<input type="checkbox"/>	Heart Disease
<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure
<input type="checkbox"/>	<input type="checkbox"/>	Asthma/Lung Disease
<input type="checkbox"/>	<input type="checkbox"/>	Stomach/Intestinal Problems
<input type="checkbox"/>	<input type="checkbox"/>	Foot, Leg, or Back Problems
<input type="checkbox"/>	<input type="checkbox"/>	Vision/Hearing Impairment
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis or Jaundice
<input type="checkbox"/>	<input type="checkbox"/>	Arthritis
<input type="checkbox"/>	<input type="checkbox"/>	Altitude Sickness
<input type="checkbox"/>	<input type="checkbox"/>	Eating disorders
<input type="checkbox"/>	<input type="checkbox"/>	Sleep Disorders
<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy/Seizures
<input type="checkbox"/>	<input type="checkbox"/>	Mental Illness

<input type="checkbox"/>	<input type="checkbox"/>	7. Are you currently on a restricted diet? Please explain, and mention vegetarianism, if applicable.
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<input type="checkbox"/>	<input type="checkbox"/>	8. Are there any special arrangements you would like to make while abroad due to medical or personal reasons? If so, please explain.
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High School Abroad Summer Programs Student Application

Teacher's Recommendation and School Transcript



Applicant's Name:

For Office Use Only: Student ID#:

Applicant—please complete the information below and give this to your teacher. If you would like your teacher to send it directly to CIEE, please include a stamped envelope addressed to CIEE, High School Abroad, 300 Fore St., Portland, ME 04101. The form can also be faxed to Carol Campos at 207.553.5049.

Applicant name:

Current grade:

School name:

School address:

Language Proficiency

1. Language:

Reading: Excellent Good Fair Poor

Writing: Excellent Good Fair Poor

Speaking: Excellent Good Fair Poor

Length of study:

2. Language:

Reading: Excellent Good Fair Poor

Writing: Excellent Good Fair Poor

Speaking: Excellent Good Fair Poor

Length of study:

Please attach a copy of your school transcript to this form.

To the teacher: Thank you for supporting this student's application to High School Abroad Summer Program. Your input will help us plan for a positive student experience.

How long have you known the applicant?

Please describe the maturity and motivation of the applicant for this program.

In your opinion, what might be the most difficult aspect of High School Abroad Summer Program for this student?

Name:

Signature:

Date:

High School Abroad Summer Programs Student Application

Agreement and Release Form



Applicant's Name:

For Office Use Only: Student ID#:

In conducting the High School Abroad Summer Program, CIEE makes every effort to protect the welfare and safety of the participants. However, neither CIEE nor its overseas cooperators is able to assume responsibility for damage to or loss of property, personal illness/injury, or death while a participant is on the program. We require each participant's parent(s) or guardian to sign the following statement as an indication that this position is understood and accepted.

Permission for Emergency Treatment

On rare occasions, an emergency requiring hospitalization and/or surgery develops. Since minors may not, as a rule, be administered an anesthetic or be operated upon without the written consent of the parent or guardian, we request that parents or guardians sign the following statement. Every effort will be made to contact the parents or guardian before any major treatment. This form is to prevent a dangerous delay in case an emergency does occur and we are unable to contact parents.

Please note, this form must be signed as is; no changes to the form will be accepted.

In the event of injury or illness, or if missing vaccinations and health examinations are needed for our son/daughter/ward,

Name:

Born, Date: _____, we hereby authorize CIEE representatives, their officers, and/or agents, to secure whatever is deemed necessary, including the administration of an anesthetic and surgery.

Signature of Parent/Guardian:

Date:

Blanket Travel Authorization

I give my son/daughter permission to travel with the host family, organized and adult supervised school or organizational function, or CIEE organized trip. NOTE: If this release is not signed, permission must be first granted in writing by the student's natural parents or legal guardian before each trip excluding host family and school organized trips.

Signature of Parent/Guardian:

Date:

Waiver / Release

I hereby waive and release CIEE, its affiliates and overseas cooperators, the host family, and their respective employees and representatives, to the maximum extent permitted by law, from any claims, causes of action and liability for any loss or damage (including, without limitation, damage to property, personal injury, illness or death) suffered or incurred in connection with the Program, whether based on breach of contract, statutory duty or warranty, negligence or any other grounds. I will indemnify CIEE, its affiliates and overseas cooperators, the host family, and their respective employees and representatives any loss or damage incurred or suffered by them and caused by me in connection with the Program.

I agree that all of the information provided in the application is true to the best of my knowledge and that any falsification of information may lead to immediate dismissal from the program.

I give CIEE permission to use any written, photographic images, or video of me in the course of reporting on and/or promoting CIEE secondary exchange programs.

Signature of Student:

Date:

Signature of Parent/Guardian:

Date:

Signature of Parent/Guardian:

Date:

Information Release

Information regarding the student's program status can be released to the following individuals:

Name:

Relationship to student:

Name:

Relationship to student:

Name:

Relationship to student:

Signature of Parent/Guardian:

Date:

Applicant's Name:

For Office Use Only: Student ID#:

Program Rules and Expectations for Participants

As a High School Abroad Summer Program participant, you have been granted the unique, once-in-a-lifetime opportunity to attend classes abroad, live with a family, and attend a foreign school. With this privilege comes important responsibilities which are to be taken very seriously. Please familiarize yourself with the Participant Contract. It outlines important policies that **MUST** be followed while in your host country. They were designed for your safety and created with your best interests in mind. They are key factors to having a successful experience abroad. Any violation of these policies may lead to the termination of your participation in the Program and/or an early return home.

Participant Contract

1. I certify that I do not have any physical or mental condition which will create a danger or hazard for me, other participants, or hosts in the program.
2. I understand that I am solely responsible for my pre-program, program, and post-program medical care in all respects, including, but not limited to, obtaining and taking necessary medication(s), vaccinations and any other medical care and treatment. I certify that I will consult a physician qualified in travel medicine, immunizations and infectious/tropical diseases prior to my trip departure.
3. I understand that I am expected to take an active part in the program, including orientation, evaluation seminars, and all other activities prescribed by CIEE. I am expected to represent my country as an "ambassador" and thus make a considerable contribution towards the understanding between my host country and the United States. I understand that school attendance is a mandatory component of the program. Unsatisfactory school attendance, poor academic performance, lack of compliance with school rules, and/or poor attitude is cause for dismissal.
4. I understand that I may be placed with a host family and will live as a member of the family and will confirm to the obligations, rules and customs of the family. I am prepared to live in any family without regards to race, religion, or socio-economic status. The host family may be composed of a single parent with child/children, or a couple without children living in the home. If necessary, I am willing to share a room. I understand that my day to day activities will require the consent of my host parent(s). I must inform them where I am at all times.
5. I understand that I am obligated to comply with local laws and customs while traveling abroad. Many such local laws and customs may be substantially different from those in my home country. I recognize that my conduct can have an effect on the educational and other benefits intended by the program for other participants, hosts, and myself. I agree to conduct myself in a manner that will support mutually beneficial interaction with other participants and hosts. I understand that conduct considered unacceptable to CIEE includes, but is not limited to, use of alcoholic beverages, loud and/or abusive behavior toward others, sexual harassment, criminal conduct of any kind, use of drugs other than prescribed drugs for legal medicinal purposes, and/or unwillingness to cooperate with other members of the program, hosts and program management. Such conduct as well as any other conduct which in the sole discretion of CIEE may be damaging to the program, other participants, working relations with governments, suppliers and educational institutions with which CIEE contracts/cooperates, may lead to dismissal of participant from the program. Dismissal of participant by CIEE will not reduce the obligation of the undersigned for payment of full program costs.
6. I understand that I am solely responsible for any and all expenses and costs incurred by me before, during and after the program except for the costs of items which are expressly listed in the CIEE High School Summer Abroad website. Under no circumstances will CIEE be responsible for any of participant's expenses incurred in preparing for the program. Said expenses include, but are not limited to: visa fees, passport fees, immunization expenses, or any other expense incurred by participant in preparation for the program.
7. I understand that I may not perform any paid employment and that I must have available \$300 to \$500 a month in pocket money. I understand that I am obligated to pay all bills accruing (including telephone, postal expenses, and additional medical costs not paid by insurance and similar) after receiving the bill or at the latest, before I return home at the end of the program.
8. I understand that I am not allowed to travel independently outside the local area without permission from the agency overseas. The local coordinator will define the "local area". I understand that if I would like to travel independently that I must request permission from my local coordinator. Furthermore, I understand that for independent travel, I must also have my host parents approve of the travel and have my natural parents complete the Parental Travel Release Form. I am not allowed to plan independent travel while class is in session, only during school breaks or at the end of my program.
9. I understand hitchhiking, the purchase or possession of weapons, or driving any form of motorized vehicles, such as automobiles, motorbikes and/or motorcycles is strictly prohibited.
10. I understand the possession and/or use of marijuana or any controlled substance or drug is grounds for immediate dismissal from the program.
11. I understand and agree that if CIEE secured a visa for a participant and said participant withdraws or is dismissed from the program before departure or during the program, the participant may not use the visa to enter or remain in the program country. I understand that CIEE may report withdrawal to appropriate immigration officials of the program country.
12. I understand and agree that if I withdraw from a program, I must notify CIEE in writing about my withdrawal. Withdrawals are effective only upon the date of receipt of written notification by the CIEE High School Abroad department. Please refer to Fees and Cancellations Page for refund schedule.
13. I understand that a return to the U.S. before the end of the program is only possible under exceptional circumstances, and this requires the consent of CIEE. A return to the U.S. without permission of the organization will result in dismissal from the program.
14. CIEE reserves the right to make changes in the program's itinerary sequence, as well as other changes, including, but not limited to, substitutions of or changes in excursions, activities, orientations, and topics listed currently on the participant extranet. Any and all such changes are without liability on the part of CIEE.
15. All program participants are covered by travel insurance purchased on your behalf by CIEE. Coverage provided by this policy is meant to supplement private insurance and to provide coverage for activities related to traveling abroad. I understand that detailed information on the coverage of this policy has been made available to me. Additional medical, evacuation, trip cancellation, trip interruption, baggage loss/damage, accident/sickness and any and all other applicable insurance is strongly recommended. I understand that health care and evacuations outside my home country are not covered by most standard insurance policies and can be extremely expensive. I am solely responsible for payment of any and all medical evacuation, trip cancellation, trip interruption, baggage loss/damage, accident/sickness, and any and all other insurance

High School Abroad Summer Programs Student Application

Program Rules, Expectations, and Participant Contract



Applicant's Name:

For Office Use Only: Student ID#:

expenses incurred by me during my program or related to my program. I understand I am solely responsible for my medical, psychological, and physical condition during the duration of my program with CIEE. Should any medical, psychological, or physical problems arise during the course of my program with CIEE, I am solely responsible for any and all care that I may need. I understand and agree that I am also solely responsible for paying for the costs and expenses of any such care.

16. CIEE does not own or operate any entity which is to or does provide goods or services for your program including, for example, arrangements for or ownership or control over housing or other lodging facilities, airline, vessel, bus or other transportation companies, local ground operators, visa processing services, providers or organizers of optional excursions, food service or entertainment providers, etc. All such persons and entities are independent contractors. As a result, CIEE is not liable for any negligent or willful act or failure to act of any such person or entity, or of any third party. Without limitation, CIEE is not responsible for any injury, loss, or damage to person or property, death, delay or inconvenience in connection with the provision of any goods or services occasioned by or resulting from, but not limited to, acts of God, force majeure, acts of war or civil unrest, insurrection or revolt, strikes or other labor activities, criminal, terrorist or threatened terrorist activities of any kind, overbooking or downgrading of accommodations, structural or other defective conditions in houses, apartments or other lodging facilities (or in any heating, plumbing, electrical or structural problem therein), mechanical or other failure of airplanes or other means of transportation or for any failure of any transportation mechanism to arrive or depart timely, dangers associated with animals, sanitation problems, food poisoning, epidemics, disease, lack of, access to or quality of medical care, difficulty in evacuation in case of a medical or other emergency, or for any other cause beyond the direct control of CIEE.
17. I understand that perceived or actual epidemics (such as, but not limited to, SARS or bird flu) can delay, disrupt, interrupt or cancel programs. I agree to assume all risk of any such problems which could result from any such occurrences.
18. CIEE retains the right, in its sole discretion, to contact participant's school, parents and/or guardian with regard to health issues or any other matter whatsoever which relates to participant or participant's program. These rights transcend any and all privacy regulations that may apply.
19. I understand that travel in other nations is not similar to travel within the United States. Programs outside the United States can involve inconvenience and risk, including, but not limited to, forces of nature, geographic and climatic conditions, different hygienic standards, infrastructure problems (including road maintenance, transportation delays, and accommodation conditions or available at all), civil unrest, vandalism, crime, political instability, and terrorism. Medical services or facilities may not be readily available during all or part of a program and, if available, may not be equal to standards in participant's home country. I assume all risk of bodily injury, death, emotional trauma, property damage, inconvenience and/or loss resulting from negligence or any other acts of any and all persons or entities, however caused, including, but not limited to, those risks mentioned above. It is my intention fully to assume all of the risks of travel and participation in the CIEE program and to release CIEE from any and all liabilities to the maximum extent permitted by law. This form must also be signed

by a parent or legal guardian of a minor under 18 years old, and is making a similar release.

20. CIEE reserves the right to decline, accept, dismiss, or retain any person as a participant in any program at any time before or during the program for any reason whatsoever, without liability for refund of payment except refunds regarding cancellation by CIEE of programs will be issued as per the terms of the refund and cancellation fee schedule.
21. If by my acts or omissions I cause or threaten to cause damage of any kind whatsoever to third parties, I accept full responsibility therefore. Further, in the event of such damage or loss, I agree to indemnify and hold CIEE harmless from any and all actions taken by third parties for said damages or loss.
22. All program applications are subject to acceptance by the appropriate overseas agency.
23. I agree that any dispute concerning, relating, or referring to this contract, the brochure, or any other literature concerning my program, or the program itself shall be resolved exclusively by binding arbitration in Portland, Maine, according to the then existing commercial rules of the American Arbitration Association. Such proceedings will be governed by substantive Maine law.
24. Any claims on my behalf shall not exceed the sum of the listed cost of my program with CIEE as listed in the CIEE Study Abroad website. I further agree that should any legal action on my behalf against CIEE fail to prevail, I, or my legally designated representative, hereby agree to pay all reasonable attorneys' fees incurred by CIEE arising from the dispute.
25. In the event any part of this "Release and Agreement Form" is found to be legally void or unenforceable, then such part will be stricken but the rest of this document will be given full force and effect.
26. I have carefully read this document entitled "Release and Agreement Form" and I have carefully read all of the CIEE handbooks, program brochures, websites, and other descriptive materials provided to me by CIEE relating to my participation in the program and I have understood all of the contents of all such documents. I understand and agree to comply with all stated terms and conditions set forth in this "Release and Agreement Form" as well as those terms and conditions set forth in the CIEE handbooks, brochures, websites, and other descriptive materials provided to me by CIEE relating to my participation in the program. I understand that the terms and conditions in this document as well as the terms and conditions in all of the above stated documents.
27. I understand that violation to any of these policies may lead to the termination of my participation on the Program and/or an early return home. The disciplinary consequences, as outlined in the student handbook, to violating program rules involve a three step discipline process: 1) Warning, 2) Probation, 3) Dismissal. Depending on the severity of the violation, any one of these three steps may be excluded.

I certify that all statements made in this "Release and Agreement Form" are true and correct and made of my own free will. Please note, this form must be signed as is; no changes to the form will be accepted.

Signature of Participant:

Date:

Signature of parent or legal guardian of participant if participant is under the age of majority in the jurisdiction where this document is signed.

Signature of Parent/Guardian:

Date:

High School Abroad Summer Programs Student Application

Fees and Cancellation Policy



Applicant's Name:

For Office Use Only: Student ID#:

FEE SCHEDULE

FEE DEADLINE		
Application Deposit	\$500	\$100 of this deposit is non-refundable
Acceptance Fee	\$1000	Non-refundable*
Program Fee		see website for current program cost**

*Acceptance Fee must be paid by April 1. Applications sent after April 1 must include both the Application Fee and the Acceptance Fee. Acceptance Fee is 100% refundable if application is declined by CIEE.
 **Program Fee is due in full no later May 15.

CANCELLATION AND REFUND POLICY

\$500+ Airlines cancellation fees are non-refundable after flight booking
 \$1,500+ Airlines cancellation fees are non-refundable after orientation
 There will be no refund after departure date

OTHER FEES

\$25.00 Fee is applied for a returned check

Applications will be accepted up to June 1. Applications are considered on a first come, first serve basis. CIEE reserves the right to decline applicants received after April 1.

I have read and understand the program fees and cancellation policy for the High School Abroad Summer Program.

Parent/Guardian Name (please print):

Relationship:

Signature of Parent/Guardian:

Date:

Signature of Student:

Date:

Applicant's Name:

For Office Use Only: Student ID#:

This information will be used in the event of an emergency.

Student

Last name:

First name:

Middle name:

Address:

City:

State:

Zip code:

Telephone daytime:

Telephone evening:

Email address:

Emergency Contact

Relationship:

Last name:

First name:

Middle name:

Address:

City:

State:

Zip code:

Telephone daytime:

Telephone evening:

Email address:

Fax:

Alternate Emergency Contact

Relationship:

Last name:

First name:

Middle name:

Address:

City:

State:

Zip code:

Telephone daytime:

Telephone evening:

Email address:

Fax: