



High School Abroad

Student Application

Dear Parents,

Thank you for supporting your child's application to participate in High School Abroad. Your family is about to join thousands of others who have reaped the benefits of an early immersion experience abroad. Your child stands to gain language and cultural fluency, while helping promote greater understanding across international borders.

CIEE welcomes you and your child to the High School Abroad program. As parents of an applicant, it is important that you be well-informed of our policies and all available information. The materials included in this packet are important for both participants and their parents and are required 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 exciting placement process.

We also ask that you closely review CIEE policies regarding homestay placement, driving while abroad, and illegal drugs with your child.

The next page is intended as a checklist to ensure that your child's application is complete before you mail it. The placement process will begin upon our receipt of all completed, signed forms, and program deposit. Please check our website for more information and application deadlines.

We look forward to welcoming your son or daughter to High School School Abroad!

About CIEE

As the leading U.S. non-governmental international education organization, CIEE creates and administers programs that allow high school students, university students and graduates, and educators to study and teach abroad.

In the chilly postwar world of 1947, CIEE launched the next generation of study abroad programs, the first since they had been suspended during World War II. Senators and scholars worried about how to increase international understanding and establish trust between nations. As soon as there was enough capacity about trans-Atlantic ships to carry students, CIEE programs began teaching.

Today, CIEE has 122 university-level study programs in 40 host countries; teach abroad programs in Chile, China, South Korea, Spain, and Thailand; high school abroad programs in 11 host countries; and gap year abroad programs in six host countries. Educators can participate in summer seminars in over 25 countries. American families participate in hosting international high schools students studying in the United States on our USA High School program. Again, we welcome you to the CIEE community.



High School Abroad
Council on International Educational Exchange
300 Fore Street, Portland, ME 04101
Phone: 1.800.40.STUDY

www.ciee.org/hsabroad

High School Abroad Student Application

Application Checklist



Applicant's Name:

For Office Use Only: Student ID#:

Please indicate program of interest, program length, and preferred departure date.

Program*	Program Length	Departure Time
<input type="checkbox"/> Australia <input type="checkbox"/> Costa Rica <input type="checkbox"/> Italy	<input type="checkbox"/> Year	<input type="checkbox"/> 1st semester departure (U.S. fall)
<input type="checkbox"/> Brazil <input type="checkbox"/> France <input type="checkbox"/> Spain	<input type="checkbox"/> Semester	<input type="checkbox"/> 2nd semester departure (U.S. spring)
<input type="checkbox"/> Chile <input type="checkbox"/> Germany		
<input type="checkbox"/> China <input type="checkbox"/> Ireland		

* Students applying to Japan or Summer Programs must complete a separate application. Please download the application at: www.ciee.org/hsabroad/apply.

Please complete and send the following application materials to CIEE (see address below). Please note that CIEE will review the application once all the materials have been received.

Personal Information

Each student is required to complete this information as thoroughly as possible, in order to place him or her with a suitable host family.

Family Photo Album

Housing Questionnaire

Statement of Applicant's Health

This statement cannot be completed or signed by a physician related to the applicant.

School Report and Official School Transcript

Please attach one copy of your most recent official school transcript.

Letters of Recommendation ("Teacher's Recommendation" and "Foreign Language Teacher's Recommendation")

One letter of recommendation must come from a language teacher. **(Spain and France applicants:** Letter from language teacher must be in host language.)

Parent's Letter of Introduction (Chile Applicants: Letter must be written in Spanish)

Student's Letter of Introduction (Chile Applicants: Letter must be written in Spanish)

Agreement and Release Form

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

Fees and Cancellation Policy

Emergency Contact Information

Program Deposit: \$500

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

Six to Eight Passport Photos of the Applicant (2" x 2" required)

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

Two Copies of Passport

Supplemental Application Documents (If applicable)

How did you find out about CIEE?

Facebook

E-Newsletter

Mail

School visit

Website, name:

Referral, name:

Other:

Please note that CIEE will not review this Student Application until all documents have been received. Upon receipt of the Student Application, CIEE will contact the applicant to schedule an interview.

Please send completed application to:

**CIEE Attention: High School Abroad
300 Fore Street
Portland, ME 04101**

**Tel: 1.800.40.STUDY
Fax: 1.207.553.5049**

High School Abroad 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#:

Although it is not required, applicants are encouraged to complete all personal information in the host language if they have sufficient background.

Description of your Family and Community

Host families are selected by in-country support staff who are trained to match you and your host family to ensure an enriching experience for all parties. The information you supply in this application will facilitate that process. For this reason it is important that you be as honest and as thoughtful in your answers as possible. CIEE defines hosts as single parents, couples with or without children, or retired persons, without restriction as to race, color, religion, economic status, or geographical location. We ask that you be open minded about your host family placement. We trust our in-country support staff to match you to your host family. Only in exceptional situations will host family placements be changed prior to departure.

Describe your personality.

Describe your community and city.

Describe your home.

Describe your family leisure activities.

Describe your mother's major interests.

Describe your father's major interests.

High School Abroad Student Application

Personal Information



Applicant's Name:

For Office Use Only: Student ID#:

Describe your favorite subjects in school.

Describe your organizational memberships and extracurricular activities.

Describe your volunteer and paid work experience.

Describe your hobbies and leisure time activities (list your favorites first).

Describe your experience living away from home.

Describe your travel experience.

Applicant's Name:

For Office Use Only: Student ID#:

Although it is not required, applicants are encouraged to complete short essays in the host language if they have sufficient background.

Short Essays Please answer all questions with complete sentences.

Why do you want to be an exchange student?

Describe your family and school.

Describe your relationships with members of your family and friends.

High School Abroad Student Application

Family Photo Album



Applicant's Name:

For Office Use Only: Student ID#:

Please affix photographs of you, family, and friends, and tell us about the people shown.

Although it is not required, applicants are encouraged to write photo descriptions in the host language if they have sufficient background.





High School Abroad Student Application

Family Photo Album



Applicant's Name:

For Office Use Only: Student ID#:

Please affix photographs of you, family, and friends, and tell us about the people shown.
Although it is not required, applicants are encouraged to write photo descriptions in the host language if they have sufficient background.





High School Abroad Student Application

Housing Questionnaire



Applicant's Name:

For Office Use Only: Student ID#:

Tell us more about your personality

Please check all that apply and know that there are no wrong answers here.

<input type="checkbox"/> Introverted	<input type="checkbox"/> Organized	<input type="checkbox"/> Studious	<input type="checkbox"/> Spontaneous	<input type="checkbox"/> Religious
<input type="checkbox"/> Extroverted	<input type="checkbox"/> Flexible	<input type="checkbox"/> Disorganized	<input type="checkbox"/> Patient	<input type="checkbox"/> Other: (Please specify.)
<input type="checkbox"/> Moderately reserved	<input type="checkbox"/> Talkative	<input type="checkbox"/> A night person	<input type="checkbox"/> Artistic	
<input type="checkbox"/> Moderately outgoing	<input type="checkbox"/> Quiet	<input type="checkbox"/> A morning person	<input type="checkbox"/> Independent	

Please describe a few of your non-academic interests, ie., sports, musical abilities, or hobbies, that might influence the host family placement.

Have you ever traveled outside of the United States? Yes No If yes, where?

Housing Preferences

Similar to the variety of family types in the United States, families in other parts of the world are as equally diverse. In order to show this dynamic, our selected families may not all consist of a mother, father, and several young children. Some families will include a single parent, parents with young children, or parents with children who no longer live at home. Please tell us more about your preferences, and we will make all possible efforts to accommodate them.

Would you prefer a host situation:

<input type="checkbox"/> Without younger children	<input type="checkbox"/> With younger children	<input type="checkbox"/> Other: (please specify.)
<input type="checkbox"/> With someone your own age	<input type="checkbox"/> No preference	

Do you smoke? Please note that smoking is more common outside of the United States and while we will make every effort to adhere to your preferences, it may not be possible to locate a non-smoking homestay.

Yes, regularly Yes, sometimes Yes, on occasion No, I do not smoke

If yes, would you be willing to stop or abstain? Yes No

Would you mind living with a host who smokes? Yes, I would mind No, I would not mind

Religious service attendance? Regularly Occasionally Never

Please list your religious preferences

Religious preference #1:

Religious preference #2:

No preference

What do you hope to gain or achieve from your homestay experience? Please be specific.

If there are specific concerns or matters such as religion, sexual orientation, disability, civil status, etc. that are important to you, please share more details with us. All information is confidential and personal. Our overseas staff would like you to have a rewarding experience and will consider all requests in assisting to place you in a comfortable homestay.

High School Abroad Student Application

Housing Questionnaire



Applicant's Name:

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Sometimes there are placement opportunities in private schools; in most instances your host sibling attends the private school.

Would you consider attending a private high school? Yes No

If you are amenable to the private school option please indicate the range of tuition you would be willing to pay additionally per semester:

\$400-\$1,000 \$1,000-\$2,000 \$2,000+

Additional Language Proficiency Please indicate language proficiency in language(s) other than your native language.

1. Language:					Length of Study:
Reading	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	
Writing	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	
Language	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	
2. Language:					Length of Study:
Reading	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	
Writing	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	
Language	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	

General Health Summary

Allergies

Food Allergies: list all known.

Medication Allergies: list all known.

Other Allergies (include insect stings, hay fever, asthma, animal allergies, etc.): list all known.

Dietary Restrictions (check all that apply)

I do not eat red meat I do not eat pork I do not eat eggs
 I do not eat poultry I do not eat seafood I do not eat dairy products

Other (describe):

A note to Vegans/Vegetarians: Please be aware that diets in other parts of the world may be very meat-centered and sometimes vegetarian fare is simply regular dishes with the meat removed. We will make every effort to make a host placement based on your preferences, but cannot guarantee a 100% meat-free environment.

Medication

Please list ALL medications including over-the-counter or nonprescription drugs taken on a routine basis.
Keep in mind that it will be your responsibility to bring enough of these medications with you, as they may not be available abroad.

I do not take any medications on a routine basis.

Medication #1: Dosage:

Reason for taking:

Medication #2: Dosage:

Reason for taking:

Medication #3: Dosage:

Reason for taking:

High School Abroad Student Application

Statement of Applicant's Health To be completed by attending physician.



Applicant's Name:

For Office Use Only: Student ID#:

Please print this section out and have your physician fill it in by hand.

Has the applicant ever had any of the following:		Any disease, impairment, abnormality of:			
Yes	No	Yes	No		
<input type="checkbox"/>	<input type="checkbox"/>	Allergies to Drugs	<input type="checkbox"/>	<input type="checkbox"/>	Blood, Endocrine System
<input type="checkbox"/>	<input type="checkbox"/>	Food Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Bones, Joints, Locomotor System
<input type="checkbox"/>	<input type="checkbox"/>	Pet Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Brain, Nervous System
<input type="checkbox"/>	<input type="checkbox"/>	Smoke Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Digestive System/Abdominal Organs
<input type="checkbox"/>	<input type="checkbox"/>	Appendicitis	<input type="checkbox"/>	<input type="checkbox"/>	Ears or Hearing
<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Eyes or Vision
<input type="checkbox"/>	<input type="checkbox"/>	Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>	Genito-Urinary System
<input type="checkbox"/>	<input type="checkbox"/>	Cough (persistent, recurring)	<input type="checkbox"/>	<input type="checkbox"/>	Heart or Blood Vessels
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Respiratory System, Lungs
<input type="checkbox"/>	<input type="checkbox"/>	Eating Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Skin (Acne, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	Enuresis	<input type="checkbox"/>	<input type="checkbox"/>	Tonsils, Nose, or Throat
<input type="checkbox"/>	<input type="checkbox"/>	Goiter (Struma)	<input type="checkbox"/>	<input type="checkbox"/>	Varicose Veins
<input type="checkbox"/>	<input type="checkbox"/>	Headache (persistent, recurring)	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Hernia	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Malaria	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Measles (Rubeola)	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Parasites (intestinal, other)	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Rubella	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Scarlet Fever	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Seizure Disorder	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Sleepwalking	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Vertigo, Dizziness	<input type="checkbox"/>	<input type="checkbox"/>	

Pulse rate:

Respiration:

Temperature:

Blood pressure:

Height:

Weight:

Blood type:

If "Yes" was checked for any of the above, physician must provide **full details and dates of treatment**.

Has student ever been hospitalized? Yes No If yes, please explain:

Has applicant ever been advised to have surgery which has not been done? Yes No If yes, please explain:

If the answer to any of the following questions is yes, please provide details, using a separate sheet if needed. In each case, please indicate whether the condition is likely to affect the student's full participation in the program.

Is the applicant currently taking any medications? Yes No

Is the applicant allergic to any form of medication? Yes No

Is the applicant currently under treatment or observation for any physical or emotional condition? Yes No

Does the applicant have any speech, hearing, or eyesight impairment that might affect participation in the program?

Yes No

Should the student be restricted from any type of physical activity? Yes No If yes, please explain.

High School Abroad Student Application

Statement of Applicant's Health To be completed by attending physician.



Applicant's Name:

For Office Use Only: Student ID#:

Please print this section out and have your physician fill it in by hand.

If there are any drugs (prescription or nonprescription) that should not be administered, please list them here:

Please indicate any other pertinent medical information that may have been omitted (such as abnormal blood pressure, weight problems, etc.):

Does the applicant have to wear glasses? Yes No

Does the applicant wear contact lenses? Yes No

If yes, complete the following ophthalmic information:

(OD) Ocular Dexter Sphere: Cylinder: Axis: Prism: Base:

(OS) Ocular Sinister Sphere: Cylinder: Axis: Prism: Base:

Add: Base Curve: Other:

If no, vision without corrective lenses: OD: OS:

Immunization Record

Participants are strongly advised to discuss their travel plans with their physician and to obtain any additional recommended immunizations. Please note that proof of specific immunizations may be required to obtain a student visa in some countries. For more information, consult the consulate for your jurisdiction.

Vaccine	Date each dose was given				
	1st month/day/year	2nd month/day/year	3rd month/day/year	4th month/day/year	5th month/day/year
Polio (TOPV)					
DPT and/or TD (diphtheria, tetanus, and pertussis or whooping cough and/or tetanus and diphtheria only)					
Measles (Rubeola—10 day, red measles)			If no immunization, give date student had measles.		
Rubella (German measles—3 day, measles)			If no immunization, give date student had rubella.		
Mumps			If no immunization, give date student had mumps.		
Varicella (Chicken Pox)			If no immunization, give date student had varicella.		
Hepatitis A					
Hepatitis B					

Tuberculin skin test: + - Date of test:

If positive, report of negative x-ray and copy required. Chest x-ray: + - Date of x-ray:

Has participant received BCG? Yes No Date of test:

Your opinion of the state of the participant's health: Excellent Good Fair Poor

I, the undersigned, have reviewed the medical history of the applicant and given a thorough physical examination and certify that all important medical information has been noted on this form and that nothing relevant has been omitted.

Physician's signature*: Name (print):

Address: Date:

*Signing physician cannot be a family relation of the applicant.

High School Abroad Student Application

Teacher's Recommendation



Applicant's Name:

For Office Use Only: Student ID#:

Please print this section out and have your teacher fill it in by hand.

Note to Applicant: Please give this recommendation to a teacher who has taught you in an **academic subject**, such as English or history. 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 Street, Portland, ME 04101

The recommendations can also be emailed or faxed to Carol Campos at ccampos@ciee.org or 207.553.5049.

How long have you known the applicant?

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

In your opinion, what will be the most difficult issue the student will face in school?

Teacher's name:

Date:

Teacher's signature:

High School Abroad Student Application

Foreign Language Teacher's Recommendation



Applicant's Name:

For Office Use Only: Student ID#:

Please print this section out and have your foreign language teacher fill it in by hand.

Note to Applicant: Please give this recommendation to a teacher who has taught one of your foreign language classes. (Note to Spain and France applicants: Recommendation must be written in the host language.) 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 Street, Portland, ME 04101

The recommendations can also be emailed or faxed to Carol Campos at ccampos@ciee.org or 207.553.5049.

How long have you known the applicant?

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

In your opinion, what will be the most difficult issue the student will face in school?

Teacher's name:

Date:

Teacher's signature:

High School Abroad Student Application

Agreement and Release Form



Applicant's Name:

For Office Use Only: Student ID#:

In conducting the High School Abroad Program, CIEE makes every effort to protect the welfare and safety of the participants. However, neither CIEE nor its overseas representatives 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 to an organized and adult supervised school or organizational function, or on a 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 Program participant, you have been granted the unique, once-in-a-lifetime opportunity to spend a semester/year 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 year 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 will be placed with a host family and will live as a member of the family and will conform to the obligations, rules and customs of the family. I am prepared to live in any family without regard 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 if I would like to request a change of host families I must do so through the Local Coordinator. Each request for a change of host family will be reviewed on a case by case basis. Host family changes are not made solely at the participant's request.
6. I understand that if I am a non-smoker, but begin to smoke while abroad, I may not smoke in the home, unless permission is granted by the host family.
7. 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, excessive 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.
8. 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 Abroad website. Under no circumstances will CIEE be responsible for any participant 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 the participant in preparation for the program.
9. I understand that I may not perform paid employment and that I must have available \$150 to \$200 a month in pocket money. I understand that I am obligated to pay all bills accruing (including telephone, Internet connection, 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.
10. 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. I understand that once I have received permission from my Local Coordinator to travel, I must submit to him or her a detailed itinerary including modes of transportation two weeks prior to departure. 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 during the school year, only during school breaks or at the end of my program.
11. I understand hitchhiking, the purchase, or possession of weapons, or driving any form of motorized vehicle, such as automobiles, motorbikes, and/or motorcycles is strictly prohibited.
12. I understand the possession and/or use of marijuana or any controlled substance or drug is grounds for immediate dismissal from the program.
13. 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.
14. 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.
15. I understand that a return to the U.S. before the end of the program year 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.
16. 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 currently described. Any and all such changes are without liability on the part of CIEE.
17. All U.S. resident program participants are covered by travel insurance purchased on their behalf by CIEE. Coverage provided by this policy is meant to supplement private insurance and to provide coverage for

High School Abroad Student Application

Program Rules, Expectations, and Participant Contract



Applicant's Name:

For Office Use Only: Student ID#:

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 expenses incurred by me during my program or related to my program. If I am not a U.S. resident I agree to obtain an individual travel insurance policy with equivalent coverage. 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.

18. 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.

19. 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.

20. CIEE retains the right, in its sole discretion, to contact the 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.

21. 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.

22. 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.

23. 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.

24. All program applications are subject to acceptance by the appropriate overseas agency.

25. 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.

26. 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.

27. 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.

28. 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.

29. 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 Student Application

Fees and Cancellation Policy



Applicant's Name:

For Office Use Only: Student ID#:

1st Semester (Summer) Departures

Fee Schedule

Fee	Amount	Deadline
Application	\$500	Due with application
Program fee deposit	\$1,000	Due upon acceptance to the program and/or by April 1st whichever is earlier*
Program fee balance		Due May 15**

*Failure to submit program fee deposit on time may result in delayed departure or cancellation of program

**Failure to submit program fee balance by May 15, CIEE reserves the right to cancel the student's application

Cancellation and Refund Policy

\$100 Processing fee is non-refundable upon receipt of application

\$500 Application fee is non-refundable upon acceptance to program

\$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

Applicable Discounts

\$150 application discount for early submissions. See www.ciee.org/hsabroad for individual program deadlines. Discount is deducted from final balance.

\$100 discount applies to individuals referring a student to a CIEE High School Abroad Program (Paid upon student's international departure.)

A 5% discount will be applied to the program fee for all applicants who have hosted a USA High School student.

2nd Semester (Winter) Departures

Fee Schedule

Fee	Amount	Deadline
Application	\$500	Due with application
Program fee deposit	\$1,000	Due upon acceptance to the program and/or by October 15th whichever is earlier*
Program fee balance		Due November 15**

*Failure to submit program fee deposit on time may result in delayed departure or cancellation of program

**Failure to submit program fee balance by November 15, CIEE reserves the right to cancel the student's application

Cancellation and Refund Policy

\$100 Processing fee is non-refundable upon receipt of application

\$500 Application fee is non-refundable upon acceptance to program

\$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

Applicable Discounts

\$150 application discount for early submissions. See www.ciee.org/hsabroad for individual program deadlines. Discount is deducted from final balance.

\$100 discount applies to individuals referring a student to a CIEE High School Abroad Program (Paid upon student's international departure.)

A 5% discount will be applied to the program fee for all applicants who have hosted a USA High School student.

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

Parent/Guardian Name (please print):

Relationship:

Signature of Parent/Guardian:

Date:

Signature of Student:

Date:

High School Abroad Student Application

Emergency Contact Information



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:

Cell phone:

Emergency Contact

Relationship:

Last name:

First name:

Middle name:

Address:

City:

State:

Zip code:

Telephone daytime:

Telephone evening:

Email address:

Cell phone:

Alternate Emergency Contact

Relationship:

Last name:

First name:

Middle name:

Address:

City:

State:

Zip code:

Telephone daytime:

Telephone evening:

Email address:

Cell phone: