

ATAD International Student Application & Parent/Student Agreement



Association for Teen-Age
Diplomats

EXCHANGE PROGRAM REQUIREMENTS:

The student must:

Pursue a full course of study at an accredited academic institution of not less than one academic semester nor more than two academic semesters.

Be between the ages of 16 and 18½ at the time of departure to the United States. Applicants for the summer program may be as young as 15½ at the time of departure.

Have not completed more than 11 years of school, excluding kindergarten.

Not have previously attended school in the United States under an F-1 or J-1 visa.

Have a minimum average equivalent grade in major subjects for the last 4 semesters of 80% for a year or semester program, or 75% for a summer program.

Complete a successful interview with an ATAD representative in the home country.

Demonstrate sufficient English proficiency by successfully completing an English competency test.

Carry minimum health insurance coverage of \$50,000 per accident or illness, with a deductible not to exceed \$500 per accident or illness. The exchange student applicant agrees to provide the funds for ATAD to purchase this insurance in the United States.

ATAD will not facilitate the entry into the US of a student for whom a written school placement has not been secured.

APPLICATION INSTRUCTIONS:

Page 3 - Year and semester students **fill in only the top portion of this form**. Once you are placed in a school in the United States, the US school will complete the rest of the form. Summer students do not need to complete the school portion of the page.

Pages 4-8 are to be completed by the student.

Pages 9-10 are the Health and Dental Certificates to be completed by both a medical doctor and a dentist. You must have had a complete physical within the last 12 calendar months.

Page 11 is the Secondary School Record, to be filled out by your school.

Page 12-15 are Teacher Evaluation forms. **Two copies** of this form have been included.

Give one form to each of two teachers of your choice who have taught you in high school.

Page 16-18 are to be filled out by the exchange committee member who interviews you.

Pages 19-26 are the "International Student Parent/Student Agreement" (Form ISF2), which must be signed on pages 7 and 8 by both by the student and parents. Please read this document carefully before signing.

Attach six (6) copies of passport-type photographs with your name written on the back of each photograph.

Attach a copy of the first page of your passport, showing the passport number and expiration date.

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TRAVEL DATES:

Year students arrive mid to late August and leave after completion of school exams, by June 30th.

Semester students must be in school attendance for a full semester. Winter semester students arrive a few days prior to the start of the semester in January and leave after completion of school exams, by June 30th.

Summer students arrive in early July (preferably before the 4th of July) and stay for 6-7 weeks.

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Student and School Enrollment Form

**Exchange Student Intent Statement
To Be Completed By Exchange Student**

I, _____ will arrive in the United States as an Exchange
(Student name as it appears on your passport)
Student no more than 30 days prior to the specified date for the beginning of my high school study, and
will return to my home country no more than 30 days after the ending date of my study.

Student Signature: _____ Date: _____

Parent or Guardian Signature: _____ Date: _____

**School Enrollment Form
To Be Completed By United States High School**

Representing: _____
(Name of School)

(School Address)

I accept: _____,
(Name of Student)

an ATAD Exchange Student from: _____
(Name of Country)

for the high school year/semester beginning: _____ and ending: _____
(Month/Day/Year) (Month/Day/Year)

and I have seen and read the student's school transcript in English.

Signature of principal or vice-principal: _____

Title: _____ Date: _____

School personnel who will be the primary contact for this Exchange Student:

Name: _____

Title/Position: _____ Phone Number: _____

If the school requires tuition, please document how the tuition will be paid or if it will be waived.

SCHOOL REPRESENTATIVE: When approved, please return to:

Suzanne Isgrigg
37 Tobey Court
Pittsford, N.Y. 14534
Email (preferred): froggy mom@aol.com

Suzanne Isgrigg will send a copy of the completed form to: ATAD CSIET Liaison.

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Personal Information

Please type or print legibly in **black ink**.

Full name as it appears on passport: Last First Middle Name Preference (Nickname)

Residence: Address City Country Zip Code

Place of Birth: City Country Birth Date: Month/Day/Year

Country of Citizenship Country of Permanent Residence

Passport: Country of Issue Expiration Date: Month/Day/Year

Passport: Number

Telephone: Country Code City Code Number

FAX: Country Code City Code Number

E-Mail Address

Mailing Address:

Program: Summer Semester Year Gender (Sex): Male Female

I live with my (check one): Mother and Father Father Only Mother Only Guardian
 Other (please specify): _____

Father's Name Mother's Name

Father's Occupation Title Employer Business Phone

Mother's Occupation Title Employer Business Phone

Brothers and Sisters:		Birth			Birth
Name		Date	Name		Date
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Names and relationship of others who live in your home: _____

Anticipated date of graduation from secondary school: _____

How did you learn about the ATAD program? _____

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Emergency Information

If your parent/guardian cannot be reached in case of an emergency, please tell us who should be contacted in your home country:

Name: Last _____ First _____ Relationship to Applicant _____

Address: Street _____ City _____ Country _____ Zip Code _____

Home Telephone: Country Code / City Code / Number _____ Work Telephone: Country Code / City Code / Number _____ Mobile: Country Code / City Code / Number _____

Health Information

Do you have any diet restrictions? Yes No If yes, please explain: _____

Are you currently taking any prescription, non-prescription, or homeopathic medication that you need to continue overseas? Yes No If yes, please explain: _____

Do you have any medical or physical condition that would affect your placement with a Host Family? Yes No If yes, please explain: _____

Have you had a prolonged illness either now or in the past? Yes No
If yes, please explain: _____

Have you participated in mental health counseling or therapy in the past two years? Yes No
If yes, please explain: _____

Do you have any allergies? Yes No If yes, please explain: _____

Is there a medical reason you cannot live in a home with pets (i.e. allergies)? Yes No
If yes, please explain, including specific types of pets: _____

Do you smoke? Yes No
If yes, Frequent (more than 10 per day) Moderate Infrequent (less than 4 per day)
If you do not smoke, would you be willing to live in a home with someone who smokes? Yes No
I understand that there are laws restricting smoking in my host country, host school, or that my Host Family may have objections regarding smoking. I agree to honor these laws and restrictions.

Student Signature if he/she agrees to the above statement _____ Date: Month/Day/Year _____

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Academics and Language Study

During the school week do you live: at home at school

Language skills: Estimate your ability in foreign languages (not your native language) using these abbreviations: Excellent = E Good = G Limited = L Poor = P

LANGUAGE	YEARS STUDIED	SPEAKING	READING	WRITING
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Which school subjects interest you the most? Why?

Religious Information

It is expected that the student will respect the religious beliefs and traditions of the Host Family, and the Host Family will respect the religious beliefs and traditions of the student.

Religious Affiliation: _____

How often do you currently attend religious services?

- Once or more a week Occasionally Only on religious holidays Seldom Never

Are you interested in attending religious services? My own My Host Family's even if different
How often? Weekly Occasionally I do not wish to attend

Host Family Preferences

I am willing to be hosted by (check all that apply):

- Family with Teenage Children Family with Young Children
 Family with Children No Longer in the Home Elderly Family Single Parent Family

Please note: The more flexible you are in your choices the easier it will be to find a host family.

In many placements you share a bedroom. Would you be willing to share a bedroom? Yes No

If no, please explain: _____

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Interests and Activities

What, if any, musical instrument(s) do you play?

Instrument _____ How long? _____ How often? _____

Instrument _____ How long? _____ How often? _____

Instrument _____ How long? _____ How often? _____

What sports, if any, do you participate in and how often? Please be aware that athletic eligibility or participation in specific sports while in the United States cannot be guaranteed.

Sport _____ How long? _____ How often? _____

Sport _____ How long? _____ How often? _____

Sport _____ How long? _____ How often? _____

Describe other interests, hobbies or activities that you have, i.e. art, literature, computers, etc.

What other groups do you belong to or participate in, i.e. clubs and organizations, scouts, church youth groups, etc.?

Please list in order of importance any interests/activities that you would like to continue in your host country.

Please describe any previous travel experience outside of your native country, if any.

Acknowledgement

I understand that my son/daughter is applying for the ATAD Exchange Student Program, and support him/her in this decision. I agree that ATAD may use my son's/daughter's name and photograph for informational and promotional purposes.

Signature of Father or Guardian

Signature of Mother or Guardian

Signature of Applicant

Date: Month/Day/Year

Printed Student Name

Country



Host Family Letter

Please Note: **This is a VERY important document for your placement.**

- On a separate sheet of paper, please write a letter of introduction to your Host Family. This letter will be used for placement overseas and WILL be given to your Host Family.
- Your letter must be typed or printed neatly. This is the first impression a potential Host Family will have of you. Please be neat.
- Remember to thank your Host Family for opening their home to you. You must write your letter in English.

Your letter should be at least 400 words. Here are some ideas of what you can include in your letter.

- Describe your personality, likes and dislikes, strengths and weaknesses.
- Describe the town/city/place where you live.
- What kind of activities do you like to participate in with your friends?
- What do you do on a typical weekend: work, activities, entertainment, other?
- What are your career plans or special areas of interest?
- What are your favorite subjects and school activities and why do you enjoy them?
- Why do you want to be an exchange student, and what do you hope to gain and contribute during your exchange?
- Describe the members of your family and your relationship with them.
- What responsibilities do you have as a family member: household chores, taking care of siblings, other?

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Certificate of General Health

Physician Please Note: This exam must be within 12 months of the expected date of departure. This student will be participating in an exchange program that involves living with a host family in the United States. Please provide detailed information on any condition that could 1) impact on the home chosen for the student or his/her adjustment to another culture; 2) restrict participation in activities; or 3) may require treatment overseas. Please type or print legibly in **BLACK INK** and write in **ENGLISH**. Thank you for your assistance.

Students Name _____ Date of Birth: Month / Day / Year _____

Address _____

City _____ State / Province _____ Country _____ Zip Code _____

TO THE EXAMINING PHYSICIAN: For the above applicant, please complete this form and return it to the student.

1. Date of examination: _____ Age: _____ Sex: Male Female Height: _____
(Month/Day/Year)
Weight: _____ Blood Pressure: _____ Pulse Rate: _____ Regular? Yes No

2. Has the student ever received treatment, attention, or advice from a physician or other practitioner for:
- | | | | |
|---|--|------------------------------------|--|
| a. Allergies* | <input type="checkbox"/> Yes <input type="checkbox"/> No | l. Emotional Difficulties | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Eating Disorders (i.e. Anorexia, etc.) | <input type="checkbox"/> Yes <input type="checkbox"/> No | m. Pneumonia | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Asthma | <input type="checkbox"/> Yes <input type="checkbox"/> No | n. Ulcers | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Appendicitis | <input type="checkbox"/> Yes <input type="checkbox"/> No | o. Rheumatic Fever | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Had Appendix Removed | <input type="checkbox"/> Yes <input type="checkbox"/> No | p. Scarlet Fever | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f. Arthritis | <input type="checkbox"/> Yes <input type="checkbox"/> No | q. Serious or Persistent Cough | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| g. Cancer | <input type="checkbox"/> Yes <input type="checkbox"/> No | r. Serious or Persistent Headaches | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| h. Diabetes | <input type="checkbox"/> Yes <input type="checkbox"/> No | s. Smallpox | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| i. Epilepsy | <input type="checkbox"/> Yes <input type="checkbox"/> No | t. Tuberculosis | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| j. Hernia | <input type="checkbox"/> Yes <input type="checkbox"/> No | u. Typhoid Fever | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| k. Malaria | <input type="checkbox"/> Yes <input type="checkbox"/> No | v. Vertigo, Dizziness | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Any disease, impairment, or abnormality of:

- | | | | |
|----------------------------------|--|--|--|
| 1. Eyes | <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Bones, Joints, Muscles | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ears or Hearing | <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Brain or Nervous System | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Tonsils, Nose | <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Blood or Endocrine System | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Throat | <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. Skin | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Contracts strep throat easily | <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Prostate or Testes if a Male, or
Ovaries or Breasts if a Female | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Stomach or Digestive System | <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Measles (Rubeola) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Genital-Urinary System | <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. German Measles (Rubella) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Heart or Blood Vessels | <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Mumps | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Other Abdominal Organs | <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Whooping Cough | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Lungs, Respiratory System | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

For ALL parts of Question 2 answered "Yes", please give details. Include question number, nature and severity of disease or disorder, specific diagnosis, frequency of attacks, treatments, and dates.

* For allergies, specify type, allergen, frequency and severity of symptoms, duration, date of last symptom, and medication (name, oral or injected, dosage).

3. Has the applicant: _____ If yes, explain. Additional comments may be made in section "h".
- a. Had any surgical operation, or gone to a hospital, clinic, dispensary or
sanitarium for observation, examination or treatment? Yes No a. _____
- b. Planning any surgical operation or to seek other medical advice or
treatment prior to going to the US? Yes No b. _____
- c. In the past 6 months taken any prescribed medication or been advised to
restrict diet or living routine? Yes No c. _____

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3. Has the applicant, (student name here) _____, had experience with any of the below categories?

If yes, please explain. Additional comments may be made in section "h".

d. Had a history or current evidence of nervous, emotional, or mental problems (i.e. history of depression, suicidal thoughts or behavior, psychosis, mood swings, serious family problems, or nervous conditions)? Yes No d. _____

e. Ever used cocaine, barbiturates or other addictive drugs, except as medication prescribed by a physician or other practitioner? Yes No e. _____

f. Ever received treatment from a physician or other practitioner regarding the use of alcohol or use of drugs except for medical purposes, or received treatment or advice from an organization that assists those who have had an alcohol or drug problem? Yes No f. _____

g. Had any significant weight loss or gain? Yes No g. _____

h. Additional comments: _____

4. Will the applicant be taking any prescription, non-prescription, or homeopathic medication with him or her? Yes No

If yes, the following medication will be brought with the applicant:

a. Generic name, dosage and reason: _____

b. Generic name, dosage and reason: _____

5. Vaccination record. **Please Note:** Minimum doses are **required** for students attending school in the US. If no date is entered, then ATAD must assume that no vaccination has been given, and the student will be vaccinated in the US at the student's expense. Enter immunizations dates as Month/Day/Year, or enter date of the disease if student has had measles, mumps, or chickenpox.

Diphtheria/Tetanus/Pertussis dates (minimum 3 doses): _____ Booster date: _____

Polio (IPV or OPV) dates (minimum 3 doses): _____

Measles dates (minimum 2 doses): _____ Rubella date (minimum 1 dose): _____

Mumps date (minimum 1 dose): _____ OR MMR dates (minimum 1 dose): _____

Hepatitis A dates (not required at this time): _____

Hepatitis B dates (3 doses): _____

Varicella (Chickenpox) dates (min. 1 dose if born after 1/1/94, or 2 doses if given when 13 or older): _____

Tuberculosis: Has student received BCG/TBC vaccine? Yes No If yes, enter date administered: _____

Tuberculin Skin Test date: _____ Result: _____ mm Chest X-Ray date: _____ Result: _____

If immunization has not been administered, please explain: _____

6. In my opinion, the general state of the applicant's health is: Excellent Good Fair Poor

Physician's Name (Signature)

Physician's Name (Printed)

Date: Month / Day / Year

Address

Certificate of Dental Health

I have examined the teeth of this applicant and found him/her to:

be in satisfactory condition

show the following condition: _____

Dentist's Name (Signature)

Dentist's Name (Printed)

Date: Month / Day / Year

Address

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Academic Record / Transcript of Grades

Student Name: _____

School Name: _____

School Address: _____

Telephone: _____ FAX: _____ E-Mail: _____
Country Code City Code Number Country Code City Code Number

Type of School: Academic Vocational Technical

Indicate the student's standing in relation to others in his/her class:

Top Ten Percent Top Quarter Top Half Other: Specify:

Explanation of grading system: _____

Foreign language proficiency: P = Poor F = Fair G = Good E = Excellent									
ENGLISH					Other Language:				
	P	F	G	E		P	F	G	E
Reading					Reading				
Writing					Writing				
Speaking					Speaking				
Understanding					Understanding				
Conversation					Conversation				

Has the student missed or repeated a year or term? Yes No If yes, please explain:

Is there a history of frequent absences (more than 2 days a month)? Yes No
 If yes, please explain: _____

By the end of the current school year, the applicant will have had _____ years primary and
 _____ years secondary schooling. The applicant will have _____ years remaining in this school.

How long have you known the applicant? _____

**Please attach a copy of the last 2 years of academic records plus a translation of course titles,
 comments, and grading system.**

School Representative Signature: _____ Date: _____

Printed Name: _____ Position: _____

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Teacher Evaluation 1

STUDENT APPLICANT: Please give this form to two major-subject instructors (i.e. language, social studies, math, etc.) or to a guidance counselor.

Please type or print legibly in **black ink**.

To be completed by the student applicant:

Student's Name: Last First Middle

Address

City State/Province Country Zip Code Telephone (country code/city code/number)

To be completed by a teacher:

We appreciate and accept as confidential your honest evaluation of this applicant's personal readiness for responsible participation on an international exchange program.

1. Describe this student's behavior in a classroom setting with respect to authority, peers, class participation, group activities and individual schoolwork.

2. What talents, interests and skills does this student have to contribute to others (i.e. school, community, host family)?

3. What is the student's attitude toward school and schoolwork? Great Interest Average Interest Little Interest
Please comment:

4. Do you find this student: Cooperative Uncooperative Please comment:

5. What is the student's relationship with his/her fellow classmates? Leader Cooperative Uncooperative
Comments (it would be helpful to indicate if the student has held a class office or other position of responsibility):

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Teacher Evaluation 1, page 2

Student Name

6. In your opinion, will the applicant be able to handle reading and writing school assignments in English (e.g. history, sciences, English, literature, etc.)? Yes No Please comment:

7. Please check the factors below that describe this student:

- Curiosity Open Mindedness Tolerance for differences Adaptable/flexible Outgoing
 Self-Motivation Sense of Humor Ability to tolerate failure Inflexible Quiet/shy

Please comment on the student's strengths and weaknesses with respect to these factors. Please provide specific examples.

8. Based on your knowledge of this student, how would you evaluate his/her potential for success as an exchange student in the United States? Very Good Good Average Poor Please comment:

9. In what context and for what length of time have you known this student?

10. If you have any further information that will help us in our selection, or assist American high school teachers in helping the student adjust to the school, we would greatly appreciate your comments.

11. Check one of the following:
 I strongly recommend this student
 I recommend this student
 I do not recommend this student

Comments:

Signature

Name (please print)

Title

Date

Telephone (country code/city code/number)

Address

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Teacher Evaluation 2

STUDENT APPLICANT: Please give this form to two major-subject instructors (i.e. language, social studies, math, etc.) or to a guidance counselor.

Please type or print legibly in **black ink**.

To be completed by the student applicant:

Student's Name: Last First Middle

Address

City State/Province Country Zip Code Telephone (country code/city code/number)

To be completed by a teacher:

We appreciate and accept as confidential your honest evaluation of this applicant's personal readiness for responsible participation on an international exchange program.

1. Describe this student's behavior in a classroom setting with respect to authority, peers, class participation, group activities and individual schoolwork.

2. What talents, interests and skills does this student have to contribute to others (i.e. school, community, host family)?

3. What is the student's attitude toward school and schoolwork? Great Interest Average Interest Little Interest
Please comment:

4. Do you find this student: Cooperative Uncooperative Please comment:

5. What is the student's relationship with his/her fellow classmates? Leader Cooperative Uncooperative
Comments (it would be helpful to indicate if the student has held a class office or other position of responsibility):

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Teacher Evaluation 2, page 2

Student Name

6. In your opinion, will the applicant be able to handle reading and writing school assignments in English (e.g. history, sciences, English, literature, etc.)? Yes No Please comment:

7. Please check the factors below that describe this student:

- Curiosity Open Mindedness Tolerance for differences Adaptable/flexible Outgoing
 Self-Motivation Sense of Humor Ability to tolerate failure Inflexible Quiet/shy

Please comment on the student's strengths and weaknesses with respect to these factors. Please provide specific examples.

8. Based on your knowledge of this student, how would you evaluate his/her potential for success as an exchange student in the United States? Very Good Good Average Poor Please comment:

9. In what context and for what length of time have you known this student?

10. If you have any further information that will help us in our selection, or assist American high school teachers in helping the student adjust to the school, we would greatly appreciate your comments.

11. Check one of the following:
 I strongly recommend this student
 I recommend this student
 I do not recommend this student

Comments:

Signature

Name (please print)

Title

Date

Telephone (country code/city code/number)

Address



ATAD Exchange Committee Interview Form, page 2

5. Describe a time when you were challenged or disappointed. What was your response to this situation?

6. What kind of relationship do you want to have with your Host Family?

7. What concerns do you have about living in another country? What can you do to overcome these concerns?

ATAD Representative: Please complete the following with your impressions of the student.

8. Please check the factors below that describe this applicant:

- | | | | |
|---|---|---|------------------------------------|
| <input type="checkbox"/> Curious | <input type="checkbox"/> Open Minded | <input type="checkbox"/> Adaptable/flexible | <input type="checkbox"/> Outgoing |
| <input type="checkbox"/> Self-Motivated | <input type="checkbox"/> Tolerant for differences | <input type="checkbox"/> Inflexible | <input type="checkbox"/> Quiet/shy |
| <input type="checkbox"/> Sense of Humor | <input type="checkbox"/> Able to tolerate failure | | |

Please comment on the applicant's strengths and weaknesses with respect to these factors.

Please provide specific examples.

9. How important is it for the applicant to be in an intellectual and/or fine arts environment?

- Extremely Important Important Unimportant Please comment:

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ATAD Exchange Committee Interview Form, page 3

10. Based on your knowledge of this applicant, how would you evaluate his/her potential for success as an exchange student in the United States? Very Good Good Average Poor Please comment:

11. In what context and for what length of time have you known this applicant?

12. Check one of the following:
 I strongly recommend this applicant
 I recommend this applicant
 I do not recommend this applicant
Please comment:

13. Is there anything else that you would like to tell us about this applicant?

Signature Name (please print)

Title Date Telephone (country code/city code/number)

Address

Primary ATAD contact person for: ____ school year/semester program ____ summer program

Name

Address: Street City Country Zip Code

Telephone: Country Code / City Code / Number FAX: Country Code / City Code / Number E-mail



Parent Student Agreement

**ALL PARENTS OF INTERNATIONAL EXCHANGE STUDENTS ARE EXPECTED TO READ
THIS DOCUMENT AND SIGN BOTH OF THE LAST TWO PAGES**

INTRODUCTION

The Association for Teen-Age Diplomats (ATAD) is a legally constituted organization that is officially recognized by the US Department of State and Council on Standards for International Educational Travel (CSIET). It is located in the Rochester, New York area in the United States. Since 1952 when it was organized, more than 4,000 high school students have participated under the sponsorship of ATAD.

The persons signing this agreement understand that the purposes of the ATAD program are:

- To increase the understanding of people, cultures, and values,
- To provide an opportunity throughout the world for widening circles of friendship.

All of this is promoted through a family living experience and by attendance at a secondary school when school is in session.

ATAD assumes the sole responsibility for the placement of exchange students with suitable American Host Families, and for placement of exchange students in appropriate American high schools in the Rochester area. During the student's stay, ATAD continues to follow and assist the student's progress, and may at any time transfer this student to another host home if it is deemed in the best interest of the student and Host Family.

ATAD carefully supervises all International Students while they are in the US. The families with whom they live are carefully selected. No American Host Family receives any payment for hosting an International Student. Families volunteer to host as a means of furthering international peace and understanding.

The rules set forth by ATAD are made for the benefit of the student's safety and well-being, as well as that of the student's natural and Host Family, the host country, and ATAD. These rules and regulations are included in this agreement.

The Board members of ATAD are NOT paid for their services, nor does ATAD receive any portion of the fees paid to committees in the student's home country.



STUDENT AGREEMENT

STUDENT'S ACCEPTANCE OF RESPONSIBILITY:

As a Teen-Age Diplomat, I accept responsibility to fulfill the purpose of the ATAD program to the best of my ability, and to abide by all policies and procedures set forth in this agreement.

I recognize that the purpose of the student abroad program is to promote better understanding between peoples of all nations, and that while abroad I will act as a representative of my country, my school and my family, and will try to be a true Teen-Age Diplomat.

I agree to live with my Host Family as a full member of the family, assuming all responsibilities as a sharing member and complying with the rules of the Host Family.

I agree to maintain contact with the chairperson of my ATAD program at least once a month about my progress in my Host Family and in school.

I agree to abide by all rules and regulations as set forth by the ATAD program. These rules and regulations are as follows:

Airline Tickets: Incoming students to Rochester may have a round trip ticket; the return flight may or may not be finalized at the time of arrival. The itinerary must be shared with the program chair when the flight is purchased. The student must communicate with the program chair and host parents *before* the return flight is finalized. The return flight should be after all classes and exams are finished, usually on or about June 30.

Alcohol: The legal drinking age in the US is 21 years of age. Therefore no ATAD student can legally drink alcohol while in the US. Students are expected to observe Host Family guidelines. Inappropriate use of alcohol will result in dismissal from the program.

Communications Home: Students are encouraged to communicate with family and friends in the home country on an occasional basis. Frequent communication with natural family and home country friends may cause difficulties in the student's adjustment to the Host Family and school. Lack of adjustment may be cause for dismissal from the program. ATAD students should also understand that when they conduct conversations in their native language it may cause distrust or discomfort in the Host Family.

Dangerous Activities: Some activities are considered too dangerous for ATAD students and are not permitted. Examples are hang gliding, hitchhiking, hunting, parachute jumping, piloting a private plane, bungee jumping, and driving or riding on a motorcycle, snowmobile or all terrain vehicle (ATV).

There are other activities judged to involve some danger (scuba diving, mountain climbing, travel in private plane, white water rafting) or some medical risk (body piercing, tattoos). For these activities and any for which you are uncertain, first consult the ATAD Program Chair. Prior written permission must be given by the natural parents and Program Chair authorizing the student to participate.

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This permission must release the Association for Teen-Age Diplomats and the Host Family from all responsibility during the time the student is engaged in that activity.

For participation in any activity, the student must follow all laws and practice reasonable safety precautions. Furthermore it is the sole responsibility of the student and natural parents to ascertain whether the activity is covered under their current insurance policy, and to obtain additional insurance as necessary.

Driving: ATAD students are not permitted to drive any car for any reason, even if they possess an international driver's license. ATAD students may not take driver education courses. Violators of this policy will be dismissed from the program.

Drugs: ATAD students may not buy, sell, possess or use drugs that are illegal. Violators of this policy will be dismissed from the program. If the student is arrested for a drug related incident, please refer to the section on Violations of the Law.

Employment: In the United States, participants in the ATAD program are not permitted to be employed during their stay. They are not permitted to obtain work permits in order to secure jobs. However they may earn money baby sitting, grass cutting, snow shoveling, yard cleaning, etc. as long it does not interfere with school or Host Family obligations.

Extension of Stay: Under US immigration laws ATAD is not allowed to grant waivers or visa extensions. All students will travel to and from the Host Family as arranged by ATAD. Travel plans are made in consultation with the ATAD Program Chair in Rochester and the student's Program Liaison in the home country. There is no extension of stay. ATAD students are not to ask for, nor receive an extension of stay. In the event of violation of this policy, ATAD's responsibility ends with the return flight to which the student has been assigned.

Health: All students must have a physical examination before coming to the United States. If any medication is currently taken or will be taken while in the US, it must be reported on the medical form. All medical problems should be reported to the ATAD Program Chair, including any which develop between the date of the physical exam and the date of departure.

Host Families: Students are assigned to Host Families by ATAD. Each student is expected to adjust to the lifestyle of the Host Family, to follow Host Family customs and participate in family activities. If there are adjustment problems, consult with your ATAD Program Chair. Usually these problems can be resolved successfully.

Immunizations: New York State has specific immunization requirements. A student who arrives without the necessary immunizations needed to enroll in school must obtain these before the school year begins. The cost of these immunizations must be paid by the student.

Marriage: Married students are not permitted on the ATAD program. If an ATAD student marries or is discovered to have married before becoming an ATAD participant, the student will be dismissed from the program.

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Medical Insurance: ATAD will assure that all International Students are covered by the minimum required level of medical insurance.

Money: The volunteer Host Family provides housing and food. The International Student and/or natural family provides spending money for personal expenses such as phone, clothing, gifts, trips, movies, recreation, etc. Payment of airline charges for excess baggage and any airport or customs taxes are the responsibility of the student.

Pregnancy: If a student is found to be pregnant or to cause a pregnancy while on an ATAD program, the natural parents will be notified, and the student will be returned home and dismissed from the program.

School Attendance: If the ATAD student is in the US for a half or full year, attendance at a secondary school is required. A normal course of school work should be maintained; non-attendance will result in dismissal from the program.

School Course Schedule: ATAD students are expected to take a normal academic course. This should include at least one course in social studies (American history or government) and one in American literature or language arts. Two additional academic courses such as math, science, or foreign language should also be taken. School counselors are helpful in selecting electives such as art, music, business, or speech which will round out the student's schedule.

School Credit: Students may not ask for nor expect to receive a high school diploma. (Note: A US high school diploma is not necessary for a foreign student's admission into a US college or university.) It is the student's responsibility to arrange with his or her home country school for applicable credit or graduation upon return home from the program.

School Performance: Students are expected to do their best in school and to comply with all the regulations of the school. They must go to school each school day, do homework on time, take all tests, and participate in class. After a reasonable adjustment time, failure to meet school expectations or requirements, underachievement, or inappropriate behavior may result in dismissal from the program.

Supervision: The Host Family is responsible for the health and safety of the student. To assist in safety, all ATAD students must have adult supervision for overnight stays.

Travel: ATAD is a program designed to provide a family living experience, NOT a travel program. International Students agree to travel directly to and from the Host Family as arranged by ATAD. While living with the Host Family the student may travel with Host Family members after notification of the ATAD Program Chair. Travel without the Host Family must meet the following requirements:

- 1) written permission from host parents
- 2) written permission from natural parents
- 3) written invitation from individuals inviting student
- 4) permission from ATAD Program Chair
- 5) written permission from the school if the travel will require missing school

No trips may be arranged by the student without ATAD's approval. Unauthorized travel may result in dismissal from the program.

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Visits from Natural, Immediate, or Extended Family and Friends: Natural, immediate, or extended family and friends are STRONGLY DISCOURAGED from visiting the international student during the program. The visit may change the student's relationship with the host family. This is the exchange student's experience, not the natural family's experience. Therefore, the best time for a visit is sometime after the exchange is over.

If the natural, immediate, or extended family and friends have a specific, valid reason why a visit during the program is necessary, then they must:

- Request approval for the visit from their home country liaison. The liaison will then contact the program chair in Rochester.
- Allow the program chair in Rochester to discuss the potential visit with the host family.
- Not make travel arrangements until approval is received from the program chair in Rochester.

Violations of the Law: ATAD students must abide by all local, state and US laws. The payment of fines and/or restitution of property or stolen funds must be made by the student and natural parents. When an arrest is made, or court appearance scheduled, the student must be represented by a lawyer. Legal expenses are the responsibility of the student and natural family. If a student admits to or is convicted of a criminal law violation, the student will be considered for dismissal from the program.

Weapons: The possession or use of firearms and other weapons is forbidden, and is grounds for dismissal from the program. Weapons include, but is not limited to, switch blades, daggers, swords, Kung Fu star, and bombs.

Students may not take dangerous instruments to school or any public event. A dangerous instrument, although not necessarily considered a weapon, is anything that can cause death, injury, or damage to a person or property. This includes, but is not limited to, any types of real or toy guns, dart guns, knives, pocket knives, screwdrivers, box cutters, razors, brass knuckles, sling shots, pepper spray and other noxious sprays, and explosives. Possession of any of these or other dangerous instruments in a public facility may result in legal action being taken by the facility.

STUDENT AS A RESPONSIBLE DIPLOMAT:

I agree to speak to school and community groups about my country and the positive experiences of living in a different country.

I will make American friends and participate in new activities.

I will improve my English language skills and speak English when in the presence of another English speaker. Using another language in public or social groups creates a feeling of distrust and unfriendliness. For this reason, use of the native language is discouraged.

As representatives of the ATAD program, I will help find local students interested in visiting my home country and to help find families to volunteer to host International Students.



PARENTAL AGREEMENT

TRAVEL RESTRICTIONS:

We agree not to arrange personal trips for our son or daughter with friends or family in the US.

We agree not to visit our son or daughter without prior arrangements with the Host Family and ATAD. We understand that any visits from family members or friends are strongly discouraged as not in the best interest of the student, program, or Host Family adjustment. The interruption breaks the continuity of the relationship with the Host Family and may diminish the exchange experience for the student and Host Family.

ATAD will not grant extension of stay. ATAD is not empowered to grant waivers or visa extensions, nor will the organization or its representatives participate in the investigation of an extension unless there is demonstrated evidence of a medical or special emergency requiring such an extension. In the absence of such an emergency, ATAD's responsibility ends with the return flight to which the student has been assigned.

ATAD LIABILITY:

Should ATAD grant permission and acceptance of our son or daughter to participate in the ATAD program, we do hereby release and discharge ATAD and all of its members from liability or demands, of whatever nature, which might arise by reason of accident, illness or injury, dismissal, or other consequences arising from the student's actions or participation in the ATAD program. We also release ATAD from any liability in connection with any cause, event or occurrence beyond the control of ATAD, including, but not limited to, natural disasters, war, civil disturbances, and negligence of parties not subject to the control of ATAD.

We understand and agree that in travel to and from the Host Family and in other ATAD sponsored travel, that ATAD utilizes commercial airlines, trains, buses, vans, restaurants and hotels, and cannot control every service these firms provide. Consequently, ATAD is not responsible for any actions or negligence including, but not limited to, lost luggage, travel delays, and hotel reservations not honored. We further agree that ATAD reserves the right to change or alter travel, lodging, or other arrangements if ATAD believes such changes to be in the best interest of the participants of the program.

DISMISSAL FROM PROGRAM:

We understand that ATAD reserves the right to dismiss our son or daughter from the program at any time for behavior detrimental to the program. ATAD will provide us with a report, and the judgment of ATAD in all matters will be final. Actions that may constitute dismissal from program include, but are not limited to, those listed under "Student's Acceptance of Responsibility."

Dismissal from the program will include:

- Invalidation of the student's visa
- Withdrawal of all ATAD support services
- Return home may be at the student's own expense

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We agree to pay any additional costs incurred by ATAD because of dismissal of our son or daughter from the program.

We agree that ATAD is absolved of all obligations, legal or otherwise, to the student or his/her parents or guardians if the student is dismissed from the program.

FEES AND MONETARY CONDITIONS:

We understand that the Host Family provides housing and food. We agree to provide round-trip airfare between our home country and Rochester, NY, USA. We agree to provide spending money for personal expenses such as phone, recreation, and clothing for our son or daughter while abroad. We understand that our son or daughter will need at least \$100 per month to cover these expenses, and that this amount may vary depending on student choices. We understand that ATAD will purchase a health insurance policy which meets the US Department of State regulations and which will cover our son or daughter during the duration of his or her participation in the ATAD program. We also agree to pay for all medical, optical and dental expenses not covered by insurance.

We understand that the program fee does not include payment for passport, visa, inoculations, or travel within the United States. We agree to pay for transportation, books, test fees, English tutoring, etc. if required for school. A student will not be placed in a school that requires the payment of tuition or an administrative fee.

We agree to be responsible for any legally enforceable debts incurred by our son or daughter while in the US. If ATAD discharges any such debts, whether due to emergency or as a matter of convenience, we agree to repay such amount to ATAD upon demand. We agree to pay airline baggage costs and any other expenses incurred by our son or daughter.

We agree to pay the ATAD fee listed below, which includes all US Regulatory Agency fees and medical insurance required by the US Department of State. The fee is due in full in US currency upon our son/daughter's arrival in Rochester.

	Year	Semester
TOTAL	\$4,500	\$4,500

Signature of Student: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

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**Association for Teen-Age
Diplomats**

**PARENTAL PERMISSION, MEDICAL RELEASE,
AND PERMISSION TO IMMUNIZE**

We agree with and understand the purpose of the ATAD program, and give permission to our son or daughter to apply for and participate in the program of the Association for Teen-Age Diplomats.

In the event our son or daughter is unable to participate in the program due to illness, injury, or death, ATAD, acting through its representatives, is authorized to release our son or daughter to our personal care, and make whatever arrangements are appropriate under the circumstances.

ATAD, its personnel or representatives shall not be responsible for any debts incurred in conjunction with any illness or accident, and we agree to be responsible for any additional costs incurred for the return travel of our son or daughter that are not covered by the required insurance.

PERMISSION TO IMMUNIZE AND TREAT:

We give permission for our child _____ to receive any
(Student's Name)
immunizations, inoculations, or medical tests to evaluate physical health, that are deemed necessary or appropriate by the program, the host school, or the host parents.

We agree to and do authorize ATAD, its designated representatives, and the host parents to act for us in any emergency, accident or illness. We authorize any medical organization or personnel to release any and all information regarding our son or daughter to ATAD, its designated representatives, and the host parents. We understand that diligent efforts will be made to contact us before medical treatment when conditions or emergency situations allow.

We have read the above and agree to our responsibilities as stated. (Both parents are required to sign.)

Signature of Parent or Guardian: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

Please keep one copy of this agreement and return one copy to ATAD.