



FLEX Application Instructions Program Year 2018-2019





How to complete the electronic application:

- PREFERRED: Type directly in the PDF application on your computer and then print for signatures and stamps from parents, teacher, school director, doctor and dentist.
- ALTERNATIVE: Print the PDF application and fill out the paper application by hand in black ink with clear, printed letters.



Fillable-PDF application instructions:

- Download the PDF application.
- Open the PDF application with Adobe Reader (not Acrobat), available at <http://get.adobe.com/reader/>.
- Once you have downloaded the application and Adobe Reader, you do not need an internet connection!
- As you complete the PDF document, **save often** so that you do not lose your work.



How to Submit the Application:

- **Submit the completed application either in person or by courier service to the American Councils office in your country. It must arrive in the FLEX office by the due date announced by FLEX staff.**
- **Submit two (2) paper copies of the completed application:**
 - **one (1) original** (with original photos and signatures)
 - **one (1) copy** of the original, but no copy of Form 4.

APPLICATION INSTRUCTIONS

Application instructions are on the last 2 pages of the application file.

NOTE: Do not submit the application instructions page with your paper application to American Councils.

Before you start filling out the application, you must:

1. Read carefully the general application instructions (last 2 pages).
2. Read carefully the instructions at the top of each form.
3. Review carefully this PowerPoint presentation.



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APPLICATION INSTRUCTIONS

Carefully read these instructions, and the instructions on each of the forms, before you begin to fill out the application.

- Make a copy of the application before you begin in case you make a mistake.
- You must write your name on the front and back of every form.
- The application must be filled out in English.
- The application must be filled out in black ink.
- Applications not filled out completely will not be considered.
- Any additional materials (such as awards or extra letters) will be discarded.
- On forms that require signatures, do not sign in English. Sign the same way you would sign any other document in your country.
- When you have completed the application make two copies. **Return the completed application and one copy (except Form 4) to your Program office by the due date indicated on Form 1. Keep one copy for yourself.**

FORM 1 Application Cover Sheet:

- **Due Date** - The application and one copy (except Form 4) must be returned to the American Councils office by this date. Your application will not be considered if received after the due date, even if it is in the mail.
- **Student Information:** If you have more than one citizenship, list all of them.
- **School Information:** Write the official name of your school using transliteration. Do not translate the name into English. Include name, number, or both name and number if your school name includes both. Examples:
 - School with a name: Belgorod gimnaziya "Klassika"
 - School with a number: Gdansk, High School #3
 - School with a name and a number: Uralsk #42 "Ak Niet" Gymnasium

FORM 2 Host Family Letter:

- You may use a dictionary.
- Use only the page provided. Extra pages will be discarded.

FORM 3 Activities and Achievements:

- **Section 1:** List activities you engage in on a regular, organized basis. **Answer truthfully.** Your host family may expect you to participate in these activities in the United States.
- **Section 2:** Describe what you like to do in your free time, aside from any regular, organized activities. **Answer truthfully.** Your host family may expect you to participate in these activities in the United States.
- **Section 4:** If you have never participated in an international exchange program, or lived outside your country, write NONE.

FORM 4 Confidential Recommendation From Teacher:

- This form should be filled out by a **teacher** who knows you well.
- If you cannot choose a teacher you may ask the school director, or a teacher from a school you have recently attended.
- Write your full name, the city and name or number of your school, and your class at the top of the form before you give the form and the attached envelope to your teacher.
- **You must return the recommendation in the sealed and signed envelope with your application.**
- **If your teacher knows English,** give him/her **ONLY** the English Form 4 to complete with the attached envelope.
- The form must be signed by the teacher and have the school stamp. If the teacher cannot get a school stamp, he or she must provide an explanation.
- The Translator's Statement on the back is left blank and the local language version of Form 4 is **NOT** turned in.
- **The English Form 4 must be returned to you sealed in the envelope provided, with the recommender's signature across the seal.**
- **If your teacher does not know English,** give him/her the local language Form 4 to complete in addition to the English Form 4 and the attached envelope.
- Local language Form 4 must be translated onto the English Form 4. The translator must complete section 4.9.
- Neither the student nor a member of the student's family may translate Form 4.

FORM 5 Student Grade Transcript:

- This form **must** be signed by the director and have your school stamp. If school stamp is not provided, please explain why.
- If you attended two (2) schools in the past three years, make one photocopy of Form 5 and give it to the director of the other school to fill out, sign and stamp.
- **Academic Year Class:** Write your class at the top of each column.
- **Grading Scale:** Write the grading scale that is used at your school. For example, 1-5, 1-10, 1-12, or 1-100.
- Provide final grades for the last two years (2015-2016 and 2016-2017) and current grades for the first part of the 2017-2018 school year.
- Indicate the number of hours per week you spent in each class.

FORM 6 Biographical Information:

Student Information

- **Citizenship** - If you are a citizen of more than one country, list all applicable countries.
- **Email address** - If you do not have an email address, write NONE.
- **Address** - Write the actual address where you live. Do not translate the address. For example: ul. 8 Marta, not March 8 street.
- **Telephone number of other adult where you can be contacted.** You must provide this information. You may write the telephone number of a relative, older sibling, or a friend, but not a parent.
- United States Government **English Access program** - Check the "yes" box if you participated in this program, or the "no" box if you did not.

Family Contact Information

- You **must** include information about both parents. If you have a step-parent or legal guardian, indicate their relation to you and write their information.
- If your parent is no longer alive, check the box for **DECEASED**.
- If you do not know who or where your parent is, check the box for **UNKNOWN**.

FORM 7 Placement Information:

- Answer these questions honestly. This information is only used to find American host families for exchange students and is not used during the selection process.
- If you answer **yes** to points 6, 7, 8.3, 9, 12, 13, 14, 15 or 16, an explanation **must** be provided.

Form 1

Application Cover Sheet

1. Fill in the TC number in the upper right corner.
2. Fill in the 6-digit number assigned to you in the upper right corner. Or, if filling the form by hand, place one of your numbered stickers here.
3. DUE DATE is the date your application needs to be received at the American Councils Office. Use the date provided by FLEX staff at Round 3.
4. Fill in all the required information (in English).

2 0 1 8 - 2 0 1 9



DUE DATE

3

RETURN THE COMPLETED APPLICATION AND ONE COPY (EXCEPT FORM 4) TO YOUR PROGRAM OFFICE.

INSTRUCTIONS

Note to student: Please read all of the instructions carefully before you start to fill out this application. Specific instructions for each form are located at the top of the form, and additional instructions are located on the last page of this application.

You must complete every section on each form in this application, and return the completed application by the due date. If you do not return the completed application by the due date, your application will not be considered.

Write your name at the top of each form where indicated.

Complete all forms in English only.

Complete all forms using **BLACK** ink.

This Application is **FREE OF CHARGE**

DO NOT WRITE IN THIS SECTION

TC

1

2

OFFICIAL
USE
ONLY

Form 1 APPLICATION COVER SHEET

Family name: _____

First name: _____

Middle name, if any: _____

Gender (circle one): Male Female

Date of birth: Day _____ Year _____

Month (circle one): Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

City of residence: _____

Country of residence: _____

Citizenship(s): _____

If more than one, list all.

School city: _____

School name and number: _____

Class (circle one): 8 9 10 11 12 I II III IV I 2 3 4

Other: _____

Have you participated in the English Access Microscholarship Program (Access)?

☐ Yes ☐ No



Form 2

Host Family Letter (two pages)

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1



STUDENT NAME: _____
family name first name middle name

Form 2 HOST FAMILY LETTER

INSTRUCTIONS

Write your U.S. host family a letter:

- Introduce yourself and your family. What activities do you enjoy doing together?
- What are your responsibilities at home?
- Describe your interests.
- Tell about your friends. What activities do you like to do together?
- Write two or three sentences to describe your city.
- What plans, if any, do you have for your future and career?
- What else do you want your host family to know about you?

Write your letter in English. You may only use both sides of Form 2. Do NOT write outside the box or paste photos on this form. Do NOT include your family name, your relatives' full names, or the name of your city in this letter. This letter will be shared with U.S. host families considering hosting you.

Dear American Family, _____

2

(continue on other side)

1. Write your full name at the top of both pages.
2. Write a letter to your host family. Use only the pages provided. Extra pages will be discarded.
 - You may use a dictionary.

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1

STUDENT NAME: _____
family name first name middle name

FORM 2: HOST
FAMILY LETTER

2

Form 3

Activities and Achievements (two pages)

1. Write your full name at the top of both pages.
2. List your weekly and monthly activities, as shown in the examples.
3. Write about your favorite activity.

2 0 1 8 - 2 0 1 9

STUDENT NAME: _____
family name first name middle name



Form 3 ACTIVITIES AND ACHIEVEMENTS

SECTION 1: List school or other clubs and organizations you belong to. Include sports, scouts, religious or youth groups, volunteering, social activities, special training or hobbies (such as music, dance, drama, foreign language), and any work experience. Include only those activities you have been involved in during the last three years. See the examples below. Write your activities the same way.

WHAT ACTIVITIES DO YOU PARTICIPATE IN?

Activity	How Often	Dates of Activity (from-to)
Example: Basketball	5 hours per week	2015-now
Example: National dancing lessons	Twice per month	2015-2016
Example: Cross-country skiing	Winter	2016-now
Example: Volunteering at orphanage	Once a month	2016-now
Example: Writing for the school newspaper	During the school year	2014-2016

2

WHICH ACTIVITY IS YOUR FAVORITE AND WHY?

3

4. Describe how you spend your free time. Answer truthfully. You may be expected to participate in these activities in the US.
5. List achievements or awards you have received, and any leadership positions you have held as shown in the examples.
6. List international experience, as shown in the examples. If you have never participated in an international exchange program, or never lived outside your country, write NONE.

2 0 1 8 - 2 0 1 9

STUDENT NAME: _____
family name first name middle name

FORM 3: ACTIVITIES AND ACHIEVEMENTS

SECTION 2: Describe how you spend your free time. Explain what you do, why you enjoy it, and with whom you do it. Are there any activities you are interested in trying in the U.S.? Answer truthfully. Your host family will read this, and may expect you to participate in these activities in the United States.

4

SECTION 3: List any awards or prizes you have received and any significant achievements for which you have been recognized. Please indicate the dates you received the awards or special recognition and the name of the institution giving the award. Examples include prizes, honors, medals, or Olympiads in areas such as foreign language, creative writing, science, or music.

ACHIEVEMENTS, AWARDS AND LEADERSHIP POSITIONS	NAME OF INSTITUTION	DATE RECEIVED
Example: City English Language Olympiad	School No. 140	2015

5

SECTION 4: If you have traveled on any international exchange program or have lived outside your country, list in this section.

EXCHANGE PROGRAMS (include sponsors) OR LIVING OUTSIDE YOUR COUNTRY	DATES (month and year) FROM - TO:	CITY, STATE AND COUNTRY	TYPE OF PROGRAM
Example: School Exchange	Nov. 2015 - Dec. 2015	Munich, Germany	Cultural

6

Form 4

Confidential Recommendation from Teacher (two pages)

1. Write your full name, school city, school name and your current grade on the top of the form. The rest of the form will be filled out by a teacher.
- Give Form 4 and the envelope from the FLEX application to a teacher who knows you well. In some cases, it can be filled out by the school director.
- If your teacher knows English well, give him/her ONLY the English Form 4.

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STUDENT NAME: _____
family name first name middle name
 School city: _____ School name and number: _____
 Current class (circle one): 8 9 10 11 12 I II III IV 1 2 3 4 Other: 1

Form 4

INSTRUCTIONS

CONFIDENTIAL RECOMMENDATION FROM TEACHER

TO STUDENT: Complete the information at the top of this form. Ask one of your teachers, who knows you well, to complete this form. If you cannot choose a teacher, you may choose a school director or a teacher from a school you recently attended. This recommendation MUST be filled out in English and returned in the sealed and signed envelope with your application.

IF THE RECOMMENDER KNOWS ENGLISH:

- Give him/her ONLY the English Form 4 with the attached envelope.
- Ask the recommender to follow the directions below.

IF THE RECOMMENDER DOES NOT KNOW ENGLISH:

- Give him/her the English Form 4, the local language Form 4, and the attached envelope.
- Ask the recommender to:
 - Complete the local language version of Form 4
 - Have it translated onto the English Form 4. The translator must complete section 4.9.
 - Neither the applicant nor a member of the applicant's family may translate Form 4.
 - Attach the two forms to each other and return both in sealed envelope.

TO RECOMMENDER: Your answers on this form will be evaluated along with the student's application to determine his/her suitability for this scholarship program. Therefore we ask you to answer each part honestly, carefully and completely. **This form must be filled out in English.** Enclose the completed recommendation (and local language version if translated) in the envelope provided. **Seal the envelope and sign your name across the seal.** Return the envelope to the student, who will submit it with his or her application.

4.1 Please describe this student's behavior: How does the student respond to authority? How does he/she relate to peers and participate in group projects with other students? What talents, interests and skills does this student have that will contribute to an international exchange experience? Please give examples.

4.2 Please comment on the student's motivation in school and study habits.

4.3 Please evaluate the student's character in the following categories (check the appropriate boxes):

Personality Traits	Excellent	Above Average	Average	Below Average
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Openness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to adapt to new situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to interact with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of English (if known)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Form 4

Confidential Recommendation from Teacher (two pages)

1. Write your full name at the top of the page.
2. The form must be signed and dated by the teacher and have the school stamp. If the teacher cannot get a school stamp, he or she must provide an explanation.
3. If the teacher completes Form 4 in English, the Translator's Statement is left blank and the local language version of Form 4 is NOT turned in.

If your teacher does not know English:

- a) Give him/her:
 - The local language Form 4 to complete, sign and stamp after you have written your name and school information;
 - Form 4 in English, after you have written your name and school information;
 - The envelope for Form 4.
- b) Local language Form 4 must be translated to the English Form 4. Neither the applicant nor a member of the applicant's family may translate Form 4.
- c) The translator must complete section 4.9.
- d) The English Form 4 must be signed and dated by the teacher who wrote the recommendation and have the school stamp. If the teacher cannot get a school stamp, he or she must provide an explanation.
- e) Both the English and local language versions of Form 4 must be returned to you sealed in the envelope.

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STUDENT NAME:

family name

first name

middle name

1

**FORM 4:
RECOMMENDATION
FROM TEACHER**

4.4 a. Has the student had any adjustment or disciplinary problems at school? ☐ Yes ☐ No

4.4 b. Has the student missed or repeated a year? ☐ Yes ☐ No

4.4 c. Does the student have a history of continuous or frequent absences from school? ☐ Yes ☐ No

4.4 d. Does the student currently have any special educational needs? ☐ Yes ☐ No

If you answered "yes" to any question, please explain: _____

4.5 How long have you known this student? Years: _____

4.6 In what context do you know this student? _____

4.7 Are you a teacher at the student's high school? ☐ Yes ☐ No If no, explain: _____

4.8 Check one of the following and explain below:

☐ I feel this applicant is ready to become an exchange student.

☐ I have some reservations about this applicant's readiness to become an exchange student.

☐ I do not recommend this applicant.

Please explain: _____

RECOMMENDER

Name of recommender: _____

family name

first name

middle name

Position of recommender: _____

Place of work: _____ Country: _____

Region: _____ City/Town: _____

SCHOOL STAMP (if no stamp, please explain):



2

SIGNATURE OF RECOMMENDER: _____

2

Date: _____

2

TRANSLATOR'S STATEMENT

4.9 This section must be filled out by the translator if the original recommendation is not in English.

I hereby certify that the above English translation is a true and accurate rendering of the original text.

Name of translator: _____

family name

first name

middle name

SIGNATURE: _____

Date: _____

3

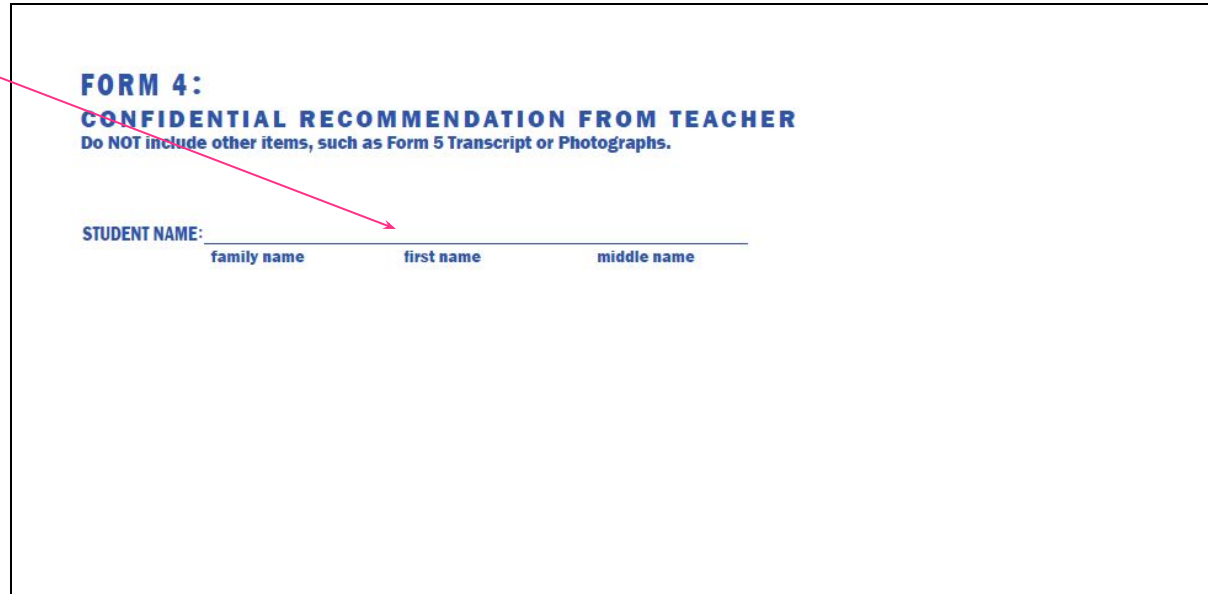
Form 4

Confidential Recommendation from Teacher (two pages)

- You must return the recommendation in the signed and sealed envelope with your application (signed by your teacher).
- Write your full name.
- Do not open the recommendation in order to make a photocopy of it – a photocopy of Form 4 is NOT required!



The diagram shows a white envelope with a blue arrow pointing to the top flap labeled "SIGN". A red arrow points from the text "Teacher's Signature" to the top flap. Below the flap, the text reads: "TO THE TEACHER: PLEASE ENCLOSE YOUR RECOMMENDATION IN THIS ENVELOPE. SEAL THE ENVELOPE AND PUT YOUR SIGNATURE ACROSS THE SEAL."



FORM 4:
CONFIDENTIAL RECOMMENDATION FROM TEACHER
Do NOT include other items, such as Form 5 Transcript or Photographs.

STUDENT NAME: _____
 family name first name middle name

Form 5 Student Grade Transcript

1. Write your full name at the top of the page. Fill out the information about your school.
 2. Academic Year: Indicate your class during that period.
 3. Grading Scale: For each academic year, write the grading scale that is used at your school (in numbers).
 4. Indicate the number of hours per week you spent in each class.
 5. Provide final grades for the last two years (2015-2016 and 2016-2017) and current grades for the first part of this year (2017-2018).
 6. This form (or local language form) must be signed and dated by your school director and have your school stamp. If there is no school stamp please explain why.
- If you attended two (2) schools during this period, your current director should complete information for all 3 years. If he/she does not have your records, have your previous director complete the remaining information on a second form, and sign and stamp both.

If your school director does not want to sign and stamp the English version of this form, then:

- a) Give him/her the completed local language version of the form;
- b) Request signature and school stamp;
- c) Translate YOURSELF all the information from the local language version onto English language version;
- d) Submit BOTH local language version and English language version with your application.

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STUDENT NAME: _____
family name first name middle name

INSTRUCTIONS

Take this form to your school director. Ask the director to complete the form, sign it, and stamp it with an official school stamp. Give the grading scale for each academic year (for example, either I-5, I-10, I-12, or I-100). Use numbers to show marks. If a subject was not taken, leave space blank. You must return this document as part of your completed application by the due date shown on FORM 1.

STUDENT & SCHOOL INFORMATION

School city: _____ School name and number: _____

Is this a boarding school? ☐ Yes ☒ No Type of school: ☐ Public ☒ Private ☐ Other, explain: _____

Current class (circle one): 8 9 10 11 12 II III IV I 2 3 4 Other: _____ Address: _____

	Academic Year 2015-2016		Academic Year 2016-2017		Academic Year 2017-2018	
	Class _____		Class _____		Current Class _____	
	Grading Scale: _____		Grading Scale: _____		Grading Scale: _____	
SUBJECTS	# hours/week	Final Mark	# hours/week	Final Mark	#hours/week	Current Mark
English Language	4	5	4	5	4	5
National Language _____						
Other Language _____						
Other Language _____						
Literature						
Algebra						
Geometry						
Computer Science						
National History						
World History						
Government/Civics						
Social Science						
Geography						
Physics						
Chemistry						
Biology						
Art						
Music						
Physical Training						
Other _____						
Other _____						
Other _____						
Other _____						
Other _____						

SIGNATURE: _____ Date: _____
(School Director)

If no stamp please explain: _____



Form 6

Biographical Information

2 0 1 8 - 2 0 1 9



TC

1. Fill out the TC number in the upper right corner.
2. Fill out 6-digit number assigned to you in the upper right corner. Or place one of your numbered stickers here.
3. Write your name **in your native language** at the top of the form.
4. Fill in all of your relevant personal information exactly as you did on Form 1.
5. When filling out your address, do not translate the street name, but write a transliteration as it sounds in your native language. For example: write ul. 8 Marta, NOT March 8 street
6. You must provide the telephone number of another adult, where you can be contacted. Do NOT write a parent's number.

STUDENT NAME (in native language):

family name first name middle name

INSTRUCTIONS

When writing a name or address in English, use English letters, but do not translate. For example, write Prospekt Mira, not Peace Avenue.

STUDENT INFORMATION

Family name: _____

First name: _____

Middle name, if any: _____

Gender (circle one): Male Female

Date of birth: Day _____ Year _____

Month (circle one): Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

City of birth: _____

Country of birth: _____

Citizenship(s): _____

If more than one, list all.

Email address: _____

(The program will be sending vital information to you by email. List an address that you check **frequently**.)

Country: _____ Postal code: _____

Region: _____

City/Town: _____

Address: _____

Home phone (include city code): _____

Mobile phone: _____

Telephone number of other adult (not a parent) where you can be contacted:

Relationship to you: ☐ Friend ☐ Relative ☐ Other

Form 6 BIOGRAPHICAL INFORMATION

Form 6

Biographical Information

1. Fill out all personal information for BOTH parents, if applicable.
2. Fill out all relevant information for your school.
3. School name or number: The official name of your school. Do not translate the name into English. Write a transliteration from your native language.
4. The address, telephone number and postal code of the school must be included. Write the address as a transliteration.

FAMILY CONTACT INFORMATION

MOTHER (or legal guardian)

Current family name: _____

First name: _____

Middle name: _____

Work phone (include city code): _____

Home phone (include city code): _____

Mobile phone: _____

Country: _____ Postal code: _____

Region: _____

City/Town: _____

Address: _____

Email address: _____

FATHER (or legal guardian)

Family name: _____

First name: _____

Middle name: _____

Work phone (include city code): _____

Home phone (include city code): _____

Mobile phone: _____

Country: _____ Postal code: _____

Region: _____

City/Town: _____

Address: _____

Email address: _____

SCHOOL INFORMATION

School city: _____ School name and number: _____

Current class (circle one): 8 9 10 11 12 I II III IV I 2 3 4 Other: _____ Address: _____

School telephone (city code and number): _____ Postal code: _____

School website (if any): _____ School email address: _____

Form 7

Placement Information (two pages)

Answer all questions on Form 7 **honestly**. They are not used during the selection process. They are used to find an American family for you.

• If you answer 'YES' to questions 6, 7, 8.3, 9, 12, 13, and/or 15, an explanation must be provided.

2018-2019

STUDENT NAME:

family name first name middle name



Form 7 PLACEMENT INFORMATION

INSTRUCTIONS

It is very important that you fill out this form truthfully and completely. This information is not used during the selection process. Your answers to these questions do not affect your chances of being selected. Your answers on this form are used only to match you with an American host family if you are selected.

1. Describe a typical (normal, not special) day in your life.

2. How many years have you studied English? _____ 2.1 At what age did you begin to study English? _____

2.2 List all languages you know (including your native language and languages you have NOT studied): _____

3. Who lives in your home? (indicate all that apply)

☐ Birth Mother
☐ Stepmother

☐ Legal Guardian

☐ Birth Father
☐ Stepfather

☐ Legal Guardian

Grandmother first name age

first name age

Sisters

first name age

first name age

Others

first name age relationship to you

Grandfather first name age

first name age

Brothers

first name age

first name age

first name age relationship to you

3.1 Parent(s) is: ☐ married ☐ separated ☐ divorced ☐ single ☐ widowed If divorced/widowed: ☐ mother remarried ☐ father remarried

4. What is your religion, if any? _____

4.1 How often do you currently attend religious services in your home country? ☐ once or more a week ☐ occasionally ☐ never

5. Can you swim? ☐ Yes ☐ No

6. Do you have pets that live in your home? ☐ Yes ☐ No

If yes, what kind of pets and how many? _____

7. Do you have family members or friends in the U.S.? ☐ Yes ☐ No If yes, explain: _____

8. What are your household responsibilities? _____

8.1 What time do your parents expect you to be home during the week? _____

On weekends? _____

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STUDENT NAME:

family name first name middle name

FORM 7: PLACEMENT INFORMATION

8.2 On average, how much time do you spend each day studying at home? _____ hours each day

8.3 Have you ever lived away from home? ☐ Yes ☐ No If yes, explain: _____

8.4 Check the box that best describes the community where you live: ☐ urban ☐ suburban ☐ small town ☐ rural area

8.5 What is the approximate population of your community? ☐ More than 500,000 inhabitants ☐ 100,000 - 499,999 inhabitants

☐ 50,000 - 99,999 inhabitants ☐ 10,000 - 49,999 inhabitants ☐ 1,000 - 9,999 inhabitants ☐ Fewer than 1,000 inhabitants

9. Do you have any dietary restrictions for health, religious or other reasons? ☐ Yes ☐ No

If yes, explain: _____

10. Do you eat pork? ☐ Yes ☐ No

11. Are you a vegetarian? ☐ Yes ☐ No If yes, do you eat dairy or egg products? ☐ Yes ☐ No

12. Do you have any allergies? ☐ Yes ☐ No If yes, what type of allergies do you have? (e.g., hay fever, asthma, skin, foods, milk, cats, dogs, grass or other). Which conditions, if any, must be avoided to keep the allergy under control? Please be very specific. _____

13. Will you bring any allergy or other medication or supplements with you, whether prescription, non-prescription, herbal or other? For example: Valerian, No-shpa, vitamins ☐ Yes ☐ No

If yes, give name of medication or supplements and indicate what it is for, how it is taken, etc: _____

14. Do you have a condition that will require routine medical monitoring or care while in the U.S.?

☐ Yes ☐ No If yes, describe type and frequency: _____

15. Do you have any religious or other restrictions against taking certain medicines or against receiving medical treatment?

☐ Yes ☐ No If yes, please explain: _____

16. Do you smoke? ☐ Yes ☐ No

If yes, how much? ☐ Frequently (more than 10 cigarettes per day) ☐ Moderately (5 to 10 per day) ☐ Infrequently (four or fewer per day)

17. Can you live in a home where other people smoke inside the home? ☐ Yes ☐ No

REQUIRED

18. For ALL applicants, whether or not you smoke: I understand that there are laws restricting smoking in my host state and host school, and that my host family may have objections to smoking in their home. I agree to honor these laws and/or restrictions.



Student Signature (indicating understanding of this agreement)

Date

Point 18: If you do not agree to honor the laws and restrictions concerning smoking in the US, you may not participate on the program. Your signature and the date are required here, whether or not you smoke.

Without your signature and date here, your application will not be considered.



Form 8

Parent/Student Agreement (two pages)

READ THIS FORM CAREFULLY!

THESE ARE THE TERMS AND CONDITIONS OF THE PROGRAM!

1. Fill in your full name at the top of the page.
2. Have one of your parents/legal guardian sign, print their name and include the date.
3. Sign at the bottom. Write the date that you signed.

The signed English form should be returned to your American Councils program office with your application.

Your parents should keep a copy of this form for their reference.

STUDENT NAME:

family name

first name

middle name

INSTRUCTIONS

Carefully review this important information with your parents. This form must be signed by you and one of your parents indicating you agree to the terms and conditions of participating in the program. Return the form to your American Councils program office with your application. Your parents should keep a copy of this document for their reference.

A. PURPOSE

The Future Leaders Exchange (FLEX) Program ("the Program"), funded by the United States Government, promotes friendship between the United States of America and your country, and provides opportunities for personal development through international host family living.

The Program is implemented by private, not-for-profit organizations ("Program Organizations"). While in the United States, students will be in the care of "Placement Organizations" that identify and arrange host families and schools, and provide support and guidance for participants during the exchange Program. Participants attend an American school, share in U.S. family life, learn about the United States, increase their sensitivity to cultural differences and similarities, and develop a deepened awareness of shared human values and interests. The Program, consistent with its commitment to mutual understanding between the people of the United States and people of other countries, encourages cultural diversity in the selection of Program participants and host families. Participants are required to return to their home country after their Program, where they are expected to share their experiences in the United States.

B. PARENT AGREEMENT General Program Policies

1. We give our child permission to participate in this Program. We and our child will obey the policies described in the Program Handbook and Program Organization guidelines. We understand that the original English-language version of this document represents the final authoritative wording of all policies and guidelines.
2. We understand that if we or any other immediate family member has applied at any time to emigrate to the United States or if we or any other immediate adult family member (whether estranged or not) is a U.S. citizen or green card holder, it may impact negatively on our child's final selection for the Program.
3. We understand that if another member of our family will be living in the U.S. at the same time our child would be on Program, it may affect his/her eligibility for the Program.
4. We acknowledge that our child has not stayed in the United States for three (3) months or more during the past five (5) years.
5. We understand that our child must meet the Program eligibility requirements, be a citizen of the country in which s/he is applying, and be able to obtain a passport from his/her country of citizenship and any visa required by the United States.
6. Participants in an exchange visitor program funded by the U.S. Government are required, under Section 212(e) of the Immigration and Nationality Act, to reside in their home country for a minimum of (2) two years after completing their exchange program in the United States, before they are eligible for an immigrant visa, U.S. permanent residence, or a non immigrant H or L visa.
7. We understand that we may not visit our child during his or her participation in the Program unless we obtain prior written approval from the Placement Organization.
8. We understand that if our child is selected to receive a scholarship, final acceptance will depend on fulfillment of the medical, placement, and academic requirements of the Program Organization.
9. We agree to release and discharge the Program Organizations and their employees and agents, host families, Program representatives, school representatives, as well as the United States Department of State and its employees, agents, and instrumentalities, from any legal liability, claim, or demand in connection with:
 - a. any emergency, accident, illness, injury or other consequences or events arising from the actions or participation of our child in the Program; and
 - b. any cause, event or occurrence beyond the control of the Program Organizations or the Department of State, including, but not limited to, natural disasters, war, terrorism, civil disturbances, and the negligence of parties not subject to the control of the Program Organizations.
 - c. any actions or negligence of commercial airlines, trains, buses, restaurants, hotels, and other entities engaged for travel-related services, including, but not limited to, lost baggage, uncomfortable accommodations, and travel delays.

Travel Policies

10. We agree that our child will travel to and from the United States in strict accordance with the travel plans made by the Program.
11. We will not encourage or permit our child to travel outside the host community during his or her participation in the Program except in strict accordance with the following requirements:
 - a. If our child desires to travel outside the host community with and under the supervision of his or her host parent(s), school official or other responsible adult, our child must first obtain written approval for such travel from the Placement Organization. For international travel this includes authorization to do so on the Form DS-2019.
 - b. If our child desires to travel outside the host community unaccompanied by his or her host parent(s), school official, or other responsible adult, our child must obtain prior written approval for such travel from the Placement Organization and us, the child's parents or guardians. For international travel this includes authorization to do so on the Form DS-2019.
 - c. We understand that many Placement Organizations place limits on or do not allow visits with natural family members or friends from the home country. We agree to follow all Placement Organization rules concerning visits with natural family members or family friends.
12. We understand that our child will be responsible for paying any fees incurred for carrying baggage in excess of the baggage limits set by the airlines used for Program travel. We understand that this provision applies to both international and domestic travel within both the United States and our country.
13. We understand that in making travel arrangements for our child, the Program Organizations contract with or use commercial airlines, trains, buses, restaurants, hotels, and other entities whose performance and services cannot be controlled by the Program. We agree that the Program Organizations reserve the right to change or alter travel, lodging or other arrangements if they believe such change or alteration to be in the best interest of the participants or the Program.

SIGNATURE OF A PARENT
OR LEGAL GUARDIAN:

SIGN

2

C. STUDENT AGREEMENT

I have read this Agreement and discussed with my parent(s) or guardians its terms and conditions. I agree with the purpose of the Program and fully accept all terms and conditions of this Agreement, and all other rules, regulations and conditions set forth concerning the Program. In particular I will do my best to become an integral part of my host family, school and community; will travel only in accordance with the Travel Policies Section of this Agreement; and will attend the school designated for me on a regular basis and complete all work to the best of my ability. I hereby certify that the information provided in all parts of this application is truthful. I understand that any misrepresentation or false answer can be grounds for my dismissal from this Program.

SIGNATURE OF STUDENT:

SIGN

3

Form 8

PARENT/STUDENT AGREEMENT

14. We understand that our child must return home at the end of the Program on the date assigned by the responsible Program Organization. Changes to the assigned departure date will not be made to accommodate graduation, prom or other special school or family events that occur after the assigned date. We understand and agree that the U.S. visa issued to our child will not be amended or extended beyond the Program end date. No exceptions will be made to this policy.

School and Host Family Placement

15. We authorize the Placement Organization employees, and representatives to change the place of residence or school designated for our child when they believe such change to be in our child's best interest. We understand that we will be notified of any such changes.
16. We recognize that schools in the United States may impose academic standards or other requirements in determining grade level placement that differ from those imposed by the school our child now attends. We acknowledge and accept that participation in the Program does not guarantee credit or graduation from the school our child now attends or from the U.S. school he or she will attend while participating in the Program. We understand that it is our responsibility to arrange with the school our child now attends to receive credit or to take exams upon completion of the Program; or to arrange for permission for academic absence from any institute or university to be attended upon return.
17. We are aware that the United States is a multi-racial, multi-ethnic country providing a diversity of possible living experiences and that there is no single living experience that is typical. We understand that placements are made on the basis of criteria designed to determine suitability of host families, and the Program does not illegally discriminate on the basis of race, disability, religion, gender, or ethnic origin, either with respect to students or to host families.
18. We understand that there are strict laws restricting smoking in the United States and that the host family may have objections to smoking in their home. We agree to honor all U.S. laws and host family restrictions.

Health/Medical Issues

19. We confirm that the information stated in the Student Health Certificate is accurate and contains no material omissions of which we are aware. We understand that omitting information on the Student Health Certificate could endanger the health of our child and may be grounds for dismissal from the Program. We will immediately inform the Program Organization of any change in information given. We understand that any physical or mental health condition requiring a significant and sustained level of care or monitoring of our child may require reconsideration of my child's participation in the Program. In the event our child has a recurrence of any previous illness or anything contracted before leaving home or in the United States that is not covered by insurance provided by the Program, we authorize the Program Organization to release our child to our care in our country. We will not hold the Program Organizations and their employees and agents, host families, Program representatives, school representatives, as well as the United States Department of State and its employees, agents, and instrumentalities responsible for any debts incurred in connection with this permission. We understand that treatment will be provided for injuries sustained by our child while on Program but the extent of coverage is subject to the Program's insurance provider's rules and policies.
20. We confirm that we have provided a full and complete medical and immunization history for our child. We understand that U.S. schools require immunizations, and we agree to allow the Program Organizations to arrange for all immunizations required for our child. We understand that such immunizations will be administered according to U.S. medical standards and at no expense to us or our child.
21. As the applicant's parents or guardians, we agree to and authorize the Placement Organization, its personnel and representatives, and the adult members of the host family, to act for us in any emergency, accident, or illness.

Termination from the Program

22. We understand that our child may be dismissed from the program for behavior that the Program Organizations, with the concurrence of the U.S. Department of State, consider inappropriate or detrimental to our child or to the program. Inappropriate or detrimental behavior may include, but is not limited to, violating host family or school rules, academic under-performance, or failure to participate in program activities. It may also include inappropriate sexual behavior, including but not limited to the viewing and sharing of sexually explicit material, verbal or physical harassment, and/or any violation of U.S. law.
23. We agree that if we violate any provision of this Agreement, or if our child, during his/her stay in the United States, does any of the following, then it may be determined that our child has voluntarily withdrawn from the Program:
 - a. is absent without authorization from the host school or the place of residence designated by the Placement Organization; or
 - b. has misrepresented him or herself in the Program application.
24. If our child voluntarily withdraws, or is dismissed from the Program at any time after departure from our country, we understand that his/her scholarship, Program status as a J-visa holder, and health insurance coverage are canceled.

Declaration

25. We have discussed the Program and this Agreement with our child, and each of us fully understands the obligations imposed on us.
26. We confirm that all information provided in our child's application materials and this Agreement is truthful. We understand that any misrepresentation or false answer in this application can be grounds for our child's termination from the Program.

Print Name: _____ Date: _____

family name

first name

middle name

Date:

2

2

3

Form 9

Photographs

1. Fill in your full name at the top of the page.
2. Attach (glue) two (2) current photos to this form showing you and your family or friends.
 - a) Make sure your face can be seen in the pictures.
 - b) Photos should not display cigarettes, alcohol, revealing clothing or bare stomachs, or weapons (knives, guns).
 - c) Indicate which person is you, and how old you are in the photo.
 - d) Photos will not be returned.
3. Put two (2) passport size photos in a separate envelope (NOT with the Form 4 teacher recommendation). Smile for this photo! On the envelope, in English, write your complete name, date of birth, and your hometown. Attach the envelope to the back of Form 9.

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1

STUDENT NAME: _____
family name first name middle name

INSTRUCTIONS

- 1) On this page, glue 2 photos taken within the last two years, showing you with your family or friends. **Make sure your face is fully visible** Write your name clearly in English on the back of each photo.
- 2) You must also submit **2 PASSPORT SIZE PHOTOGRAPHS**. Please smile! Place these 2 photographs in your own envelope (not the envelope with the teacher recommendation), seal the envelope and attach it to the back of this form. On the envelope write in English your name (family, first, middle name), your date of birth (day/month/year), and your home town. You must include all of the required photographs as part of your completed application by the due date shown on FORM I.
- 3) All photographs are used in the host family placement process and help introduce you to your American family. Photos are not used during the selection process, and they are not used for passports or for any other official documents.
- 4) The photographs will not be returned to you.



Form 9 PHOTOGRAPHS

2

Choose your photo carefully. Smile!

Write your full name on the back of the photo.

Do not include last names of people in photo.

Attach photo here.

1 Describe the photo. Indicate which person is you.
How old are you in this photo?

*Example: I am the 2nd person from the left.
I am 16 years old.*

2

Choose your photo carefully. Smile!

Write your full name on the back of the photo.

Do not include last names of people in photo.

Attach photo here.

2 Describe the photo. Indicate which person is you.
How old are you in this photo?



Form 10

Privacy Policy Statement

1. Fill in your full name at the top.
2. Read the information carefully.
Write your name, sign and date. Fill in your City/Country of Residence.
3. One parent or legal guardian must sign and date at the bottom and fill in city/country information.

Return the signed form with the rest of your application.

STUDENT NAME: _____
family name first name middle name

Form 10 PRIVACY POLICY STATEMENT

Privacy Information about candidates and participants of programs is required for American Councils for International Education:ACTR/ACCELS to administer the programs, to evaluate their quality and effectiveness, as well as to develop new projects.

American Councils firmly adheres to the principle of confidentiality of information received from program candidates and participants and uses the information in accordance with this Privacy Policy Statement. The principles stated herein are binding only on American Councils; other organizations involved in the administration of these programs may adhere to other privacy or similar policies.

1. CONTENT AND MEANS OF COMPILING INFORMATION

Information about program candidates and past and current participants consists of data contained in their applications, information derived from interviews with them, as well as information gathered in the course of the program relating to the administration of the program and academic achievement. This information, in addition to contact information, education, professional experience and information on the place and nature of work, and position of participants may also include other personal information.

American Councils stores this information in written and electronic form. Some information, such as contact information is continually updated so that representatives of American Councils can remain in contact with program participants in order to offer supplemental information about new programs and projects as well as to obtain the participants' evaluation of the effectiveness of programs.

2. USE OF INFORMATION

Information, which is compiled as described above, may be:

- Used by qualified selection committees and interviewers to review the candidacy of applicants to the program;
- Supplied to the program's funding organization;
- Submitted to potential host schools, universities, or hosting organizations and/or organizations which provide internship opportunities to arrange placement in an academic, training, or internship program or a host family;
- Used for the evaluation of an individual's participation in the program and adherence to norms and rules established by the program;
- Used for notifying past program participants of upcoming events and about new programs and projects they may participate in;
- Used in the collection of data for program evaluation purposes;
- Provided to funding agencies or organizations contracted by American Councils to conduct program evaluations;
- Provided to participants and alumni of this and other U.S. government-sponsored programs for the purpose of fostering alumni networking;
- Provided to non-commercial organizations for the purposes promoting professional development among program alumni.

Information about individuals—program candidates and participants—may also be used by American Councils, funding agencies, and their representatives for the purpose of statistical and evaluative research of the programs. Information analyzed for these purposes may be published only as aggregate statistical data. Personal data are not subject to publication, except for contact information and information related to the U.S. academic or professional program (such as placement location: school, university, etc., or hosting organization; field of study and research topic), to subsequent involvement in alumni programming (such as participation in events for alumni and the small grant programs) as well as information provided to American Councils by the participant or alumnus/na (unless the participant or alumnus/na expressly prohibits publication of said material).

Printed name of Applicant: _____
family name first name middle name **SIGN** SIGNATURE OF APPLICANT: _____

City/Country of Residence: _____ Date: _____

I hereby agree to the terms of the collection, use, updating (changing, renewal), cross-border sending and retention (and any and all other uses as stipulated in Forms 1, 3, 4, 5, 6, 7, 9, M) of the personal information in this application, additionally including the processing of special personal information dealing with religious persuasion, health condition, and personal and family life, concerning my son/daughter with the purpose, covered in the Privacy Policy Statement, of using the information for the period of the program, for statistical and evaluation purposes of the program. This agreement can be rescinded by me in writing.

Applicant's Parent or Legal Guardian (please print): _____
family name first name middle name

SIGN SIGNATURE: _____ City/Country of Residence: _____ Date: _____

Form 11

Permission for Care of My Child and Participant Consent & Release Form (two pages)

The first page of Form 11, *Permission for Care of My Child*, allows you to receive emergency medical treatment. **This form is mandatory.**

1. Fill in your information at the top of the form.
2. Fill in your parent's or legal guardian's information.
3. One parent or legal guardian **MUST** sign and date the form at the bottom.

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Form 11 PERMISSION FOR CARE OF MY CHILD

INSTRUCTIONS

STUDENT NAME: _____¹ DATE OF BIRTH: _____¹ SEX: M F
family name first name middle name (day/month/year) (circle one)

Fill out the information in the lines above. Have your parent or legal guardian sign the form.

PERMISSION FOR CARE (STATEMENT TO BE SIGNED BY YOUR PARENT)

My son/daughter has my permission to take part in the secondary school program. As the applicant's parent or legal guardian, I authorize the participating organization or the host family in the U.S. to act for me in any emergency, accident, illness or need for immunization. I will not hold the organization responsible for the results of any treatment in said emergency, accident, illness or need for immunization. In the event my son/daughter has a recurrence of any previous illness or anything contracted before leaving home, I, the undersigned authorize the participating organization to release my child to my care in my country. I will not hold the organization responsible for any debts incurred in connection with this permission.

I give permission to the physician selected by the program to order x-rays, routine tests and treatment related to the health of my child for both routine healthcare and in emergency situations. I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia or emergency surgery for my child. I also understand that American Councils will make every effort to contact me in any such case.

In addition, I agree that providers who treat my child may release medical or other legal records of my son/daughter in the U.S. to program representatives including American Councils for International Education, the U.S. placement organization and/or the U.S. host family, and may talk to program representatives about my child's health status. I give permission to photocopy this form.

PRINT NAME OF A PARENT OR LEGAL GUARDIAN: _____²
family name first name middle name

RELATIONSHIP TO STUDENT: _____²

 SIGNATURE OF A PARENT OR LEGAL GUARDIAN: _____³ Date: _____³



Form 11

Permission for Care of My Child and Participant Consent & Release Form (two pages)

The second page of Form 11, the *Participant Consent and Release Form*, is your agreement that the Program funder, the U.S. Department of State, has the right to use media containing your likeness or name.

Signing this consent form is **OPTIONAL**.

1. Fill in your full name at the top of the form.
2. Sign and date the form. Fill out the relevant personal information.
3. One parent or legal guardian must sign and date the form at the bottom and fill out relevant personal information.

STUDENT NAME: _____
family name first name middle name

PARTICIPANT CONSENT & RELEASE FORM

In connection with the Program, I hereby authorize the U.S. Department of State and its program implementing partners to photograph, film, or otherwise record and use my image and/or voice in connection with related public information programs and activities.

Additionally, I hereby authorize the U.S. department of State and its implementing partners to release, publish, or quote such material, including my name, in connection with related public information programs and activities.

With respect to this material, I understand that content may be included in future speeches, on the internet, and through multiple broadcast channels and print media (which may include use by U.S. Embassies abroad to promote U.S. Department of State exchange programs and public diplomacy efforts) but that such content will not be used for commercial purposes.

I understand that I may decline to give my consent (by not signing this form) and still continue to participate in all exchange program activities without being disadvantaged with respect to those activities.

 Participant's Signature Date

family name first name middle name Email Address

 Participant's Home City and Country

As the parent or legal guardian of the Program participant, I grant the above consents and authorizations on behalf of my minor child or ward.

 Parent's/Guardian's Signature Date

family name first name middle name Email Address

Form M

Student Health Certificate Page 1 (four pages total)

* Fill in your TC number and your 6-digit number (as you did on Form 1).

Part A: Complete Part A with one parent or legal guardian. Then take Form M in English and your local language to your doctor AND dentist.

Part B: All of Part B (4 pages) must be completed by your medical doctor. Your doctor may attach an extra page to Form M if there is not enough space to explain an illness or other health related issue.

Section 1- Medical History: The doctor must provide an explanation for any question answered "YES."

2018-2019



TC

*					
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*					
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Form M STUDENT HEALTH CERTIFICATE

INSTRUCTION TO THE STUDENT and NATURAL PARENTS

This form must be filled out completely and accurately. The English language form must BE FILLED OUT IN ENGLISH and must contain all required stamps and signatures. If your doctor does not know English, your American Councils office will provide you with a local language form that the doctor can use as an aid. If the doctor fills out the local language form, return both that signed form, AND the translated, stamped, and signed English form WITH YOUR APPLICATION. Complete PART A. Your physician must complete PART B, and your dentist must complete PART C. When all parts are completed, return this document as part of your application by the due date shown on FORM 1.

Part A:

TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN

I understand that the program does not cover costs associated with pre-existing conditions, dental work (including maintenance of orthodonture), or glasses. Students and natural parents are solely responsible for these costs. If my child wears glasses and/or contact lenses I certify that s/he will bring an adequate supply with a current prescription for the program year. If dental work required for my child is not completed before s/he departs for the U.S., I understand that I am responsible for any costs related to said dental work in the U.S.

By signing this I acknowledge that I have read and understand the points above. I also certify that the information in this form is accurate and discloses all medications and conditions that I am aware of.

Print Student's Name: _____ Date of Birth: ____/____/____ Sex (circle one): M F
family name first name middle name DO MM YY

Print Parent's Name: _____
family name first name middle name

SIGNATURE OF PARENT OR LEGAL GUARDIAN: _____

DATE: ____/____/____
DO MM YY

Part B:

I. MEDICAL CERTIFICATION: To be completed by the student's doctor.

MEDICAL HISTORY. Has the student **ever received** treatment, attention, or advice from a physician or other practitioner for; or been told by a physician or practitioner; that s/he had (check yes or no):

	YES	NO		YES	NO
1.1 Asthma	<input type="checkbox"/>	<input type="checkbox"/>	1.19 Cancer or Leukemia	<input type="checkbox"/>	<input type="checkbox"/>
1.2 Chronic or Recurrent Respiratory Disease	<input type="checkbox"/>	<input type="checkbox"/>	1.20 Eye Abnormality or Disease	<input type="checkbox"/>	<input type="checkbox"/>
1.3 Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>	1.21 Hearing Impairment	<input type="checkbox"/>	<input type="checkbox"/>
1.4 Disease or Abnormality of the Heart	<input type="checkbox"/>	<input type="checkbox"/>	1.22 Anorexia/Bulimia	<input type="checkbox"/>	<input type="checkbox"/>
1.5 High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	1.23 Abnormal Weight Loss or Weight Gain	<input type="checkbox"/>	<input type="checkbox"/>
1.6 Chronic or Recurrent Upper Gastrointestinal Disorder	<input type="checkbox"/>	<input type="checkbox"/>	1.24 Psychiatric Problem or Illness	<input type="checkbox"/>	<input type="checkbox"/>
1.7 Chronic or Recurrent Lower Gastrointestinal Disorder	<input type="checkbox"/>	<input type="checkbox"/>	1.25 Mental Health Concerns	<input type="checkbox"/>	<input type="checkbox"/>
1.8 Enuresis (Bed wetting)	<input type="checkbox"/>	<input type="checkbox"/>	1.26 Learning Disability	<input type="checkbox"/>	<input type="checkbox"/>
1.9 Chronic or Recurrent Kidney or Urinary Tract Disease	<input type="checkbox"/>	<input type="checkbox"/>	1.27 Reproductive System Abnormality or Disease	<input type="checkbox"/>	<input type="checkbox"/>
1.10 Persistent or Recurrent Headache	<input type="checkbox"/>	<input type="checkbox"/>	1.28 Sexually Transmitted Diseases	<input type="checkbox"/>	<input type="checkbox"/>
1.11 Seizure Disorder (Epilepsy)	<input type="checkbox"/>	<input type="checkbox"/>	1.29 Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
1.12 Other Neurological Abnormality or Disease	<input type="checkbox"/>	<input type="checkbox"/>	1.30 Hepatitis A	<input type="checkbox"/>	<input type="checkbox"/>
1.13 Thyroid Abnormality or Disease	<input type="checkbox"/>	<input type="checkbox"/>	1.31 Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>
1.14 Diabetes Mellitus	<input type="checkbox"/>	<input type="checkbox"/>	1.32 Hepatitis C	<input type="checkbox"/>	<input type="checkbox"/>
1.15 Other Endocrine Abnormality or Disease	<input type="checkbox"/>	<input type="checkbox"/>	1.33 Measles	<input type="checkbox"/>	<input type="checkbox"/>
1.16 Chronic or Recurrent Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	1.34 Mumps	<input type="checkbox"/>	<input type="checkbox"/>
1.17 Muscle Disease or Skeletal Abnormality	<input type="checkbox"/>	<input type="checkbox"/>	1.35 Rubella	<input type="checkbox"/>	<input type="checkbox"/>
1.18 Chronic or Recurrent Skin Condition	<input type="checkbox"/>	<input type="checkbox"/>	1.36 Other Childhood Diseases	<input type="checkbox"/>	<input type="checkbox"/>

Item No.	Date of most recent symptoms or attack	If yes, is each condition: * resolved * active If yes, PROVIDE: * diagnosis * date of diagnosis * severity and frequency of condition * treatment and medication plan * how does it affect the patient's daily life? USE ADDITIONAL PAPER IF NECESSARY
Example 1.6	June 2012	Active: Mitral valve prolapse, dx 2012, no strenuous sports but does not impact daily life. Needs yearly examination by cardiologist.

STUDENT NAME:

family name

first name

middle name

Form M

Student Health Certificate (Page 2)

Fill in your full name at the top of all pages of Form M.

Section 2- Immunization Record: This section must be filled out completely and accurately. If you have not received an immunization, the doctor should put a dash (-) in the blank.

* Your doctor **MUST** answer yes or no to the question "Can the student receive immunizations?" and **MUST** provide an explanation if the answer is "no"

At a minimum, all U.S. schools require all students (including exchange students) to have received the vaccination outlined in the top box labelled "required by U.S. Schools." Some schools also require additional vaccinations.

2. IMMUNIZATION RECORD. An accurate and complete record will be required for the student to enter school in the U.S. All students must meet minimum U.S. school immunization requirements for Diphtheria, Tetanus, Pertussis, Poliomyelitis, Measles, Mumps, and Rubella. Record all dates (DAY/MONTH/YEAR) for all doses of the following vaccines that the student has received since birth:

2.1 IS THERE A MEDICAL REASON THE STUDENT CANNOT RECEIVE ADDITIONAL IMMUNIZATIONS IF REQUIRED BY A U.S. SCHOOL? ☐ Yes ☐ No

Student's date of birth:

DD MM YY

If no, explain: *

	DOSE 1	DOSE 2	DOSE 3	DOSE 4	DOSE 5
2.2 Diphtheria, Tetanus, and Pertussis (DTaP, DTP)	DD MM YY	DD MM YY	DD MM YY	DD MM YY	DD MM YY
2.3 Tdap (All students must receive a Pertussis vaccination AFTER October 1, 2009)	DD MM YY				
2.4 Diphtheria and Tetanus (Td, Dt, TD)	DD MM YY	DD MM YY	DD MM YY	DD MM YY	DD MM YY
2.5 Poliomyelitis (All students must receive at least 4 doses. At least one dose must be given after age 4. Doses given before 6 weeks of age are invalid)	DD MM YY	DD MM YY	DD MM YY	DD MM YY	
2.6 Measles/Mumps/Rubella (MMR), combination vaccine only * any dose invalid if given before age 1 * if student received individual doses, indicate them in sections 2.14 - 2.18	DD MM YY	DD MM YY	DD MM YY		
2.7 Tuberculosis (BCG)	DD MM YY	DD MM YY			
2.8 Varicella	DD MM YY	DD MM YY	-OR-	Chicken Pox Disease History: Yes <input type="checkbox"/> No <input type="checkbox"/> When: Month ____ Year ____	
2.9 Hepatitis A	DD MM YY	DD MM YY			
2.10 Hepatitis B	DD MM YY	DD MM YY	DD MM YY	DD MM YY	
2.11 Combination Hepatitis A and B	DD MM YY	DD MM YY	DD MM YY		
2.12 Meningococcal	DD MM YY	DD MM YY			
2.13 Rotavirus	DD MM YY	DD MM YY	DD MM YY		
2.14 Additional doses or other vaccinations NAME: _____	DD MM YY	DD MM YY	DD MM YY	DD MM YY	
2.15 Additional doses or other vaccinations NAME: _____	DD MM YY	DD MM YY	DD MM YY	DD MM YY	
2.16 Additional doses or other vaccinations NAME: _____	DD MM YY	DD MM YY	DD MM YY	DD MM YY	
2.17 Additional doses or other vaccinations NAME: _____	DD MM YY	DD MM YY	DD MM YY	DD MM YY	
2.18 Additional doses or other vaccinations NAME: _____	DD MM YY	DD MM YY	DD MM YY	DD MM YY	

REQUIRED BY U.S. SCHOOLS

Form M

2018 - 2019

FORM M: STUDENT HEALTH CERTIFICATE

STUDENT NAME: _____
family name first name middle name

Student Health Certificate (Page 3)

Section 3- Screening for Pulmonary Tuberculosis: You must provide the results of a tuberculosis skin test **OR** IGRA blood test **performed after September 1, 2017.**

- If you choose Option 1, skin test: Your doctor **MUST** indicate A) the date the skin test was administered; B) the date the results were read; and C) the size IN MILLIMETERS of the induration.
 - If the result of the skin test is 10 mm or greater, you must get a chest x-ray and provide the date and result of the chest x-ray (3.2).
- If you choose Option 2, IGRA blood test: Your doctor must indicate A) the result of the blood test (check either Negative; Positive; Indeterminate; or Borderline); and B) the date of the blood test.
 - If you choose the IGRA test, you must **ATTACH THE LAB REPORT.**
 - If the results are positive, indeterminate, or borderline you must get a chest x-ray and provide the date and result of the chest x-ray (3.2).
- X-rays: Only required if A) the skin test result is 10mm or greater **OR** B) the blood test result was positive, indeterminate, or borderline.
 - The date of the last normal chest X-ray must be **AFTER** the date of the skin test or IGRA blood test.

Section 4- Symptom Review: If your doctor answers "YES" to any of the symptoms, a chest x-ray must be provided (4.7).

Section 5- Physical Examination: Information needs to be given about your height, weight, blood pressure, and pulse. The doctor must provide an explanation for any question answered "YES."

3. SCREENING FOR PULMONARY TUBERCULOSIS.

In order to enter school in the U.S., it is required that the student be screened for tuberculosis.

3.1 TESTING: TB testing can be **EITHER** a Skin Test **OR** a Blood Test performed after September 1, 2017:

1

Option 1: TB Skin Test Results (Mantoux, PPD)*
(results must be read 48-72 hours after placement):

Date Placed:	DD MM YY
Date Read:	DD MM YY
# mm Induration:	_____ millimeters

*If the skin test result is 10mm or greater, provide the results of a current chest X-ray in #3.2 below.

2

Option 2: TB Blood Test (QuantiferON®-TB Gold In-Tube test or T-SPOT® TB test) Results**

Check one:	<input type="checkbox"/> Negative	<input type="checkbox"/> Indeterminate
	<input type="checkbox"/> Positive	<input type="checkbox"/> Borderline
Date of Test: (attach lab report)	DD MM YY	

**If the blood test result is positive, indeterminate or borderline, provide the results of a current chest X-ray in #3.2 below.

3

3.2 CHEST X-RAY: A chest X-ray is necessary if:

a) the skin test result is 10mm or greater **-OR-** b) the blood test result was positive, indeterminate or borderline;
The date of the normal chest X-ray must be after the date of the skin or blood test. Provide the results below:
Chest X-ray result (check one): ☐ Normal (-) ☐ Abnormal (+) Date of X-ray: DD MM YY

4. SYMPTOM REVIEW. Does the student currently have any of the following symptoms (check yes or no for each symptom)?

4.1 Persistent cough for more than two weeks: <input type="checkbox"/> Yes <input type="checkbox"/> No	4.2 Fever or night sweats: <input type="checkbox"/> Yes <input type="checkbox"/> No	4.3 Lymph gland enlargement: <input type="checkbox"/> Yes <input type="checkbox"/> No	4.4 Bloody sputum: <input type="checkbox"/> Yes <input type="checkbox"/> No	4.5 Recent or unexplained weight loss: <input type="checkbox"/> Yes <input type="checkbox"/> No	4.6 Sharp chest pain when coughing: <input type="checkbox"/> Yes <input type="checkbox"/> No
4.7 If yes to any symptoms, a chest x-ray taken after the date of the TB skin or blood test must be provided below: Chest X-ray result (check one): <input type="checkbox"/> Normal (-) <input type="checkbox"/> Abnormal (+) Date of X-ray: DD MM YY					

5. PHYSICAL EXAMINATION. Complete the following section based on your physical examination of the student:

Date of Examination: DD MM YY Height (meters): _____ Weight (kilograms): _____
Blood Pressure: (systolic) _____ (diastolic) _____ Pulse (beats per minute): _____

I certify that the student can participate in school sports. (check one) ☐ YES ☐ NO (If no, explain): _____

PHYSICAL EXAM. At the current time, is there any abnormality of (check Yes or No for each question)?

	YES	NO		YES	NO
5.1 Eyes	<input type="checkbox"/>	<input type="checkbox"/>	5.7 Urinary System	<input type="checkbox"/>	<input type="checkbox"/>
5.2 Ears	<input type="checkbox"/>	<input type="checkbox"/>	5.8 Thyroid Gland or Endocrine System	<input type="checkbox"/>	<input type="checkbox"/>
5.3 Nose or Throat	<input type="checkbox"/>	<input type="checkbox"/>	5.9 Bones or Joints	<input type="checkbox"/>	<input type="checkbox"/>
5.4 Lungs or Respiratory System	<input type="checkbox"/>	<input type="checkbox"/>	5.10 Muscles or Skeletal System	<input type="checkbox"/>	<input type="checkbox"/>
5.5 Heart or Cardiovascular System	<input type="checkbox"/>	<input type="checkbox"/>	5.11 Brain or Nervous System	<input type="checkbox"/>	<input type="checkbox"/>
5.6 Abdomen or Abdominal Organs	<input type="checkbox"/>	<input type="checkbox"/>	5.12 Skin	<input type="checkbox"/>	<input type="checkbox"/>

Item	If yes, PROVIDE: * diagnosis * date of diagnosis * recommended monitoring or treatment (including medications or surgery) * need for follow-up care * how does it affect the patient's daily life? USE ADDITIONAL PAPER IF NECESSARY

Form M

Student Health Certificate (Page 4)

Section 6- Questions for the Physician:

The doctor must provide an explanation for any question answered "YES."

1. The doctor must indicate the general state of your health by checking "EXCELLENT," "GOOD," or "POOR."
2. The English version of Form M must contain the physician's signature, the date he/she signed the form and the physician's or medical institution's stamp.

The English version also must include ALL of the information written on the local language version.

2018 - 2019

STUDENT NAME: _____
family name first name middle name

FORM M: STUDENT HEALTH CERTIFICATE

6. QUESTIONS FOR THE PHYSICIAN

Check yes or no for each question. IF "YES," PROVIDE REQUESTED DETAILS IN THE THIRD COLUMN (USE ADDITIONAL PAPER IF NECESSARY):

QUESTION	ANSWER	IF ANSWER IS YES:
6.1 Has the student ever had surgery not revealed in previous questions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name(s) of surgery: Date(s) of surgery (dd/mm/yy): Result of surgery:
6.2 Has the student ever received inpatient care in hospital, clinic, or sanatorium?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dates of inpatient care (dd/mm/yy): Reason for inpatient care:
6.3 Has the student recently been advised to have surgery or additional medical care?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name(s) of surgery needed: Date(s) of surgery needed (dd/mm/yy): Type of additional care needed:
6.4 Has the student taken any prescribed medication in the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	For what condition: Name of medication(s) and dosage: Will the student continue to take this prescribed medication in the U.S.? <input type="checkbox"/> yes <input type="checkbox"/> no
6.5 Will the student require routine medical monitoring or care while in the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monitoring for what condition(s): Type of monitoring: Frequency of monitoring:
6.6 Does the student have any limitations in physical activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Why? List the limitations:
6.7 Does the student have any allergies? If yes give name of all allergens.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> food: _____ <input type="checkbox"/> insect: _____ <input type="checkbox"/> medicine: _____ <input type="checkbox"/> other: _____ Type of allergic reaction: <input type="checkbox"/> anaphylaxis <input type="checkbox"/> local reaction (describe) _____ Response required: <input type="checkbox"/> none <input type="checkbox"/> epinephrine auto-injector <input type="checkbox"/> medication: _____ <input type="checkbox"/> other: _____
6.8 Has the student ever had anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date(s) (dd/mm/yy): _____ Cause: _____ Treatment: _____
6.9 Has the student ever had a head injury or traumatic brain injury (concussion)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date(s) (dd/mm/yy): _____ Cause of injury: _____ Treatment: _____
6.10 Has the student ever (including now) had a speech problem (for example, speech impediment, lisp, or other)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of diagnosis: Date of diagnosis (dd/mm/yy): Treatment: _____
6.11 Does the student have any dietary restrictions for health reasons (examples: gastritis, nut allergy)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Reason/Condition: Excluded foods: _____
6.12 Is the student significantly overweight or underweight?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Reason: Treatment: _____
6.13 Has the student ever consulted a psychologist or psychiatrist?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of consultation(s) (dd/mm/yy): Diagnosis: _____
6.14 Has the student ever abused alcohol, or drugs such as opiates or barbiturates?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date(s) (dd/mm/yy): _____ Type of abuse: _____
6.15 Does the student wear glasses or contact lenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Check one: <input type="checkbox"/> Glasses <input type="checkbox"/> Contact lenses <input type="checkbox"/> Both
6.16 Is there any medical reason why the student should not participate in this program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Reason: _____
6.17 Has the student ever been tested for HIV?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of test (dd/mm/yy): _____ Results: _____

What is the general state of the student's health? (check one) ☐ EXCELLENT ☐ GOOD ☐ POOR

How long has this person been your patient? _____ Years _____ Months

If known less than a year, do you know this student's complete medical history? ☐ Yes ☐ No

Physician's name: _____

family name

first name

DATE: _____

DD/MM/YY


PHYSICIAN'S SIGNATURE: _____

PHYSICIAN'S
OR CLINIC
STAMP

Form M

Student Health Certificate

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Part C:		DENTAL CERTIFICATION: To be completed by your Dentist within the past year.	
1	1. Are the student's teeth and gums in healthy condition? <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE OF EXAMINATION: _____	
	1.1 If no, explain in detail: _____		
	1.2 If dental work is needed, provide the date it was completed, or will be completed. Date (DD/MM/YY): _____		
	2. The student wears: A) fixed braces <input type="checkbox"/> Yes <input type="checkbox"/> No B) removable orthodontia devices <input type="checkbox"/> Yes <input type="checkbox"/> No		
	2.1 If the student wears fixed braces, will they be removed before the student departs for the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	2.2 Is any follow up required on braces while in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____		
Dentist's name: _____		DATE: _____	DENTIST'S SIGNATURE: _____
<small>family name first name</small>		<small>DD/MM/YY</small>	
			

(4 of 4)

Part C: Dental Certification

1. The dentist must answer all parts of questions 1 and 2 and explain where indicated.
2. The form must contain the dentist's signature, the date he/she signed the form and the dentist's stamp.

If your doctor and/or dentist will not stamp the English form M, he/she may stamp the local language form M. In this case, you need to turn in BOTH the signed and stamped local language form, AND the signed English language form.



Questions?

Contact your country's Program Hub
office by telephone or email

