

International student summer application

Affix recent photo of student here.

Student Information

Submit a good-quality color photo of your head and shoulders with this application. For hard-copy submission, affix a recent photo of yourself in the box at the right (size 2x2½ in. or 5x6.5 cm.). For e-mail submission, you may attach a photo to the email.

Date of Application _____ / _____ / _____
MONTH / DAY / YEAR

1. Student

Full Legal Name (as it appears on your passport or birth certificate)

| | | |
|---|---------------------------|---|
| Family Name/Surname | Given Name | Middle Name |
| Nickname or English Name _____ | | Gender: <input type="radio"/> Male <input type="radio"/> Female |
| Home Address—Street/Apt. _____ | | City _____ |
| State/Province _____ | Postal Code _____ | Country _____ |
| Postal Address (if different from home) _____ | | |
| City _____ | | |
| State/Province _____ | Postal Code _____ | Country _____ |
| Home Phone _____ | Cell Phone _____ | |
| Student's E-mail _____ | | |
| Date of Birth _____ / _____ / _____ | Place of Birth—City _____ | |
| MONTH / DAY / YEAR | | |
| State/Province _____ | Country _____ | |
| Citizen of (Country) _____ | | Passport Number _____ |
| Place of Issue _____ | Date of Issue _____ | Date of Expiry _____ |

2. Parents/Legal Guardians

Full Name of Father/Legal Guardian _____

If same as above check here.

| | | | | |
|---------------------------|------------------|----------------------|-------------------|---------------|
| Address—Street/Apt. _____ | City _____ | State/Province _____ | Postal Code _____ | Country _____ |
| Home Phone _____ | Cell Phone _____ | | | |
| E-mail _____ | | | | |
| Employer _____ | | | | |
| Occupation _____ | | | | |
| Business Phone _____ | Fax _____ | | | |

Full Name of Mother/Legal Guardian _____

If same as above check here.

| | | | | |
|---------------------------|------------------|----------------------|-------------------|---------------|
| Address—Street/Apt. _____ | City _____ | State/Province _____ | Postal Code _____ | Country _____ |
| Home Phone _____ | Cell Phone _____ | | | |
| E-mail _____ | | | | |
| Employer _____ | | | | |
| Occupation _____ | | | | |
| Business Phone _____ | Fax _____ | | | |

Check here if parents are divorced or separated. Authorizations must be obtained from all parents/legal guardians and others who have legal rights to make decisions affecting the student.

Parent/legal guardian to contact first in the event of an emergency: _____

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Student Information (continued)

3. Siblings

| Name | Gender | Age |
|-------|---|-------|
| _____ | <input type="radio"/> M <input type="radio"/> F | _____ |
| _____ | <input type="radio"/> M <input type="radio"/> F | _____ |

4. School

Name of School You Currently Attend _____

Check one: Elementary School Middle School Secondary School Check one: Public Private

School's Religious Affiliation (if any) _____

Address—Street _____

City _____

State/Province _____ Postal Code _____ Country _____

Phone _____

E-mail _____ Website _____

Your Current Grade Level _____

5. Languages

Native Language _____

Proficiency—Please indicate Poor, Fair, Good, Very Good, or Excellent

Non-native Language _____ Years Studied _____ Speaking _____ Reading _____ Writing _____

Non-native Language _____ Years Studied _____ Speaking _____ Reading _____ Writing _____

6. Desire to study in Summer Program

Briefly give your reasons for wanting to participate in GSC's summer program

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Student Information (continued)

7. Personal Background

- a. Do you have any dietary restrictions? Yes No If yes, please explain (e.g., vegetarian, food allergies, diabetic, etc.)

- b. Are you allergic to any animals? Yes No If yes, which animal(s)? _____
- c. Are you allergic to any medications? Yes No If yes, which medication(s)?

- d. Are you taking any medications? Yes No If yes, which medication(s)? Reason for taking the medication(s):

- e. Is there any other information we should know about your child? If so, please tell us below:

8. Activities and Interests

Check any activity in which you are interested (check no more than six). Please note: Athletic eligibility or participation is not guaranteed.

- | | | | | |
|---|---|---------------------------------------|---|--|
| <input type="radio"/> American Football | <input type="radio"/> Community Work | <input type="radio"/> Martial Arts | <input type="radio"/> Sailing/Boating | <input type="radio"/> Track and Field |
| <input type="radio"/> Arts and Crafts | <input type="radio"/> Computers | <input type="radio"/> Movies | <input type="radio"/> School Activities | <input type="radio"/> Travel |
| <input type="radio"/> Backpacking | <input type="radio"/> Cooking | <input type="radio"/> Museums | <input type="radio"/> Sewing | <input type="radio"/> Visiting Relatives |
| <input type="radio"/> Baking | <input type="radio"/> Drawing/Painting | <input type="radio"/> Music | <input type="radio"/> Shopping | <input type="radio"/> Volleyball |
| <input type="radio"/> Baseball | <input type="radio"/> Family Activities | <input type="radio"/> Photography | <input type="radio"/> Snow Sports | <input type="radio"/> Walking |
| <input type="radio"/> Basketball | <input type="radio"/> Fishing | <input type="radio"/> Picnics | <input type="radio"/> Soccer | <input type="radio"/> Watching TV |
| <input type="radio"/> Biking | <input type="radio"/> Golf | <input type="radio"/> Raising Animals | <input type="radio"/> Swimming | <input type="radio"/> Woodworking |
| <input type="radio"/> Bowling | <input type="radio"/> Hiking | <input type="radio"/> Racquetball | <input type="radio"/> Table Games | <input type="radio"/> Wrestling |
| <input type="radio"/> Camping | <input type="radio"/> History | <input type="radio"/> Reading Riding | <input type="radio"/> Tennis | <input type="radio"/> Writing |
| <input type="radio"/> Church Activities | <input type="radio"/> Ice Hockey | <input type="radio"/> Horses | <input type="radio"/> Theatre | <input type="radio"/> Other: _____ |

Please list any other specific interests, hobbies, or activities and any awards or commendations.

- Do you play in a band or orchestra? Yes No If yes, which instrument(s)? _____
- Do you participate in any competitive sports? Yes No If yes, which sport(s)? _____
- What is your religious affiliation? _____ Do you attend church? Yes No If yes, how many times do you attend per week? _____
- Are you active in any church groups? Yes No
- Would you be willing to attend church with your host family? Yes No
- Do you have any pets? Yes No If yes, what are they? _____
- Would you be willing to live with a host family that has pets living in the home? Yes No
- List the household tasks for which you are responsible at home. _____
- Would you be willing to contribute to the life of your host family by taking part in household tasks? Yes No

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Legal Documents

Student Agreement

Student—Please read carefully. Then sign and date below where indicated.

In the city of _____, country of _____, on the _____ day of _____ in the year 20____, I _____, the student, agree that if I am accepted by Global Study Connections summer program (hereafter GSC), I will live with an approved host family, and attend the GSC summer program for the length of time agreed upon by me and my parents

Should I, as a student, be admitted to and enrolled in GSC's summer program, I agree to abide by all GSC rules, conditions, and decisions throughout the duration of my enrollment in the program. I understand that while a student in the program my activities are under the authority of GSC.

Therefore, my parents/legal guardians cannot authorize me to engage in an activity or activities without the GSC's approval. I also understand that any relatives that I may have in the host country will have no authority over me while I am a student in GSC's summer program.

I attest that I am of good health and character, I understand the important role of an international student, and I will, to the best of my ability, maintain the high standards required of an international student should I be chosen to represent my family, school, community, state/province, and country. I further state that all the material contained in this application are true and accurate to the best of my knowledge.

Student's Name (please print) _____

Signature _____ **Date** _____

Parents/Legal Guardians Agreement

Parents/Legal Guardians: Please read this agreement carefully. Then sign and date below where indicated.

In the city of _____, country of _____, on the _____ day of _____ in the year 20____,

I/We, the undersigned parents or legal guardians (hereafter *parents*) of _____, agree that if my/our child is accepted by Global Study Connections – Summer Program (hereafter *school*), my/our child is permitted to travel to the host country, live with an approved host family, and attend the school for the length of time agreed upon by me/us, my/our child, and the school.

I/We hereby state that we have read and understood the school and international student program rules and conditions. Should my/our son/daughter be admitted to and enrolled in the school/summer program, I/we agree to abide by all the school and GSC rules, conditions, and decisions throughout the duration of his/her enrollment in the school. I/We understand that while our son/daughter is a student in the summer program his/her activities will be under the authority of Global Study Connections. Therefore, I/we understand that I/we cannot authorize my/our son/daughter to engage in an activity or activities without the GSC's approval. I/ We also agree that any relatives we may have in the host country will have no authority over him/her while he/she is a student in the summer program.

I/We attest that our child is of good health and character, understands the important role of an international student, and will, to the best of his/her ability, maintain the high standards required of an international student should he/she be chosen to represent his/her family, school, community, state/province, and country. I/We further state that all the material contained in this application and in the attached documents is true and accurate to the best of my/our knowledge.

Father's/Legal Guardian's Name (please print) _____

Signature _____ **Date** _____

Mother's/Legal Guardian's Name (please print) _____

Signature _____ **Date** _____

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Legal Documents

Liability Release

Please read carefully. Then sign and date below where indicated.

In consideration of the acceptance and enrollment of the student in Global Study Connections summer program (hereafter GSC), I/we, the undersigned parents/legal guardians of the student, and I, the student, if of legal age, to the full extent permitted by law, hereby release and agree to defend, hold harmless, and indemnify all host parents and members of their families and GSC and its employees, agents, officers, and directors from any or all liability for any loss, property damage, personal injury, or death, including any such liability that may arise out of any negligent act or omission, excepting intentional conduct, of any such persons or entities, which may be suffered or claimed by such student, parent, or legal guardian during, or as a result of, the student's enrollment in the school, including travel to and from the host country.

I/We understand that the student will be subject to the authorities and teachers of GSC's summer program, and that he/she will have to follow the rules given by his/her host family. I/We also understand that GSC reserves the right to terminate the enrollment any student whose conduct may be considered detrimental or incompatible with the interests and security of GSC's summer program and its international student program. I/We understand that if this occurs, any refund will be at the discretion of the GSC.

Father's/Legal Guardian's Name (please print) _____

Signature (mandatory if student is under age 18) _____ **Date** _____

Mother's/Legal Guardian's Name (please print) _____

Signature (mandatory if student is under age 18) _____ **Date** _____

Student's Name (please print) _____

Signature _____ **Date** _____

Medical release

Authorization for Medical Care and Release of Medical Records and Liability

Please read carefully. Sign and date below where indicated.

I/We, the undersigned parent(s)/legal guardian(s) (hereafter *parents*) of the student, and I, the student, if of legal age, hereby authorize the release of medical and dental information in the International Student Medical Form acquired in the course of the examinations by the physician and the dentist. I/We, the parent(s), and the student, who have the sole and legal right to make the decisions on the health and care of the student, do release from liability and grant permission as noted of the following while he/she is overseas as an international student attending Global Study Connections Summer Program (hereafter known as GSC):

- In the event of accident or sickness, I/we authorize Global Study Connections staff and/or host parent(s) of the student to select the appropriate medical facility and physician(s)/dentist(s) to provide treatment.
- I/We hereby authorize and consent to any X-ray examination, administration of anesthetic, blood transfusion, surgical operation, or any other medical or surgical diagnosis and treatment rendered under the general or special supervision of any member of the medical staff and emergency-room staff licensed by the state of treatment and/or the provisions of the Medical Treatment Act, or a dentist licensed by the state of treatment and/or under the provisions of the Dental Treatment Act, or staff of any acute general hospital holding a current license to operate a hospital.
- I/We further consent to any medical or surgical treatment by a licensed physician, surgeon, or dentist that might be required by my/our son/daughter for any emergency situation. I/We do request that I/we be notified as soon as possible, but emergency treatment need not be delayed to provide such notice.
- Permission is granted for any additional immunizations that may be required per GSC and state regulations.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but it is given to provide authority and power to render care which the aforementioned physician or dentist in the exercise of his/her best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. In the case of elective surgery, I/we request that I/we be notified and our permission obtained before such arrangements are made.

I/We agree to hold harmless and release from all liability Global Study Connections and all staff or all members of the host family and their agency for any intervention in an emergency situation regardless of final outcome. I/We agree to assume all financial obligations beyond those covered by health, accident, and sickness insurance for any medical treatment rendered.

Father's/Legal Guardian's Name (please print) _____

Signature (mandatory if student is under age 18) _____ **Date** _____

Address—Street _____

City _____ State/Province _____ Postal Code _____ Country _____

Home Phone _____ Cell Phone _____ Work Phone _____

Mother's/Legal Guardian's Name (please print) _____

Signature (mandatory if student is under age 18) _____ **Date** _____

Address—Street _____

City _____ State/Province _____ Postal Code _____ Country _____

Home Phone _____ Cell Phone _____ Work Phone _____

Student's Name (please print) _____

Signature _____ **Date** _____

Witness' Name (please print) _____

Signature _____ **Date** _____