



High School Abroad Application

Dear Parent,

Since 1985, CCI has been dedicated to the promotion of cultural understanding, academic development, environmental consciousness, and world peace. Through our many years of experience, we have found that the experiential learning involved in student exchange helps people appreciate other ways of life and consequently improves their own. Over the years, we have worked with thousands of students and seen their lives transformed and enriched as a result of their experiences abroad.

Applicants for our high school abroad program must have an interest in other cultures and be willing to participate as fully as possible in the host country's culture and language, in school, and in host family activities. Other desirable characteristics include: flexibility, curiosity, motivation, and a good sense of humor. When applying for the CCI High School Abroad Program, you should have studied the language of the host country for at least two years, have a good academic record and be in good mental and physical health.

At CCI we are very happy to offer your son or daughter the opportunity to have this incredible life experience. In order for your child to have the best experience possible it is important for you to be acquainted with the policies and information associated with CCI programs. Please take time to carefully review these materials with your son or daughter. Your understanding and support will help ensure your child has an exciting and rewarding exchange.

The following checklist is included to help guide you through the application process and ensure your son or daughter's application is complete before sending it to us.

We look forward to helping your child embark on the adventure of a lifetime!

Best wishes,
CCI Staff

Center for Cultural Interchange
www.cci-exchange.com



High School Abroad Program

Applicant Checklist:

Please review the following list and make sure that all items have been completed prior to sending your application to the CCI Office. If you have any questions about the application, please feel free to contact the CCI Department, toll-free at 888-227-6231.

Student:

Have you included the following with your application?

- Letter to your future host family (*The letter must be written in the language of the country to which you are applying.*)
- Family Photo Album
- Official High School transcripts (*Please attach official school transcripts from the last 3 years.*)
- Teacher's Recommendation
- Medical Record signed and dated by your physician
- 8 passport size photos (*Please note digital photos or photos not passport size will not be accepted. These photos are for official in country documents*)
- Photocopy of passport (*when available*)
- Parent's letter and information
- Non-refundable program deposit of \$500 (*Checks made payable to CCI, we also accept Visa, MasterCard, and Discover Cards*) If you cancel your program at any time after we receive your application, your deposit is non-refundable. If we do not accept you to the program for any reason, your deposit will be refunded less a \$75 processing fee.

Have you signed and dated the following?

- Conditions of Participation
- Liability Release Agreement

Parents or Guardians:

Have you signed and dated the following?

*(Please note: **both** parents or guardians must sign and date, even if parents are separated or divorced.)*

- Parent Permission for Medical Treatment
- Conditions of Participation
- Liability Release Agreement
- Payment and Cancellation Policy

***Please note that CCI will not review your application unless it is complete.**

***Upon receipt of the Application, CCI will contact the applicant to schedule an interview.**

***For your records, please make a copy of your completed application.**

Please mail completed Application Materials to:

CCI

Attn. Travel Abroad Department

746 N. Lasalle

Chicago, IL 60654



CCI
 746 N. Lasalle
 Chicago, IL 60654
 Toll Free: 888-227-6231

HIGH SCHOOL ABROAD PROGRAM STUDENT APPLICATION

I am applying for the:

- Academic Year Program
- Semester Program
- 3-Month Program

Name of Country: _____

- 1st semester departure
- 2nd semester departure

CCI welcomes participants
and hosts of every race, nationality, creed and religion.

1. GENERAL INFORMATION

Last Name _____ First _____ Middle _____

Address: Street _____

City _____ State/Province _____ Postal Zone _____

Country _____ City and Country of Birth _____

Country of Citizenship _____

Date of Birth _____ Age _____ Sex: Male Female
MM/DD/YY

Home Telephone _____ Nickname _____

Email Address _____

How were you referred to CCI? _____

Attach Smiling
Photo here
Passport Sized

Note: Please list name
as shown on passport

2. FAMILY INFORMATION

FATHER

Last Name _____ First Name _____ Age _____

Address: Street _____

City _____ State/Province _____

Country _____ Home Tel. _____

Occupation _____ Business Tel. _____

MOTHER

Last Name _____ First Name _____ Age _____

Address: Street _____

City _____ State/Province _____

Country _____ Home Tel. _____

Occupation _____ Business Tel. _____

Student Name: _____

BROTHERS AND SISTERS

FRIENDS AND RELATIVES IN HOST COUNTRY

Name	Sex	Age	At home?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name _____
 Address _____
 City/State/Zip _____
 Telephone _____
 Relationship to you _____

3. CLUBS OR GROUPS TO WHICH YOU BELONG

Organization	Explanation
--------------	-------------

4. DESCRIBE YOUR PERSONALITY

5. VOLUNTEER OR PAID WORK EXPERIENCE

6. How do you feel about children five (5) years old and younger?
 If not comfortable, please explain:

___	I like them very much
___	I like them
___	I am not entirely comfortable with them
___	I have no experience with this age group

7. Have you ever lived away from your home and family? If so, please describe circumstances.

8. Have you or a sibling taken part in a program with another exchange organization?

Who?	City and Country of Homestay	Organization	Year
------	------------------------------	--------------	------

9. Your religious affiliation, if any _____

Do you attend religious services regularly? ___Yes ___No

Can you adjust to living with a family that expects you to participate with them in religious activities?
 ___Yes ___No

10. Do you ever smoke? ___Yes ___No

If yes, would you be willing to stop while in your homestay? ___Yes ___No
 If no, can you adjust to a home where others smoke? ___Yes ___No

18. Favorite School Subjects _____

19. WHEN YOU RETURN HOME, WHAT DO YOU PLAN TO DO FIRST?

___ Return to your present school ___ Transfer to another secondary school
___ Go to a university or a technical school ___ Begin a job in the field of: _____

20. YOUR FAMILY AND COMMUNITY

- Is your mother ___ living ___ deceased?
- Is your father ___ living ___ deceased?
- Are your parents ___ separated ___ divorced?
- Do you live with: (mark all that apply)

Mother ___ Father ___ Stepmother ___ Stepfather ___
Grandmother ___ Grandfather ___ other adult (explain) _____

Language spoken in your home _____

Do you usually help with the housework at home? ___ Yes ___ No
If yes, what do you do? _____

How much time do you spend with your family, and what kinds of things do you do together?

Describe your mother's major interests.

Describe your father's major interests.

Describe the town or city where you live.

- Is your home ___ an apartment ___ a house ___ a ranch ___ a farm?
- Is your home in ___ a city ___ a town close to a city ___ a town far from a city
 ___ a village ___ a rural area?

Population of the immediate community where you live? _____

20. YOUR LEISURE-TIME ACTIVITIES

SPORTS

Fill in the numbers in front of those sports in which you have some interest, as follows:

1. Do not play, but would like to learn how
2. Currently participate recreationally but non-competitively
3. Currently compete in this sport (e.g. on a team or in a club)

- | | | | |
|---------------------------------------|--|--|--|
| <input type="checkbox"/> Aerobics | <input type="checkbox"/> Fishing | <input type="checkbox"/> Ice Skating | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Badminton | <input type="checkbox"/> Football (American) | <input type="checkbox"/> Judo/Karate | <input type="checkbox"/> Surfing |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Golf | <input type="checkbox"/> Tae Kwando | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Ping Pong | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Bicycling | <input type="checkbox"/> Hiking | <input type="checkbox"/> Rollerblading | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Horseback Riding | <input type="checkbox"/> Rowing | <input type="checkbox"/> Waterskiing |
| <input type="checkbox"/> Camping | <input type="checkbox"/> Hunting | <input type="checkbox"/> Sailing | <input type="checkbox"/> Weightlifting |
| <input type="checkbox"/> Field Hockey | <input type="checkbox"/> Ice Hockey | <input type="checkbox"/> Skiing | <input type="checkbox"/> Wind Surfing |
| | | | <input type="checkbox"/> other (explain) |

OTHER ACTIVITIES, INTERESTS, HOBBIES

Fill in the numbers in front of those activities in which you have some interest, as follows:

1. Have no experience, but would like to try
2. Currently participating in this activity

- | | | | |
|---|---|--|--------------------------------------|
| <input type="checkbox"/> Ballet | <input type="checkbox"/> Listening to classical music | <input type="checkbox"/> Playing in an orchestra | <input type="checkbox"/> Pottery |
| <input type="checkbox"/> Jazz Dancing | <input type="checkbox"/> Listening to popular music | <input type="checkbox"/> Singing | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Ballroom Dancing | <input type="checkbox"/> Playing music | <input type="checkbox"/> _____ in chorus | Other (list) |
| <input type="checkbox"/> Attending theater | <input type="checkbox"/> Instruments | <input type="checkbox"/> _____ in church choir | _____ |
| <input type="checkbox"/> Drama (acting, set building) | _____ | <input type="checkbox"/> Drawing or Painting | _____ |
| | _____ | <input type="checkbox"/> Calligraphy | |

Other Hobbies and Interests

- | | | | |
|---|-------------------------------------|---|--|
| <input type="checkbox"/> Reading | <input type="checkbox"/> Puzzles | <input type="checkbox"/> Baking | <input type="checkbox"/> Collecting _____ |
| <input type="checkbox"/> Writing Prose | <input type="checkbox"/> Computers | <input type="checkbox"/> Gardening | <input type="checkbox"/> Visiting Museums |
| <input type="checkbox"/> Writing Poetry | <input type="checkbox"/> Scouting | <input type="checkbox"/> Model building | <input type="checkbox"/> Visiting Historic Sites |
| <input type="checkbox"/> Student Newspaper | <input type="checkbox"/> Movies | <input type="checkbox"/> Politics | <input type="checkbox"/> Other (List) |
| <input type="checkbox"/> Student Government | <input type="checkbox"/> Television | <input type="checkbox"/> Handicrafts | _____ |
| <input type="checkbox"/> Watching sports | <input type="checkbox"/> Knitting | <input type="checkbox"/> Chess | _____ |
| <input type="checkbox"/> Indoor Games | <input type="checkbox"/> Cooking | <input type="checkbox"/> Sewing | _____ |

IMPORTANT: Of all the activities above, list below the 4 activities in which you spend the most of your time outside of school, and explain what you do, why you enjoy it, and how much time you spend on it.

- 1.
- 2.
- 3.
- 4.

21. SELF ASSESSMENT (please type)

1. Discuss a challenging situation you have faced in your life and how you dealt with this challenge.

2. What did you learn about yourself in this situation?

3. How might this situation and the things you learned from it, help you while studying abroad?

STUDENT APPLICATION: “DEAR FAMILY” LETTER

INSTRUCTIONS

On the attached blank sheet titled “Dear Family” letter, write a letter—in the language of the country you are visiting—introducing yourself to your future host family. This, your first letter, will begin your friendship with them.

Try to think of what you would like to know if you and your family were hosting a visitor from another country. Your future hosts most want to know what makes you “you,” a special person who will become an important part of their lives. Please feel free to type your letter on a separate sheet of paper or stationary.

Your letter **MUST**:

- be written **BY YOU**
- be written in the language of the country you will be visiting

You should use some of the ideas below to help you:

- Type if at all possible (you should sign your name at the end)
- Begin with the salutation “Dear Family”
- Contain information about yourself, your personality, your activities and interests, and your goals
- Describe your family and your relationship with your family members
- Describe your school, the community where you live, and your friends
- Describe your activities and responsibilities at home, school, and in your community
- Describe your future job or career plans
- Explain why you want to go to study abroad and why you want to live with a host family
- Tell them anything else you think they should know about you
- Express your enthusiasm and interest in **THEM** by asking about their activities and interests, their family, their community and the school you will attend
- Say a **DIRECT “thank you”** for the opportunity to live with them. This is very important to your future host family; **remember, they are not paid for hosting you—rather, their reward is getting to know you and sharing their life with you as a member of their family.**
- End with your *signature*

DON’T worry about whether your letter is perfect. Your host family will be happy to hear from you, and they will understand what you have tried to say. If you have a *very* difficult time writing, and find that you need someone else to help you with your letter, please be *sure* to mention that at the end of your letter. It isn’t fair to your host family, or to you, to let them believe that your language skills are much better than they are.

DO NOT START LETTER HERE

Student Name: _____

“DEAR FAMILY” LETTER

Return Address: _____

FAMILY ALBUM

Attach four informal snapshots showing you and your family and friends in the places you live or frequently go. This album will help your host family understand how you live and the things you enjoy. On the lines next to each picture, describe who and/or what is in the picture. If you and other young people are in the same photo, be sure to indicate which one is you.



1.....
.....
.....
.....

2.....
.....
.....
.....



FAMILY ALBUM (continued)



3.....
.....
.....
.....

4.....
.....
.....
.....



Student Name: _____

PARENTS' INFORMATION

The information requested on this form will assist us in making the best possible family placement for your son or daughter. But, even more important, it will help the selected family to be good parents to him or her.

Please write a letter to the host family, describing your child's overall personality, relationships with family and friends, personal habits, study habits, academic and career goals, level of maturity, ability to face difficult situations, and anything else you feel is important. Please feel free to type your letter on a separate sheet of paper or stationary or please use a black pen and PRINT very clearly. Thank you.

Student Name: _____

Questions for the Parents of _____

Outside of school, homework and sleep, please estimate percentage of time your son/daughter spends:

alone.....% with family members.....% with friends.....% other.....% (explain).....

In your home, do you require your son/daughter to be home at a specific time in the evening?
(information for host family reference only. In their family and community situation, rules may be different)

_____ Yes _____ No

If so, what time on school days? _____ On weekends or holidays? _____

Describe other rules your son/daughter is expected to follow in your home:

Has there been a death, divorce, or other major change in your family? _____ Yes _____ No

How is you family dealing with this?

What changes has it made in you son/daughter's life

Has your son/daughter encountered any problems or difficult situations that are still affecting him/her in some way?
If so, how can the host parents help?

What makes you proud of your son/daughter?

Why do want you son/daughter to be an exchange student?

Are there any other comments you would like to share with the host family?

Signature _____

Date _____

Relationship: Mother Father Guardian

Student Name: _____

HIGH SCHOOL ABROAD PROGRAM MEDICAL RECORD

PLEASE COMPLETE THIS FORM WITH YOUR PHYSICIAN

Student Name: _____ Date of Birth: _____ Country: _____

YOUR PERSONAL HEALTH HISTORY AND RECORD OF PHYSICAL EXAMINATION

Please answer every question. All "Yes" answers marked with (*) require explanation in space provided.

Have you had:	Yes	No		Yes	No		Yes	No		Yes	No
Scarlet Fever			Insomnia			Chest Pain/Pressure	*		Dizziness, fainting	*	
Measles			Sleepwalking			Chronic Cough	*		Weakness, paralysis	*	
German Measles Rubella			Frequent anxiety	*		Heart Palpitations	*		Venereal disease	*	
Mumps			Worry or Nervousness			Rheumatic Fever or heart murmur	*		Frequent urination	*	
Chicken Pox			Frequent Depression	*		High or Low Blood Pressure	*		Albumin or sugar in urine	*	
Malaria			Recurrent headache			Disease or injury of joints	*		Diabetes	*	
Gum/Tooth Trouble	*		Recurrent colds			"Trick" knee, shoulder, etc.	*		Epilepsy	*	
Sinusitis			Head injury/unconscious	*		Back Problems	*		Anemia or blood problem	*	
Eye Trouble	*		Hay fever, asthma	*		Tumor, Cancer, cyst	*		Learning or speech disability	*	
Ear, Nose, or throat trouble			Tuberculosis	*		Jaundice	*		FEMALES ONLY: Irregular or severe periods		
Skin Problems			Shortness of breath			Stomach or intestinal trouble	*				
Surgery:			Allergy:			Gallbladder trouble or gallstones	*		Result of Tuberculin Skin Test ___ Negative ___ Positive Type given _____ Date given _____ If positive, report of negative chest x-ray is required.		
Appendectomy			Penicillin			Recurrent diarrhea	*				
Tonsillectomy			Sulfonamides			Rupture, hernia	*				
Hernia Repair	*		Serum			Recent gain or Loss of weight	*				
Other (describe)	*		Foods/animals or other	*		Have you ever tested HIV positive?	*				

	Yes	No		Yes	No
Do you wear glasses or contact lenses? If yes, be sure take your prescription with you abroad.			Have you had treatment for a nervous condition, personality or character disorder, or emotional problem? <i>(if yes, include addendum)</i>	*	
Do you have a hearing problem?	*		Have you ever suffered from an eating disorder (anorexia or bulimia)? <i>(if yes include addendum)</i>	*	
Have you had any illness or injury or been hospitalized other than as already noted?	*		Height:		Weight:

Details re: all (*) items above. Use separate sheet if necessary.

Student Name: _____

RECORD OF PHYSICAL EXAMINATION						PHYSICIAN'S COMMENTS	
Blood Pressure		Temperature				Describe in detail each disease, impairment, or abnormality indicated:	
Pulse		Respiration					
Are there any abnormalities of the following systems? If yes, please describe in space to the right, or attach additional page.						Describe type of allergy, allergen medication sensitivity, symptoms, treatment, medications, and any required environmental limitations:	
	Yes	No		Yes	No		
Skin		Gastrointestinal				Are there any conditions now existing which may require additional treatment? If yes, please, explain:	
Head, ears, nose, throat		Genitro-Urinary					
Eyes		Pelvic (optional)				Will the applicant take any prescription drugs or vitally-needed non-prescription drugs while abroad? If yes, please list drugs, how often taken and why:	
Teeth, Gums		Hernia					
Respiratory		Musculoskeletal				General state of applicant's health: ___Excellent ___Good ___Fair ___Poor In your opinion, is the applicant healthy enough to participate in a high school program of six to ten months' duration in another country? ___Yes ___No	
Cardiovascular		Metabolic/endocrine					
Breasts		Neurological				Do you have recommendations for care of this patient? If yes, please explain. Recommendation for physical activity: ___Unlimited ___Limited	
Urinalysis: Sugar Albumin Micro.		Hemoglobin GMS%					

IMMUNIZATION RECORD															
TYPE OF VACCINE	DATE EACH DOSE WAS GIVEN														
	1 st			2 nd			3 rd			4 th			5 th		
	Mo	Day	Year	Mo	Day	Year	Mo	Day	Year	Mo	Day	Year	Mo	Day	Year
POLIO	/	/		/	/		/	/		/	/		/	/	
DPT and/or Td (Diphtheria, Tetanus, pertussis or tetanus, diphtheria)	/	/		/	/		/	/		/	/		/	/	
MEASLES (Rubeola – 10 day, red measles)	/	/		/	/		If Student had measles, give date of disease						/	/	
RUBELLA (German measles—3-day measles)	/	/		/	/		If student had rubella, give date of disease						/	/	
MUMPS	/	/		/	/		If student had mumps, give date of disease						/	/	

PHYSICIAN SIGNATURE

I have reviewed the medical history of this applicant and completed a thorough physical examination, and certify that all relevant medical information has been included and that the above information is complete and accurate. In my judgment, it provides all available information that might possibly prove necessary to those responsible for his/her health care while traveling abroad.

Printed Name of Physician

Physician Signature

Physician Address

Date of Examination

PARENTAL PERMISSION FOR MEDICAL TREATMENT

We, the undersigned parents/guardians of (give full name of student) _____, do hereby authorize CCI staff, the host parents, and the local Area Representative, for the duration of said student's exchange program, as agents of the undersigned to consent to any X-ray examinations, anesthetic, medical, or surgical diagnosis or treatment or hospital care which is deemed advisable by, and is rendered under the general supervision of, any licensed physician or surgeon, whether such treatment or diagnosis is tendered at the office of said physician or surgeon or at a hospital. In addition, we give permission for our son/daughter to receive immunization for DT or DPT, polio, measles, rubella, or mumps, if such immunization is deemed necessary by the high school for enrollment in the school.

Signature of Parent or Guardian

Date

Student Name: _____

Addendum to Medical Report

Please return this form to CCI, Travel Abroad Department
746 N. LaSalle, Chicago, IL 60654
or fax to 312-944-0383

Release of information: I authorize _____ (Dr. Name)
to release all medical and psychological information in regards to my treatment.

Student's Last Name First Name MI

Student's Signature

Parent/Legal Guardian's signature

To be completed by the applicant's mental health practitioner.

CCI will review the information below along with the completed student application to determine whether or not the student can be accepted on the program. Completion of this form is obligatory if the student has any mental health issues however does not guarantee that they will be accepted on the program. Exchange programs require significant adjustment to a new culture, language, school, family, and community. The adjustment demands of the High School Abroad program are significant and any emotional difficulties the student is currently experiencing can be severely exacerbated by a study abroad experience. We ask that you carefully evaluate the student's condition and treatment and comment on their ability to manage the stress and anxiety involved with adapting in a foreign environment.

If the applicant is currently on medication or has taken medication the last two years:

Name of medication: _____ Current dosage: _____

For what condition was medication prescribed? _____

When was the medicine first prescribed? _____

Will the applicant be taking the medication during the program abroad? ___ Yes ___ No

Please explain: _____

Have there been any changes in the medication in the last two years?: ___ Yes ___ No

Please explain: _____

Reason for adjustment: _____

If the applicant has been in psychotherapy:

Has this applicant been seeing a psychotherapist? _____

If yes, how often? _____ and how long? _____

Is this applicant likely to have an adverse reaction to the cessation of psychotherapy during their experience abroad? ___ Yes ___ No

Please explain: _____

Do you recommend this applicant for a study abroad program? ___ Yes ___ No

Please explain: _____

We appreciate your time in filling out this form.
May we contact you if we need additional information? ___ Yes ___ No

Dr. Name _____ Phone: _____

Field of Practice: _____ Signature: _____

High School Abroad Program Special Bulletin

PLEASE NOTE:

The Conditions of Participation, included as part of the application form for the CCI High School Abroad Program, describes the rules and conditions to which students and their parents agree to adhere. This bulletin summarizes five important program policies formulated by CCI. All applicants and their parents should be aware of these policies.

1. CCI cannot and does not guarantee to participants in its High School Abroad Program that they will receive diplomas, receive credit, or graduate from the high schools attended abroad. Participants and their parents sign the Conditions of Participation for acknowledging and agreeing to this condition. Participants are responsible for coordinating any transfer of credits from their high school abroad to their high school in the U.S. If the participant has any questions or difficulties, CCI staff may be able to assist in this process. **Please note that we cannot guarantee that an American school will accept the studies abroad as credit.**
2. Because of the special risks involved when young people drive, particularly in a new culture where laws, customs, and language are very different, students are *not* allowed to purchase or drive a car, motorbike, or any vehicle requiring an operator's license.
3. Students are *not* allowed to receive visits from friends or natural family members during the program. Experience has shown that such visits can be quite disruptive to the student's efforts to adapt to the new culture and host family. Visits may only be made at the end of the student's stay.
4. Family members and friends are requested to limit telephone calls and E-mail messages. It is our strong recommendation that telephone calls be limited to every two weeks to once a month. In the event that a participant has access to Internet services, E-mail messages should be limited to once every week, or less often. We also strongly recommend that participants do not bring a laptop computer or other E-mail device abroad.
5. Students are *not* allowed to travel outside the country visited during the program, unless traveling with the host family for a brief vacation, traveling with a school group or returning home because of an emergency.

These five issues are highlighted in this special bulletin because of their importance, and to ensure that students and their natural parents are aware of these policies.

***THANK YOU FOR YOUR UNDERSTANDING
AND COOPERATION ON THESE CONCERNS***

Student Name: _____

High School Abroad Program
CONDITIONS OF PARTICIPATION

All participants in the High School Abroad Program and their natural parents or guardians must read and agree to abide by the Terms and Conditions outlined below:

The High School Abroad Program is an academic homestay program, based on daily life in the family, school, and community. It is not a travel program. Its purpose is cultural exchange, which requires the willingness to learn and adapt – with understanding and appreciation – to the customs of a new culture, community, and family, which may be very different from one’s own. Students in this program are representatives of their own cultures, and do their best to earn respect for the people of their countries.

EVERY PARTICIPANT AGREES TO ACCEPT THE FOLLOWING CONDITIONS OF THE PROGRAM:

1. To accept the host family selected in any part of the country (CCI welcomes hosts from all races, creeds, colors, and religions). (Note: Host Families must have sufficient financial resources to host: host families are not permitted to proselytize. All host families are thoroughly screened before they are permitted to receive a student. Families are visited in their homes, interviews are conducted and other steps are taken to ensure suitability of the host family.) The host family may be composed of a single parent with child/children or a couple without children living in the home. Please note the student may have to share a room.
2. To live as a participating member of the host family and to accept normal family responsibilities and to adapt to and live within the rules and customs of the host family, respecting the host parents as one’s own. Example: Host parents must approve all activities of the student; host parents must know where the student is, with whom and when the student will return home from the activity.
3. To maintain a satisfactory level of academic performance and appropriate behavior in school, including completing all coursework and meeting attendance requirements. Student must demonstrate a serious effort and a positive cooperative attitude. Absence from school is permitted only for cases of genuine illness (doctor’s documentation may be requested if there are doubts.) Regular school attendance is required.
4. To obey all laws of the host country and community.
5. NOT to drive or purchase a car, motorbike, or any motor vehicle requiring an operator’s license. CCI rules and insurance restrictions prohibit driving any motor vehicle by exchange students. Students who drive cars or other motorized vehicles are subject to immediate program dismissal and repatriation. Students are not allowed to hitchhike at any time during the program.
6. To repay hosts promptly for any and all long distance telephone calls made by the participant; and to pay for any damage caused to the property of the host family, school, hotel or other site visited during the program.
7. To arrive in the host country with a round-trip international and domestic air tickets.
8. To travel to and from the homestay as directed, and during the program to travel only with members of the host family, unless approved by CCI.
9. To possess enough spending money to cover personal expenses while in the host country (\$400-500 per month is suggested). Students must not lend or borrow personal funds.
10. To abide by all visa restrictions.
11. To accept that perceived or actual epidemics (such as but not limited to, SARS or bird flu) can delay, disrupt, interrupt or cancel programs and agree to assume all risk of any such problems which could result from any such occurrences.
12. To accept and abide by the advice and direction of the local representative, partner office in the student’s host country, and the CCI office. To accept all conditions of the program, including those outlined below.

ACCEPTANCE OF APPLICATION: CCI cooperates with a carefully selected network of partner agencies in the countries where our programs are located. All program applications are subject to acceptance by the appropriate agency. In addition, CCI retains complete right to accept, dismiss, decline or retain any student as a participant in the program at any time before or during the program for any reason whatsoever, without liability for refund of payment.

FAMILY PLACEMENTS: CCI reserves complete right to make host family assignments. Placements are made in all regions and are not based on any local characteristics, such as regional accents or dialects, ethnic character of community, types of industry, economy, weather, etc. The program does not discriminate against host families or participants on the grounds of race, religion, creed, color, or socio-economic level in any area of the country. Students may not demand to be placed in specific regions of the host country or with hosts of a specific socioeconomic or ethnic character.

Student Name: _____

TELEPHONING: Participants should not be in telephone contact with family and friends or relatives in the USA more often than twice a month, except in an emergency. Experience has shown that constant communication with natural family and friends disrupts and even prevents cultural adaptation and understanding. Participants should use an international calling card or make arrangements with their host family and natural parents for their parents to call at a pre-arranged time and date. In the event the participant must make a long distance telephone call from their host family's home, they must reimburse their host family for the long distance calls they have made. Participants are discouraged from bringing or purchasing cell phones while on the program. If a student uses a cell phone excessively, cell phone use may be restricted.

E-MAIL, INTERNET AND INSTANT MESSAGING: Some students have engaged in excessive e-mailing and instant messaging, causing disruption to the adjustment process and daily interaction with the host family. As a general rule, on-line communication should be limited to twice a week for 30 minutes. Internet use should be limited and is left to the discretion of the host family unless it is deemed problematic at which time specific limitations will be set. Students are prohibited from viewing internet sites with sexually explicit content, including but not limited to pornography.

COMPUTERS: Students are discouraged from bringing laptops or purchasing computers while on the program. If a student uses a computer to communicate online more than what is permitted, computer use may be restricted.

VISITS: Visits by family or friends of the participant are prohibited entirely during the program. If natural parents do visit, such a visit must occur at the end of the student's stay, and permission must be obtained from CCI well in advance of the proposed visit. Host families are not expected to provide accommodations for visitors in their homes or elsewhere. CCI is not responsible for problems that may result from unauthorized visits, and students whose family or friends arrive without CCI knowledge and approval are subject to possible program dismissal. In addition, participants may not visit their home community during their program year unless an immediate family member (parent/guardian, grandparent, or sibling) becomes gravely ill, seriously injured or dies. All holidays must be spent with the participant's host family. Parents may not accompany their sons/daughters to the homestay at the onset of the program.

TRAVEL: During the program, participants may travel with their host families, or with other adult-supervised school or community groups. Any other travel, whether alone, with peers, or with other participants, is permitted only in EXCEPTIONAL cases, with prior approval of CCI, and then only after complete itineraries, including names and addresses of people to be visited, have been submitted as part of the travel request.

HIGH SCHOOL DIPLOMA: Many high schools will not grant diplomas or transcripts to exchange students. The decision whether to grant these are entirely in the hands of each high school. CCI has no control over this decision. Participants must not put pressure on school authorities to grant them diplomas or transcripts. Participants are responsible for coordinating the transfer of credits from their high school abroad to their high school in the US. If you have questions or difficulties, CCI staff may be able to assist you in the process; however we cannot guarantee that your American high school will accept your studies abroad as credit. Students must see their guidance counselor in the US school to determine what credits they may need to take outside of their studies to ensure that they graduate on time.

FEES: The fee for the High School Abroad Program covers all expenses which are expressly listed on the CCI website. The fee does not cover personal expenses, airfare, daily transportation costs, visa fees, passport fees, routine medical examinations, vaccinations, medical costs not covered by insurance, costs of books or other activity fees, school uniforms or the expenses incurred because of premature termination of the student's program.

VISAS: Students are responsible for obtaining a visa if required. CCI will provide the supporting documentation. Students/parents are responsible for contacting the closest consulate, verifying application procedures and requirements, and making any necessary appointments. Consulates have full authority to request additional documents to those submitted and request that applicants and their parents apply in person and/or pick up their visa in person. CCI will provide some guidance, but students should always follow the consulate's guidelines as they are the final authority on all visa matters. Any questions you have about your visa application are best directed to the consulate. In addition, students are responsible for any and all expenses related to acquiring the visa. This may include travel (in some cases flying) to the nearest consulate, translation fees for documents, visa fees, fees for notarization and apostilles for documents.

INSURANCE: All participants must be covered by illness and accident insurance for the duration of the program. CCI includes medical and accident insurance with the program.

EARLY TERMINATION OF PROGRAM: CCI agrees to provide appropriate oral and written warnings to, and probationary periods for, students whose behavior does not meet program expectations. Students who fail to respond appropriately to these warnings may be dismissed from the program. Depending on the severity of the violation, the warning and probation steps may be excluded. The sponsoring organization also reserves the right to dismiss any student whose mental or physical health (as documented by a trained professional)--e.g., eating disorders, depression, or chronic illness or condition--requires this action. The sponsoring organization also reserves the right to dismiss, without a probationary period, and send home any student whose conduct is unlawful, grossly improper or offensive to the host family, community or school. Such conduct includes, but is not limited to, illegal drug use, unacceptable sexual behavior, driving, drinking of alcoholic beverages, violation of law, unsatisfactory school performance, unauthorized travel, violent behavior or attacks of any kind, undergoing a major lifestyle change (e.g., getting married) consistent inability or unwillingness to interact productively and/or amicably with the host family or other evidence that the student is not capable of, or is unwilling to, participate fully in a cross-cultural environment.

The organization also reserves the right to dismiss any participant who is found to have misrepresented him/herself or provided false

Student Name: _____

information in the program application. In the event the student is returned home, either alone or accompanied, parents or guardians are responsible for all expenses above those covered by the fee. Refunds are not made to the families of participants whose programs terminate prematurely.

AGREEMENT TO CONDITIONS OF PARTICIPATION

We, the undersigned, submit and support the application of _____ as a participant in the High School Abroad Program. We acknowledge that we have read and thoroughly understand the Conditions of Participation of the High School Program in _____, and hereby agree to abide by said Conditions.
(country)

_____ Signature of Applicant	_____ Date
_____ Signature of Mother or Guardian	_____ Date
_____ Signature of Father or Guardian	_____ Date

LIABILITY RELEASE AGREEMENT

We do hereby release CCI, its officers and agents, from any and all claims and causes of action for loss of property, personal injury or illness, accident, delay or expense sustained by any participant arising out of any travel or activity conducted by or under the control of CCI. This clause applies except for those claims eligible under the Participant Illness and Accident Insurance, when participant is covered by said insurance. We also release CCI and its agents and agree to indemnify them with regard to any financial obligations or liabilities that the applicant may personally incur or any damage or injury to the person or property of others that the applicant may cause while participating in this program. In the event that CCI or its agents advance or loan any monies to the applicant or incur special expenses on his or her behalf, we agree to make immediate repayment.

_____ Signature of Applicant	_____ Date
_____ Signature of Mother or Guardian	_____ Date
_____ Signature of Father or Guardian	_____ Date

Picture Waiver

I authorize the use free of charge of my photo in any CCI promotional material.

_____ Signature of Applicant	_____ Date
_____ Signature of Mother or Guardian	_____ Date
_____ Signature of Father or Guardian	_____ Date

TEACHER'S RECOMMENDATION

NAME OF STUDENT _____

The CCI High School Abroad Program features a special kind of educational experience abroad. Students are involved in a challenging exercise in cross-cultural adjustment which includes a three month, semester, or academic year living as a member of a family abroad, as well as enrollment as a fully-participating student in a secondary school. Not everyone can enjoy, profit from or even cope with the program. To succeed, the applicant must have high motivation and the ability to adjust to people of different social and cultural backgrounds—sometimes under difficult emotional and physical conditions. Your honest appraisal will enable us to determine whether the applicant is ready for this program.

PLEASE COMPLETE BOTH SIDES, SEAL IN AN ENVELOPE, SIGN YOUR NAME ACROSS THE SEAL AND RETURN TO APPLICANT.

How long have you known the applicant? _____ year(s) _____ month(s)

How long have you taught the applicant? _____ year(s) _____ month(s)

What course of study/subject(s) have you taught to the applicant? _____

A. Please indicate, by checking the appropriate spaces, your best estimate of the applicant's characteristics.

PERSONAL CHARACTERISTICS	EXCELLENT	GOOD	FAIR	POOR	UNKNOWN
Genuine interest in other people and new ideas					
Adaptability to new or stressful situations					
Ability to face and overcome difficulties					
Emotional stability					
Willingness to put others' needs and desires before his/her own					
Common sense and good judgment					
Willingness to accept direction or criticism					
Initiative					
Sense of responsibility					
Intellectual curiosity					
Sense of humor					
Imagination and creativity					
Communication skills; self-expression, listening, honesty					

B. **(LANGUAGE TEACHERS ONLY)** Please indicate the student's foreign language background and proficiency by checking Excellent, Good, Fair, or Poor in each category.

FOREIGN LANGUAGE PROFICIENCY	EXCELLENT	GOOD	FAIR	POOR
Reading				
Writing				
Speaking				
Understanding conversation				

PLEASE COMPLETE INFORMATION ON REVERSE SIDE

Student Name: _____

TEACHER'S RECOMMENDATION

In the space below, please comment on the applicant's character, academic ability, motivation, study habits, and attendance record. Please note especially any learning disabilities you are aware of. Please TYPE, if at all possible. If not, please print clearly in black ink. Thank you.

Please comment on the applicant's relationships with his or her peers, especially in group situations.

How would you feel about having this applicant as an exchange student in your class?

Very Enthusiastic Comments:

Pleased

Willing

Unwilling

Name and address of school: _____

Teacher's Name: _____

Teacher's Signature: _____

Date: _____



High School Abroad Program
Payment and Cancellation Policy

CCI will not alter its cancellation policy for any reason. If you are concerned about forfeiting program fees in the event you decide to cancel due to events such as a serious illness, death in the family, terrorist attacks, etc., we advise you to consider purchasing independent trip insurance.

Deferral Policy

Programs may be deferred until the next academic semester following the original start date, dependent upon availability. Participants must remit 50% of the program fee at the time of deferral. Payments must be received within one week of the request, or normal cancellation policies will apply. All requests for deferral are subject to review on a case by case basis. CCI reserves the right to deny any deferment request.

Payment Schedule

- \$500 non-refundable deposit due with completed application If you cancel your program at any time after we receive your application, your deposit is non-refundable. If we do not accept you to the program for any reason, your deposit will be refunded less a \$75 processing fee.
- \$1,500 non-refundable deposit due for applications received after the deadlines
- First installment of \$1,500 due 15 days after acceptance
- Balance due 8 weeks before departure

Cancellation Policy

- 25% of fee forfeited up to 8 weeks before departure
- 50% of fee forfeited less than 8 weeks before departure
- 75% of fee forfeited less than 3 weeks before departure
- 100% of fee forfeited less than 1 week before departure

Other Fees

\$25 fee is applied for a returned check.

Agreement to Payment and Cancellation Policy

We, the undersigned acknowledge that we have read and thoroughly understand the Payment and Cancellation Policy of the High School Abroad program, and hereby agree to abide by said policy. We understand that payments are due on the date specified in the invoice regardless of the date placement information is received. We understand that failure to submit program fees by the indicated dates may result in delayed departure or cancellation of program.

Signature of Mother or Guardian

Date

Signature of Father or Guardian

Date