

INTERNATIONAL STUDENT EXCHANGE - ONTARIO

DESTINATION REQUEST FORM

Last Name _____ First Name _____ Gender (M/F) _____ Date of Birth _____
↓

School _____ School Exchange Co-ordinator _____ School Phone Number _____
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School Board _____ Board Exchange Co-ordinator _____ Business Phone Number _____
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Please indicate how you learned about ISE Ontario programs : (presentation at school, teacher, guidance office, poster, bookmark, web site) _____

★ Indicate your destination choices below in order of preference, numbering **ONLY** those you will accept. ★

★ Please refer to the information provided on the next page before making your selections. ★

FRENCH LANGUAGE:

_____ 2 Month Elementary
_____ **FRANCE (All Regions)** _____ 3 Month Secondary
_____ 2 Month Elementary
_____ **SWITZERLAND (French)** _____ 3 Month Secondary
_____ **BELGIUM** 2 Month Program

FOUR (4)

wallet-size, recent

***COLOUR PHOTOS**
are required.

*good quality, portrait style
(head and shoulders),
applicant only

Please write your name
on the back of each photo
and attach here with tape

INTERNATIONAL LANGUAGES:

_____ **GERMANY** _____ **ITALY** _____ **SPAIN**

*Please note that requests for a 2 Month stay abroad in the international language destinations may be accommodated; contact the ISE office for details.

In order to participate in this exchange program, you must have a recommendation from four of your current or former teachers (three teachers plus the principal for elementary). Along with the completed Recommendation Form, a letter of recommendation may be attached from someone in your community, eg, an employer, coach, church minister.

A nine-page application follows, with sections for completion by you and also by your parents. Carefully review the following **Instructions and Check List** page, and fill in the form as directed. Return the completed form, with all the required documents and copies, to your school exchange co-ordinator / contact. Thank you!

GENERAL INFORMATION ON EACH EXCHANGE DESTINATION

★ PLEASE NOTE AUGUST ARRIVAL DATES

FRENCH LANGUAGE DESTINATIONS:

★ Arrival: 2nd & 3rd weeks of August

Belgium is an ideal exchange destination. The country is small and travel by families to neighbouring France, Germany, Netherlands and Luxembourg is very common. The spoken French is very standard. Families are close, warm and welcoming, and applicants are 14 to 17 years old, with the older students being quite self-directed and used to more social freedom. **This is a 2-month program for secondary students.**

France provides large numbers of applicants from all regions of France, including some at the collège level (our grades 6 through 9). Applicants are 13 to 17 years of age. The younger candidates are accustomed to close family life and parental direction, the older students are more self-directed.

This is a 2-month program for elementary students and a 3-month program for secondary students.

Switzerland (French) usually provides applicants who are 16 or 17 years old, as well as students at the middle school level (our grades 7 through 9). They are generally quite self-directed, and accustomed to more social freedoms. A very standard French is spoken in the six cantons (counties), including Geneva.

This is a 2-month program for elementary students and a 3-month program for secondary students.

INTERNATIONAL LANGUAGE DESTINATIONS:

★ Arrival: 3rd and 4th weeks of August

Germany (Nordrhein-Westfalen and Baden-Württemberg) provides large numbers of applicants who are 15 to 17 years old. They are responsible, self-disciplined and mature, and their level of English is very good. Students from Germany adapt quite easily to our culture and are generally open to different activities.

Spain provides large numbers of candidates who are 14 to 17 years old. Families are close and students are dependent on their parents for advice on most matters; they are very social and enjoy large group activities in an urban area. Applicants are from all regions of Spain.

Italy usually provides candidates who are 15 to 17 years of age, from throughout Italy. As with Spain, the family is generally the centre of the social structure and students are dependent on their parents for advice. Students from Italy are social and enjoy gatherings with friends and extended family. Families can be quite traditional, and enjoy sharing their culture and customs with visitors.

INTERNATIONAL STUDENT EXCHANGE - ONTARIO


INSTRUCTIONS AND CHECK LIST FOR COMPLETION OF THIS APPLICATION FORM: PLEASE READ CAREFULLY!

For photocopying purposes, please fill out the original application form using **black ink only**. All questions must be answered in detail, in a neat and legible manner, and using a standard English vocabulary since the information you provide will eventually be read by a family and exchange officials whose first language is not English.

KEEP IN MIND THAT YOUR APPLICATION IS A REFLECTION OF YOU AND YOUR FAMILY AND WHEN COMPLETED, SHOULD PROVIDE HONEST AND ACCURATE DESCRIPTIONS.

Matching will be based on all the information provided. Your original application will be presented to your potential exchange partner; you will also receive the application of your proposed partner for you and your family to consider.

Please ensure that the completed application package which you return to your school exchange co-ordinator in the envelope provided includes ALL of the following items:

- ① the **Exchange Request / Registration Form** with four teachers' recommendations
- ② the **original Application Form** completed as follows:
 - all questions on pages 1 to 5 written and answered by you
 - all questions on pages 7 and 8 written and answered by your parent(s)
 - signatures on page 1 (principal), page 8 (parent) and, page 9 (both you and a parent)
 - four photos signed on the back and taped to the DESTINATION REQUEST FORM
 - eight securely attached pictures as described on pages 6a and 6b
-  ***Students whose time is shared between two homes must provide for each address:***
page 1; pages 7 and 8 (answered by the parent); 4 photos of each home
- ③ **THREE** photocopies of the completed application form, pages 1 to 9
- ④ **THREE** copies of your most recent school report
- ⑤ **THREE** copies of your updated school transcript (secondary students only)
- ⑥ **\$450 non-refundable application fee (payable to ISE Ontario) attached to this page**

PLEASE NOTE !!

- ★ Your name which appears on page 1 of the application form MUST be the same name that will appear on your passport, ie, your full legal surname and given names. Do not include nicknames or short forms.
- ★ An application cannot be processed for matching if any of the questions are unanswered, OR if any of the items listed above are missing.
- ★ Keep a copy of your completed application form and your application folder for future reference.

ISE ONTARIO STUDENT APPLICATION FORM

PLEASE TYPE OR PRINT IN BLACK INK.

Pages 1 to 5 must be completed BY THE STUDENT.

Legal Surname _____ Legal Given Names (no abbreviations please) _____ Middle Name _____ Sex Male Female

Mailing Address: Civic Number, Street, PO Box, RR _____ **House Address IF DIFFERENT from Mailing Address:** _____ Height: _____ CM
(inches X 2.54 = cm)

Town / City _____ Civic Number, Street / Road Name OR Concession _____ Weight: _____ KG
(pounds X 0.45 = kg)

Postal Code _____ **ONTARIO** _____ Township OR Town OR City _____ Birthdate: Year _____ Month _____ Day _____

(Area Code) Telephone Number _____ E-mail Address _____
() _____ / _____ / _____

Religious Affiliation _____ Practising Yes No MUST you attend services? Yes No

Citizenship _____ Country of Birth _____ Grade this year _____

NAMES of family members LIVING AT THE HOME ADDRESS INDICATED ABOVE. PLEASE NOTE: A parent must be present in the home during the hosting period.

Father or Other (please specify relationship) _____ Occupation (please be specific) _____

Father's Business Telephone _____ Cell Phone _____ E-mail Address _____
() ()

Mother or Other (please specify relationship) _____ Occupation (please be specific) _____

Mother's Business Telephone _____ Cell Phone _____ E-mail Address _____
() ()

Sister(s) _____ Age(s) _____

Brother(s) _____ Age(s) _____

Other(s) _____ Pets/Animals _____

Alternate Emergency Contact: Name and Relationship _____ Home Telephone _____
()

Indicate the type of accommodation your family lives in. House Apartment Other (specify): _____

Will your partner have his/her own room? Yes No; share with _____. Your partner **MUST** have his/her own bed.

Indicate the nature of your home community. Large City Small City Suburb Town Rural (specify): _____

Population of your home community: _____ Distance between home and school: _____ km

School _____ School Exchange Co-ordinator _____

School Board _____ School Board Exchange Co-ordinator _____

PRINCIPAL'S ACKNOWLEDGMENT OF THIS STUDENT'S APPLICATION, AND ACCEPTANCE OF HIS/HER PARTNER TO ATTEND THIS SCHOOL:

Principal's Signature _____

Date _____

1. Rate your knowledge of languages other than English using GOOD, FAIR, POOR.

Language	Years studied	Spoken	Written
----------	---------------	--------	---------

↘

List the languages your parents speak in order of fluency:

Mother	Father
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↘

Which language is usually spoken at home?

↘

Are all members of your family who are living at home willing and able to speak only **ENGLISH** while the exchange student is visiting?

Yes No

If no, please explain.

NOTE: MOST VISITING STUDENTS VIEW AN EXCHANGE IN ONTARIO AS AN ENGLISH LANGUAGE EXPERIENCE.

↘

2. List the countries and provinces you have visited in the past five years, giving the duration and year of the visit.

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Have you participated in previous exchanges? Yes No If yes, indicate the destination and length of stay.

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3. Will you accept as a partner: a boy? a girl? either IF AN EXCHANGE IS NOT OTHERWISE POSSIBLE?

Do you smoke? Yes No If YES, would you abstain in the host family home? Yes No

Does anyone at home smoke? Yes No If YES, how many smokers are there? _____ How many smoke indoors? _____

Will you accept placement in a home where there are smokers IF AN EXCHANGE IS NOT OTHERWISE POSSIBLE? Yes No

Will you accept as a partner: a smoker? Yes No Perhaps, IF AN EXCHANGE IS NOT OTHERWISE POSSIBLE.

a smoker who agrees to abstain in your home? Yes No

4. Do you suffer from any allergies? Yes No If yes, give details, medical treatment etc.

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Do you receive any medical treatment? *A separate letter may be attached regarding past or present medical treatment for physical or psychological conditions or disorders.

Yes No If yes, describe.

↘

Do you have a special diet? Yes No If yes, give specific details (e.g. food-specific allergy, lactose intolerance, vegetarian).

↘

Are you physically challenged in any way? Yes No If yes, give details in order that your host family may be aware of any special needs.

↘

Does anyone living in your home have a physical, mental or medical condition which affects or could affect life in your family?

Yes No If yes, give details: _____

5. Are you employed during the school year? Yes No Will you be employed during the summer, before your partner's arrival? Yes No

If yes, describe giving number of days/hours per week.

↘

NOTE: While hosting your exchange partner, he/she must be your first priority, before other interests (boy/girlfriend, teams, job etc.).

YOU SHOULD PLAN TO NOT BE EMPLOYED DURING THE HOSTING PERIOD.

6. INTERESTS AND ACTIVITIES

A. Which of the following best describes you? Are you: Reserved OR Outgoing
Athletic Artistic Musical Academic Social Calm, Quiet OR Energetic, Active

B. How do you prefer to spend your free time?
With friends Alone With family

C. Complete this section indicating approximately how much time you spend in a **typical week** on each activity.

Watching TV / movies: _____ hours; preferred types of shows are _____

Computer: _____ hours; type of activities, (games, internet, chatting, homework) _____

Reading: _____ hours; preferred reading materials are _____

Taking extra-curricular lessons / classes: _____ hours; _____ hours of practice; lessons / classes taken are _____

Being with friends outside of school: _____ hours; preferred activities with friends are _____

Preferred types of music / groups are _____

Doing homework: _____ hours. Shopping: _____ hours. Talking on the phone: _____ hours.

D. List the specific sports, musical instruments / activities, clubs, hobbies and leisure activities in which you actively participate **DURING THE YEAR**.
(winter, summer, school year)

SPORTS (participating)	Total hours per week: _____ (approx.)	
_____	_____	_____
_____	_____	_____
THE ARTS (music, dance, drama, drawing/painting)	Total hours per week: _____	
_____	_____	_____
_____	_____	_____
CLUBS / GROUPS	Total hours per week: _____	
_____	_____	_____
_____	_____	_____
HOBBIES / LEISURE ACTIVITIES	Total hours per week: _____	
_____	_____	_____
_____	_____	_____

E. Consider all of the above, and list your three favourite activities in order of preference.
 1 _____ 2 _____ 3 _____

7. Your partner would have access to the following at home, at school OR in your community:

A. musical instruments / activities (list) _____

B. athletic activities / facilities (list) _____

8. Write a paragraph indicating what motivated you to apply for this exchange.

9. What do you hope to gain from the exchange experience? What are your expectations?

10. Write a paragraph about the exchange partner that would suit you best.

11. Write a paragraph about your school: number of students, semestered / non-semestered, programs offered, extra-curricular activities, web site address.

How do you travel to/from school? _____ Time to travel one way: _____

12. What do you plan to do during free time when your partner is in your home? What activities will you do with friends? with family?

13. Write a letter to your exchange partner describing your personality, values, priorities; family life and activities; holidays and special events; friends and relationships. Please avoid the use of slang, jargon or abbreviations. Try not to repeat information you have already provided elsewhere in this application.

Dear Exchange Partner,

Please attach with tape and label **EIGHT** *colour photographs (four on this side of the page, four on the other side) as follows:

* Colour photocopies or digital prints may be used in place of original photographs.

- ➔ **FOUR pictures of your home:** the exterior, the kitchen, the bedroom for your partner, the bathroom your partner will use
- ➔ **FOUR other pictures:** your family, your friends, your school and another of your choice

1

2

3

4

5

6

7

8

FAMILY APPLICATION

Pages 7 and 8 must be completed **BY THE PARENT(S)** and **IN BLACK INK.**

1. Describe the household tasks your children are responsible for (making beds, washing dishes, vacuuming, etc.) and state what responsibilities you would expect your guest student to assume.

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2. Describe the social freedoms (number of nights out, curfews, etc.) you presently permit your son or daughter who is applying for the exchange.

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3. Describe your neighbourhood, distance to centre of community and means of traveling there, your home (including number of bedrooms), and accommodation for the visiting student.

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4. Describe the family activities and excursions that you are planning during the hosting period.
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5. Describe each member of the family (including yourself and the applicant), personality, interests, etc. Also describe your way of living, your family life, the atmosphere at home, topics of discussion, and activities shared by the whole family.

* In situations of shared custody, please describe the living / visiting arrangements for the applicant and the partner during the hosting period.

* Where time will be shared between two homes please complete for each address: page 1; pages 7 and 8; four photos of each home.

* A separate letter may be attached to advise of any family, home, medical or emotional situations that may be helpful in selection of the most appropriate partner.

THESE DESCRIPTIONS HAVE BEEN DONE BY: _____
Parent/s' name and signature Date

- 1 **I/WE CONSENT** to my child's participation in this exchange program and understand that he/she/we must abide by the Conditions of Participation as outlined for the duration of the exchange program.
- 2 **I/WE AGREE** to host the visiting exchange student during the exchange period and treat him/her as a member of our family; to provide all three daily meals, a warm, safe and friendly atmosphere and a safe means of travel to school; to help him/her adjust to new surroundings; to assume parental care for the exchange student; to ensure that he/she is immersed in the target language and given full opportunity to hear and use English at home as well as at school; and to ensure that he/she is exposed to as many cultural activities as possible, all of the foregoing at no cost to the visiting exchange student.
- 3 **I/WE DECLARE** THAT NO ONE LIVING IN THE HOST HOME(S) WHERE THE VISITING STUDENTS WILL BE LIVING HAS BEEN CONVICTED OF A CRIMINAL OFFENCE OR HAS CRIMINAL CHARGES PENDING; THAT A CLEAR CRIMINAL RECORD COULD BE PROVIDED UPON REQUEST; THAT OUR HOME IS FREE OF SUBSTANCE ABUSE, PHYSICAL ABUSE, OR ANY OTHER FORM OF ABUSE.
- 4 **I/WE UNDERSTAND** that student exchange participants must consider their exchange partner to be their first priority and must not be employed during the hosting period.
- 5 **I/WE UNDERSTAND** that where the visiting exchange student is placed in a second family as a result of mismatching, every effort will be made to find an alternate suitable placement so that my child can complete the exchange.
- 6 **EXCLUSION OF LIABILITY:** I CLEARLY UNDERSTAND THAT MY CHILD'S HOST FAMILY, THE EDUCATION AND/OR SCHOOL AUTHORITIES AND EXCHANGE OFFICIALS IN THE HOST COUNTRY, THE SCHOOL AND/OR SCHOOL BOARD WHERE MY CHILD IS A RESIDENT STUDENT, AND ISE ONTARIO TOGETHER WITH ITS DIRECTORS, OFFICERS, EMPLOYEES, AND VOLUNTEERS ASSUME NO LEGAL RESPONSIBILITY OR LIABILITY FOR PARTICIPATING STUDENTS.
- 7 **MEDICAL AND DENTAL AUTHORIZATION:** I authorize all medical and dental attention for my child judged necessary by medical authorities in the host country or the host family in the event of an accident or serious illness. I understand that every attempt will be made to reach me by telephone in case of emergency.
- 8 **GROUP TRAVEL:** I UNDERSTAND THAT MY CHILD MUST TRAVEL TO AND RETURN FROM THE EXCHANGE COUNTRY WITH THE EXCHANGE PROGRAM GROUP, WITHOUT EXCEPTION.
- 9 **TRAVELLING IN THE HOST COUNTRY:** I UNDERSTAND THAT EXCHANGE PROGRAM PARTICIPANTS MUST ATTEND SCHOOL AND THEREFORE TRAVEL DURING THE EXCHANGE PROGRAM IS RESTRICTED TO EXCURSIONS WITH THE HOST SCHOOL OR FAMILY, WITHOUT EXCEPTION. WHERE SUCH EXCURSIONS INVOLVE TRAVEL OUTSIDE THE HOST COUNTRY, A LETTER OF AUTHORIZATION FROM THE ONTARIO PARENTS IS REQUIRED.
- 10 **I/WE PERMIT** ISE Ontario to videotape and/or photograph my child while participating in program activities with the understanding that these materials will be used only for promotional purposes.
- 11 **EXPULSION FROM THE PROGRAM:** The exchange program authorities reserve the right to immediately withdraw a student from the exchange program and arrange for an early return home, with no liability or cost to the exchange program authorities or to the host family, for any of the following reasons:
- withholding information and/or failure to tell the truth on the application form or during the interview
 - failure to disclose any past or present medical treatment for physical or psychological conditions or disorders
 - use of illegal drugs or abuse of alcohol
 - unauthorized absence from school; unwillingness to be attentive during classes and to do the work assigned
 - failure to accept the authority of school and exchange officials
 - failure to comply with the house rules of the host family, without exception
 - driving a motorized vehicle OR hitch-hiking
 - undertaking independent travel that is not with the host school or the host family members
 - breaking the law of the host country, including, without limitation, shoplifting
 - receiving, creating or distributing information which is unlawful including but not limited to materials or images which are racist, pornographic, dangerous, obscene or inconsistent with the values of your hosting family
 - failure to abide by the Conditions of Participation

12/13

WE UNDERSTAND AND AGREE TO ABIDE BY ALL OF THE ABOVE CONDITIONS OF PARTICIPATION.

 Name of Parent(s) / Legal Guardian(s)

Signature

Date

 Name of Participating Student

Signature

Date