

# INTERNATIONAL STUDENT EXCHANGE - ONTARIO

## ISE ADVENTURE / ACTIVITY PROGRAM

### JULY 2010 IN WEYMOUTH, BRITAIN

#### STUDENT APPLICATION

#### Personal Information \*Please carefully complete each question using **BLACK** ink.

Surname \_\_\_\_\_ First Name \_\_\_\_\_  
*(full legal given names only, no abbreviations or nicknames; this name appears / will appear on your passport)*

Male \_\_\_\_\_ Female \_\_\_\_\_ Birthdate (y / m / d) \_\_\_\_\_

Address \_\_\_\_\_  
*Civic Number, Street, PO Box, RR*

City or Town / Postal Code \_\_\_\_\_

Home phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Citizenship \_\_\_\_\_ Country of Birth \_\_\_\_\_

#### Parent / Guardian Information (please include information only for persons(s) living at the address listed above)

Mother/Other \_\_\_\_\_ Father/Other \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

If parents are separated / divorced, who is the legal guardian of the applicant? \_\_\_\_\_

Mother's Work Phone \_\_\_\_\_ Father's Work Phone \_\_\_\_\_

Mother's Cell Phone \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_

Alternate Contact (name & phone) \_\_\_\_\_

#### Academic Information

Present School \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
*Street Town / City Postal Code*

School Grade \_\_\_\_\_ Guidance/Student Services Contact \_\_\_\_\_

Your extra-curricular school activities (eg student council, peer tutoring, clubs) \_\_\_\_\_

Attach one  
wallet size photo  
here, on each copy.

\*portrait/passport style,  
applicant only

Write your name  
on the back  
of each photo.

#### ★ WHEN SUBMITTING YOUR APPLICATION PLEASE INCLUDE ALL OF THE FOLLOWING:

1. The original plus **two** (2) photocopies of this three-page application
2. **Three** (3) recent wallet size photos as described above, one attached to each copy
3. Most recent school transcript AND report card
4. Payments • deposit of \$500 and 2 postdated cheques; May 01 & Jun 01, \$1700 each, payable to ISE Ontario  
→ \$250 of the deposit is non-refundable; the remainder of the deposit is non-refundable 30 days before program start  
→ all monies are refunded if space is not available; applications submitted before May 01 will be given first priority

★ SEND THE COMPLETE APPLICATION PACKAGE TO: **ISE ONTARIO**  
Suite 486 65 Cedar Pointe Drive Barrie ON L4N 9R3

**Health Information**

Are you a vegetarian? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, for how long \_\_\_\_\_

If yes, do you eat fish? Yes \_\_\_\_\_ No \_\_\_\_\_ Chicken? Yes \_\_\_\_\_ No \_\_\_\_\_ Dairy products? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any special dietary requirements or restrictions? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe:

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Describe any allergies, treatments or medications, special requirements pertaining to your health:

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Are you physically challenged in any way? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe:

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Do you smoke? Yes \_\_\_\_\_ No \_\_\_\_\_ Occasionally \_\_\_\_\_ Would you agree to refrain from smoking indoors? \_\_\_\_\_

**Personal Preferences and Interests**

Do you get along well with: people your own age \_\_\_\_\_ adults \_\_\_\_\_ younger children \_\_\_\_\_

Do you prefer to spend your free time with: one friend \_\_\_\_\_ family \_\_\_\_\_ a group of friends \_\_\_\_\_ alone \_\_\_\_\_

Are you best described as: \_\_\_\_\_ calm / quiet \_\_\_\_\_ athletic \_\_\_\_\_ energetic / outgoing  
\_\_\_\_\_ socially active \_\_\_\_\_ academic \_\_\_\_\_ artistic / musical

List your hobbies / pastimes / clubs / sports / musical instruments or activities practised regularly (in order of priority):

- |         |         |
|---------|---------|
| 1 _____ | 4 _____ |
| 2 _____ | 5 _____ |
| 3 _____ | 6 _____ |

Briefly describe your social / cultural / religious activities with friends and with family:

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Have you participated in an exchange, camp or travel program without other family members? If yes, please describe:

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Please provide any information which you consider to be important to your success in the program.

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*Student's Name*

*Signature*

*Date*

*Parent(s)'s Name*

*Signature*

*Date*

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**CONDITIONS OF PARTICIPATION**


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**1. I/We consent to my child's participation in the 2010 ADVENTURE / MULTI-ACTIVITY PROGRAM.**

I/We understand that my submission of an application does not guarantee enrolment in the program.

**2. Deposits and Cancellation**

A deposit of \$500 is submitted with this application form, along with 2 postdated cheques: May 1 & Jun 1, \$1700 each.

→ \$250 of the deposit is non-refundable; the remainder of the deposit is non-refundable 30 days before program start.

→ All monies are refunded if space is not available; applications received before May 1 will be given first priority.

**3. Program Requirements**

I/We understand that participants in this program must be sufficiently fit both mentally and physically. All activities will be supervised by professional staff and instructors to ensure maximum safety. I/We understand that details of medical history and health conditions will be required; a Health Form will be provided for completion by a medical practitioner.

**4. Medical and Dental Care**

I/We understand that the program fee includes emergency medical insurance. I/We authorize all medical and dental attention for my child judged necessary by medical authorities and/or supervisors in the host country in the event of an accident or serious illness. I/We understand that every attempt will be made to reach me by telephone in case of emergency.

**5. Exclusion of Liability**

I/We clearly understand that the Centre staff and instructors, the program 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.

**6. Group Travel**

I/WE UNDERSTAND THAT MY/OUR CHILD MUST TRAVEL TO AND RETURN FROM THE HOST COUNTRY WITH THE PROGRAM GROUP, WITHOUT EXCEPTION.

- All exchange students require a passport and applications should be submitted as soon as possible to allow sufficient time for processing.
- Students who have a non-Canadian passport must contact the ISE Ontario office regarding possible additional documentation requirements.

**7. Travel in the Host Country**

I/WE UNDERSTAND THAT TRAVEL DURING THE PROGRAM IS RESTRICTED TO EXCURSIONS WITH THE PROGRAM GROUP AND CENTRE STAFF. REQUESTS FOR INDEPENDENT TRAVEL DURING THE PROGRAM WILL NOT BE CONSIDERED.

**8. Expulsion from the Program**

The exchange program authorities reserve the right to immediately withdraw a student from the program and arrange for early return home, with no liability or expense to the program authorities, for any of the following reasons without exception:

- A withholding information and / or failure to disclose true and accurate facts on the application form
- B illegal possession or use of drugs or abuse of alcohol
- C failure to accept the authority of the program officials
- D failure to be punctual and attend group activities and excursions as scheduled
- E failure to comply with the rules of the student residence
- F driving a motorized vehicle OR Hitch-hiking
- G undertaking independent travel, that is not with the program group
- H breaking the law of the host country without limitation, shoplifting
- I failure to abide by the Conditions of Participation

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**I/WE HAVE READ AND REVIEWED ALL THE ABOVE TERMS AND CONDITIONS OF PARTICIPATION.  
I/WE UNDERSTAND AND AGREE TO ABIDE BY THEM.**

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*Name of Participating Student*

*Signature*

*Date*

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

*Signature*

*Date*