

INTERNATIONAL STUDENT EXCHANGE - ONTARIO

ADVENTURE PROGRAMS ABROAD : 2010

JULY IN CANNES, FRANCE

MARCH BREAK IN COSTA RICA

COURSE 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 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 _____ Language(s) Studied / Number of Years _____

Guidance / Student Services Contact Person _____

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 • for FRANCE : deposit of \$500 and 2 postdated cheques; May 1 & Jun 1, \$1700 each
• for COSTA RICA: deposit of \$500 and 2 postdated cheques; Dec 1 & Feb 1, \$1200 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; apply early!

★ 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:

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

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

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

Must you be hosted in a non-smoking home? Yes _____ No _____

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:

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

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

Student's Name

Signature

Date

Parent(s)'s Name

Signature

Date

CONDITIONS OF PARTICIPATION

1. I/We consent to my child's participation in the 2010 ADVENTURE PROGRAM ABROAD.

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:

- for FRANCE: May 1 & Jun 1, \$1700 each
- for COSTA RICA: December 1 & February 1, \$1200 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

All cheques are payable to ISE ONTARIO.

3. Exclusion of Liability

I/We clearly understand that my child's host family (France only), 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.

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 in the host country or the host family (France only) 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. Group Travel

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

6. Travelling in the Host Country

I/WE UNDERSTAND THAT TRAVELLING DURING THE EXCHANGE PROGRAM IS RESTRICTED TO EXCURSIONS WITH THE PROGRAM GROUP OR HOST FAMILY (FRANCE ONLY). WHERE SUCH EXCURSIONS INVOLVE TRAVELING OUTSIDE THE HOST COUNTRY, A LETTER OF AUTHORIZATION FROM THE ONTARIO PARENTS WILL BE REQUESTED.

7. 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 attend and be on time for classes and group activities as scheduled
- E failure to comply with the rules of the student residence or host family (France only)
- F driving a motorized vehicle OR Hitch-hiking
- G undertaking independent travel, that is not with the program group (or with the host family in France)
- H breaking the law of the host country without limitation, shoplifting
- I failure to abide by the Conditions of Participation.

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

Name of Participating Student

Signature

Date

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

Signature

Date
