

INTERNATIONAL STUDENT EXCHANGE - ONTARIO

INSTRUCTIONS AND CHECK LIST FOR COMPLETION OF THIS APPLICATION FORM:

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 the information provided, and your 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.

★ WHEN SUBMITTING YOUR APPLICATION PLEASE INCLUDE:

- ① the original **Exchange Request / Recommendation Form**
- ② the **original Application Form** completed as follows:
 - all questions on pages 1 to 4 written and answered by you
 - all questions on pages 7 and 8 written and answered by your parents
 - signatures on page 8 (parent), and page 9 (both you and a parent)
 - three photos signed on the back and taped this page
 - eight pictures as described on page 5
- ➔ **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 **TWO photocopies** of the completed application form, pages 1 to 9
- ④ **\$550 deposit (payable to ISE Ontario)**
- ⑤ **Two postdated cheques: May 1 & June 1** → \$1050 for all destinations

THREE (3)

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

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.
- ★ Send the complete application package to: **ISE ONTARIO
Suite 486, 65 Cedar Pointe Drive
Barrie ON L4N 9R3**

SUMMER EXCHANGE EXPERIENCE 2012

FRANCE

SPAIN

SWITZERLAND

PLEASE TYPE OR PRINT IN **BLACK INK.**

Pages 1 to 4 must be completed **BY THE STUDENT.**

Legal Surname	Legal Given Names (no abbreviations please)	Middle Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female						
<table border="1"> <tr> <td>Mailing Address: Civic Number, Street, PO Box, RR</td> <td>House Address IF DIFFERENT from Mailing Address:</td> </tr> <tr> <td>Town / City</td> <td>Civic Number, Street / Road Name OR Concession</td> </tr> <tr> <td>Postal Code</td> <td>Township OR Town OR City</td> </tr> </table>		Mailing Address: Civic Number, Street, PO Box, RR	House Address IF DIFFERENT from Mailing Address:	Town / City	Civic Number, Street / Road Name OR Concession	Postal Code	Township OR Town OR City	Height: _____ CM (inches X 2.54 = cm)	Weight: _____ KG (pounds X 0.45 = kg)
Mailing Address: Civic Number, Street, PO Box, RR	House Address IF DIFFERENT from Mailing Address:								
Town / City	Civic Number, Street / Road Name OR Concession								
Postal Code	Township OR Town OR City								
(Area Code) Telephone Number	Fax Number	E-mail Address							

Religious Affiliation	Practising <input type="checkbox"/> Yes <input type="checkbox"/> No	MUST you attend services? <input type="checkbox"/> Yes <input type="checkbox"/> 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 to nearest city / town (if applicable) _____

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

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.

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

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.

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 any special eating habits? Yes No If yes, give details (e.g. 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 usually employed during the school year? Yes No during the summer? Yes No

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

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

IT IS EXPECTED THAT YOU WILL NOT BE EMPLOYED DURING THE HOSTING PERIOD.

6. INTERESTS AND ACTIVITIES

A. Which of the following best describes you? (Pick **one or two** only.) 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 _____

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**.

SPORTS (participating)	Total hours per week: _____ (approx.)
_____	_____
_____	_____
MUSIC (playing, singing) / THE ARTS (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 OR in your community:

A. musical instruments / activities (list) _____

B. athletic activities / facilities (list) _____

13. Write a letter to your exchange partner describing your personality, values, priorities; expectations for this exchange; family life; friends and relationships. Describe the activities that you and your family plan to do with your partner while he/she is in Ontario. Please avoid the use of slang, jargon or abbreviations.

Dear Exchange Partner,

Please attach with tape and label **EIGHT** *colour photographs as follows:

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

- ➔ **FOUR pictures of your home:** the exterior, the interior, the bedroom for your partner, the bathroom
- ➔ **FOUR other pictures:** your family, your friends, your pets ...

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.

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

-
-
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.

-
-
4. Describe the family activities and excursions that you are planning during the hosting period.

ISE ONTARIO STUDENT EXCHANGE PROGRAMS**CONDITIONS OF PARTICIPATION**

- 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, and a warm, safe and friendly atmosphere; 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; 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 TRAVEL DURING THE EXCHANGE PROGRAM IS RESTRICTED TO EXCURSIONS WITH THE HOST FAMILY, WITHOUT EXCEPTION. WHERE SUCH EXCURSIONS INVOLVE TRAVEL OUTSIDE THE HOST COUNTRY, A LETTER OF AUTHORIZATION FROM THE NATURAL PARENT 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
 - failure to accept the 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 family
 - 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

Summer 2012

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