



INTERNATIONAL STUDENT APPLICATION FOR PRIVATE SCHOOL PROGRAM USA

SECTION 1: PERSONAL INFORMATION

FAMILY NAME: _____

GIVEN NAME(S): _____

DATE OF BIRTH: (Month/Day/Year) _____ GENDER: _____

ADDRESS: _____

ADDRESS: _____

CITY: _____ STATE OR PROVINCE: _____ COUNTRY: _____

POSTAL CODE: _____ TEL. NUMBER: _____

NATIONALITY: _____ COUNTRY OF BIRTH: _____

PASSPORT EXPIRATION: (MM/DD/YR) _____ PASSPORT NUMBER _____

GRADE LEVEL COMPLETED IN HOME COUNTRY _____

SECTION 2: SCHOOL SELECTION

SCHOOL CHOICE: _____ GRADE LEVEL APPLYING FOR: _____

ENGLISH EXAM TYPE: _____ EXAM SCORE: _____

SKYPE OR WE CHAT ID: _____

SECTION 3: PARENTAL INFORMATION

I. FATHER:

FAMILY NAME: _____

GIVEN NAME(S): _____

DATE OF BIRTH: (Month/Day/Year) _____ OCCUPATION: _____

BUSINESS PHONE: _____ MOBILE PHONE: _____

II. MOTHER:

FAMILY NAME: _____

GIVEN NAME(S): _____

DATE OF BIRTH: (Month/Day/Year) _____ OCCUPATION: _____

BUSINESS PHONE: _____ MOBILE PHONE: _____

III. SIBLING (IF APPLICABLE)

FAMILY NAME: _____

GIVEN NAME(S): _____

DATE OF BIRTH: (Month/Day/Year) _____ OCCUPATION: _____

HOME PHONE: _____ MOBILE PHONE: _____

IV. SIBLING (IF APPLICABLE)

FAMILY NAME: _____

GIVEN NAME(S): _____

DATE OF BIRTH: (Month/Day/Year) _____ OCCUPATION: _____

HOME PHONE: _____ MOBILE PHONE: _____

SECTION 4. LEISURE AND ATHLETIC INTERESTS

LEISURE

- Art Exhibition Dance Cinema Music Computer Diving
 Fashion Hiking Horse Riding Travel Photography
 Visiting Museums Others _____

ATHLETICS

- Tennis Athletics Baseball Camping Fishing Golf
 Hockey Badminton Snow Skiing Soccer Exercising
 Swimming Tennis Volley ball Others _____

SECTION 5. PERSONAL INFORMATION

HAVE YOU EVER LIVED OR TRAVELLED OUTSIDE OF YOUR COUNTRY? _____

IF SO, WHERE? _____

ARE YOU A MEMBER OF ANY CLUBS? _____

IF SO, PLEASE LIST? _____

DO YOU PLAY ANY MUSICAL INSTRUMENTS? _____

IF SO, PLEASE LIST? _____

SECTION 6. FOOD AND OTHER PREFERENCES

ARE THERE ANY FOODS YOU CANNOT EAT? _____

IF SO, PLEASE LIST? _____

ARE THERE ANY FOODS YOU STRONGLY DISLIKE? _____

IF SO, PLEASE LIST? _____

PLEASE LIST SOME FOODS YOU ENJOY? _____

SECTION 7. FOR HOMESTAY APPLICANTS ONLY

WOULD YOU LIVE WITH A FAMILY WITH YOUNG CHILDREN? _____

WOULD YOU LIVE WITH A FAMILY WITH TEENAGE CHILDREN? _____

WOULD YOU LIVE WITH A FAMILY WITH PETS? _____

SECTION 8. LANGUAGE

WHAT LANGUAGE DO YOU SPEAK AT HOME? _____

WHAT FOREIGN LANGUAGES DO YOU SPEAK ? _____

HOW MANY YEARS HAVE YOU STUDIED ENGLISH? _____

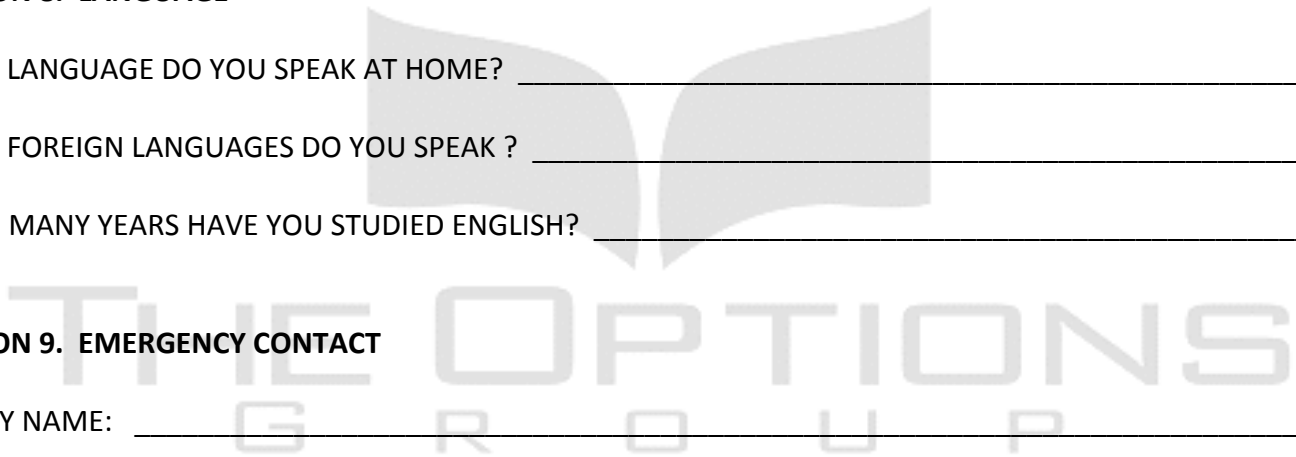
SECTION 9. EMERGENCY CONTACT

FAMILY NAME: _____

GIVEN NAME(S): _____

DATE OF BIRTH: (Month/Day/Year) _____ OCCUPATION: _____

RELATIONSHIP TO STUDENT: _____ MOBILE PHONE: _____



SECTION 10. EMERGENCY CONTACT MEDICAL INFORMATION

Student Name: _____ Date of Birth: ____ / ____ / ____
MM DD YEAR

PHYSICAL EXAMINATION OF STUDENT

(This examination is to be done by a Medical Doctor and completed in English.)

Height _____ Weight _____ Blood Pressure _____ Pulse _____

Visual Acuity

Hearing

(Without Correction) R ____ / ____ L ____ / ____ R ____ / ____ L ____ / ____

(With Correction) R ____ / ____ L ____ / ____ R ____ / ____ L ____ / ____

Respiratory System _____ Cardiovascular System _____

Neurological System _____ Musculoskeletal System _____

Urinalysis S.B. _____ Alb _____ Sugar _____ Micro _____

E.N.T. _____ Liver _____ Spleen _____

Abdomen _____ Skin _____ Genitals _____

Allergies? YES NO If yes, please explain _____

Students are only allowed to bring medications prescribed by their doctor. Please explain clearly, in English, what medications the student needs while on the program: _____

Is this student physically able to participate in sports? YES NO

STUDENT'S MEDICAL HISTORY

Please mark answer yes or no

If you answered "yes", please explain to the right.

	Yes	No	Explanation
Kidney Disease	_____	_____	_____
Congenital anomalies	_____	_____	_____
Neurological disorders	_____	_____	_____
Eye problems	_____	_____	_____
Hospitalization	_____	_____	_____
Pulmonary disease	_____	_____	_____
Cardiac disease	_____	_____	_____
Endocrine disorder	_____	_____	_____
Eating disorder	_____	_____	_____
Menstrual disorder	_____	_____	_____
Orthopedic problems	_____	_____	_____
Convulsions	_____	_____	_____
Operations	_____	_____	_____
Mental disorders	_____	_____	_____
ADD or ADHD	_____	_____	_____
Depression	_____	_____	_____

Section 11: IMMUNIZATION RECORD All immunizations must be completed before student arrives in the U.S.

Student Name: _____

Date of Birth: ___/___/___

Vaccine Give date each dose given	1st	2nd	3rd	4th	5th
Polio (TOPV)	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
DTaP and/or TD (Diphtheria Tetanus & Pertussis) OR (Tetanus and Diphtheria)	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
Measles (Rubeola/10 day/red)	___/___/___	___/___/___	If no immunization, give date when student had measles ___/___/___		
Rubella (German, 3 day)	___/___/___	___/___/___	If no immunization, give date when student had rubella ___/___/___		
Mumps	___/___/___	___/___/___	If no immunization, give date when student had mumps ___/___/___		
Hepatitis A	___/___/___	___/___/___			
Hepatitis B	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
Varicella (Chicken Pox)	___/___/___	___/___/___	If no immunization, give date when student has chicken pox ___/___/___		
Meningococcal	___/___/___				

IMMUNIZATIONS REQUIRED FOR SCHOOL ADMISSION INTO AMERICAN HIGH SCHOOLS

1. **Polio** (trivalent Oral-TOPV) : 3 doses administered under 3 years of age - additional dose required if 3rd dose administered over 3 years of age
2. **Diphtheria-Tetanus-Pertussis (DTaP)** : at least 4 doses; booster required within past 5 years
Or
Tetanus and Diphtheria (Td) : at least 3 doses
3. **Measles** (Rubella, 10--day) : two doses on or after one year of age OR laboratory-confirmed disease verified by a physician plus one dose
4. **Rubella** (German measles, 3-day) : two doses on or after one year of age OR laboratory-confirmed disease verified by a physician plus one dose
5. **Mumps** vaccine : two doses on or after one year of age OR laboratory-confirmed disease verified by a physician plus one dose
6. **Hepatitis A** : two doses
7. **Hepatitis B** : three doses recommended
8. **Varicella** (Chicken Pox) : two doses to persons without evidence of immunity
9. **Meningococcal** : one dose at age 11-12 years or to unvaccinated adolescents at high school entry (approximately age 15)

Tuberculosis (TB) Skin Test Date: ___/___/___ Results: ___ Positive ___ Negative **OR** BCG Test Date: ___/___/___
(MUST be within past six months)

Please explain any positive reaction and follow-up: _____

I, the undersigned, have given a thorough physical examination and reviewed the medical history of this student. I certify that all important medical information has been included, and that the above information is complete and accurate.

Physician's Signature: _____ Date: _____

Physician's Name: _____

Physician's Address: _____

SECTION 12. TERMS, CONDITIONS AND LIABILITY RELEASE

The Undersigned, as parents or legal guardians of a student in a program organized and directed by The Options Group on behalf of ourselves and our successors or legal representatives, unconditionally renounce any claim against The Options Group, its employees or partners or partner schools where the student may be assigned, or any person intervening in the program, that may arise due to injury, damage, sickness, accident, delay, unusual circumstances, theft or expenses due to strikes, war, atmospheric conditions, quarantine, government restrictions, theft, or regulations, or those derived from acts of omission of airlines, shipping companies, railroads, buses, transportation in general, hotels, restaurants, or any other service given by companies, individuals or anyone related with the aforementioned. In sum, we hereby agree to indemnify and save and hold harmless the Options Group and each of employees of the Options Group from any loss, liability, damage, or cost that a student may incur arising out of or related to enrollment in a US private High School. The parents and student assumes full responsibility for any risk of bodily injury, death or property damage or loss arising out of or related to studying or traveling in the US, whether caused by the negligence of the Options Group or otherwise. We also release the Options Group and/or partner agencies for all discrepancies and inaccuracies related marketing material for a particular school. School locations, available course, activities, athletics, etc.; are subject to change and are acknowledged to be beyond the control of the Options Group or its partners. We understand that the student will be subject to the authorities and teachers of the school where he/she may live and that all matters involving the student's enrollment shall also be governed by the school's enrollment policies and agreement in addition to those of the Options Group. We also state that the information provided with this application is truthful and the school transcripts and examination score reports are legitimate documents and have not been altered, amended or forged in any manner. If it is discovered post placement that information is inaccurate or the result of forgery, a student's participation in this program will be cancelled and will not be eligible for any refund or additional services provided by the Options Group and may be expelled in accordance with the school in which the student has been accepted or is in attendance. We also understand that The Options Group or the school reserves the right to terminate a student's participation in the program of any student whose conduct may be considered detrimental or incompatible with the interest and security of the program. If this decision is ever taken, the student and his/her parents or legal guardians will have no right to any refunds whatsoever. All refund decisions made by the Options Group are final. We the parents, student and/or legal guardians renounce all rights in the United States or elsewhere to undertake legal action or seek mediation or arbitration to resolve a refund or program termination dispute. We also free acknowledge that if, we the parent or student elect to initiate legal action against the Options Group and/or one of its employees, the parents and/or legal guardians shall be fully responsible for all court and legal fees incurred by the Options Group as part of its enforcement and/or defense of this agreement. We accept the right of The Options Group to, directly or indirectly, cancel, change, or substitute in emergencies, or whenever normal circumstances change, those parts of the program whose alterations may be considered necessary. We understand that should there be a geographic move of the student for any reason whatsoever the cost of transportation shall be borne by the student entirely. We also understand that the Options Group does not provide supervisory services or act as a guardian during a student's enrollment in the USA. We understand that the initial non-refundable deposit due with the student application is entirely non-refundable and without regard to placement outcome or acceptance at a particular school and no guarantees for acceptance at a US school have been made. I further understand that for those schools, which require an additional deposit to release an I-20, the refund of that additional deposit is governed by the terms and conditions of that Private School exclusively and we the parents and students release the Options Group from all liability concerning school refund decisions. Should an Options Group participant cancel program participation prior to arrival in the US, after receiving the I-20 and having made full payment to the Options Group, refunds will be issued in accordance with the terms and conditions by the school issued the I-20 and the Options Group shall levy a cancellation fee as well. In the event a student is a denied a visa and does not arrive in the US, refund decisions will be at the discretion of the partner school in the USA and the Options Group. Written proof of F-1 visa denial will be required. We also acknowledge and understand that no refunds whatsoever for any reason or cause, will be granted once a student arrives in the United States. We further understand and acknowledge that the Options Group assesses a program fee

for its services, which may also include an agent commission payable to agency used by the student in his or her home country. Accordingly, Options Group prices are inclusive of these fees and are not identical to the prices charged by the school(s) directly.

I/We have read and understood the enclosed Liability Release and agree to abide the terms and conditions outlined therein. We further accept and acknowledge, all assumption of risk and indemnity, fully understand its terms, and understand that I have given up substantial rights by signing it, and have signed it freely and voluntarily without any inducement, assurance or guarantee being made to me and intend my signature to be a complete and unconditional release of the Options Group of all liability to the greatest extent allowed by law in the United States or elsewhere. (Please sign in both English and Native Language Script)

Parent signature: _____ Date: _____

Parent Print Name: _____

Parent signature: _____ Date: _____

Parent Print Name: _____

Student signature: _____ Date: _____

Student Print Name: _____

Section 13. MEDICAL

We grant The Options Group, its employees or agent, the school where the student may be assigned, and the host family or families with whom he/she may live that, at their discretion, and if necessary, at the cost of the participant or his/her parents or legal guardians - in the case of expenses exceeding the coverage of the insurance policy covering the student - the power to place him/her under the care of a local medical doctor for his/her treatment.

We also grant The Option Group, the school where the student may be assigned, and the host family or families with whom he/she may live, all necessary permissions to act as legal guardians and "in loco parent is" in any situation, especially in emergencies, whether medical or other, including the possibility of permission for surgical operations or any other treatment.

We also authorize The Options Group, the school where the student may be assigned, and the host family or families with whom he/she may live, to return him/her to his/her country of origin at his/her own cost or that of his/her parents or legal guardians, if necessary, to submit to medical treatment, if this is deemed necessary by the above mentioned people, after consultation with medical authorities. We confirm that at the time of signing this document, the student enjoys perfect health, and that his/her health record enclosed herewith is true and complete.

We also grant The Options Group, its employees or agent, the school where the student may be assigned, and the family or families with whom he or she may live, permission to act on our behalf in anything pertaining to possible representation before the local authorities. We also understand that all matters or disputes concerning health insurance coverage, is solely between the student and the insurance provider. The Options Group is bears no responsibility or involvement in resolving coverage claims or disputes.

We the parents release the Options Group from all liability and responsibility

This authorization shall be valid for the entire duration of The Options Group program in which the student is participating.

I/We have read and understood the enclosed Medical Release and agree to abide the terms and conditions outlined therein.

Parent signature: _____ Date: _____

Parent Print Name: _____

Parent signature: _____ Date: _____

Parent Print Name: _____

Student signature: _____ Date: _____

Student Print Name: _____

SECTION 14: PROGRAM RULES AND TERMINATION

While in the United States, students must obey all federal, state, and local laws, as well as the rules set by the school, host family and The Options Group. The Options Group expects students to adjust to the family, school and community in which they have been placed. It is important to understand that there is no perfect host family, school or community. As an Options Group program participant, you should be prepared to accept your placement, make every effort to become a member of the host family or residence hall and community, and participate successfully in the academic portion of the Private High School Program.

- Drinking of alcoholic beverages is prohibited.
- Illegal use of drugs is prohibited.
- Complying with all host family or residence hall rules is obligatory.
- Complying with all school rules.
- Students will be permitted and eligible to re-enroll at an Options Group Partner school for an additional year only as a registered participant in the Options Group Private High School program.

The Options Group reserves the right to terminate program participation for the violation of any program rules and/or when a student's mental, emotional, psychological and/or physical health as determined by The Options Group is in danger or jeopardy. We, the participant and his/her parents, have read and understood all of the above. As a participant, I agree to obey these rules. I understand that disobeying the policies as stated and agreed to in this application will result in my termination from the program, loss of full program fees and return to my home country at my own expense. I also affirm and understand that no refunds of school fees, accommodation, or any fees including placement will be granted post arrival in the US or on or after the start date on the I-20, whichever comes first. If a US school for which he or she attends expels the student, this will also result in the termination of all services by the Options Group. Insurance coverage shall also be terminated effective immediately upon school or program expulsion.

I/We have read and understood the enclosed agreements and agree to abide the Program Termination conditions outlined therein.

Parent signature: _____ Date: _____

Parent Print Name: _____

Parent signature: _____ Date: _____

Parent Print Name: _____

Student signature: _____ Date: _____

Student Print Name: _____

SECTION 15. SCHOOL RECORDS

To comply with The Options Group Program Rules for students, liability release, and federal regulations requiring international students to have financial sponsorship by a designated party, namely The Options Group, we, the undersigned parent and student, grant The Options Group access to transcripts, host family information, grades, syllabuses, and/or course schedules and allow The Options Group to complete and sign applications and admission documents on the student and parents behalf.

I/We have read and understood the enclosed School Records and agree to abide the terms and conditions outlined therein.

Parent signature: _____ Date: _____

Parent Print Name: _____

Parent signature: _____ Date: _____

Parent Print Name: _____

Student signature: _____ Date: _____

Student Print Name: _____