

International Friendship Committee

Application to Study Abroad for Junior Year

PLEASE TYPE or PRINT CLEARLY in ink (NO PENCIL) - ILLEGIBLE PRINTING WILL NULLIFY THIS APPLICATION

PLEASE INDICATE COUNTRY YOU ARE APPLYING FOR: _____

WOULD YOU BE WILLING TO ACCEPT ANOTHER COUNTRY? ____ Yes ____ No

Are you a United States citizen? ____ Yes ____ No (If no, do not continue. We cannot accept your application.)

Name _____

Address _____
Street and Number Town State Zip Code

Phone () _____ Passport Number _____

Email Address: _____

Confirm Email Address: _____

Date of Birth _____ Place of Birth _____
(Month/Day/Year)

I am a member of North Penn High School Class of _____

Name of Sibling(s)	Age
_____	_____
_____	_____
_____	_____
_____	_____

Father's Name _____

Birthplace _____

Occupation _____ Phone number () _____

Present Address _____

Email Address: _____

Confirm Email Address: _____

Mother's Name _____

Birthplace _____

Occupation _____ Phone Number () _____

Present Address _____

Email Address: _____

Confirm Email Address: _____

With whom do you live? ____ both parents ____ mother ____ father ____ other (please explain)

What foreign language are you currently studying? _____ Number of years? _____

Other languages you have studied? _____

Which sports, if any, do you participate in? _____

In which clubs or groups do you participate? _____

What leadership positions do you hold or have held in such groups? (Describe fully)

Person to be notified in emergency:

Name _____ Relationship _____

Address _____ Phone () _____

Name _____ Relationship _____

Address _____ Phone () _____

What foreign language are you currently studying? _____ Number of years? _____

Other languages you have studied? _____

Which sports, if any, do you participate in? _____

In which clubs or groups do you participate? _____

What leadership positions do you hold or have held in such groups? (Describe fully)

What, if any, is your religious affiliation? _____

How often do you attend services? Regularly Occasionally Seldom Never

Your host family may attend different services than your own. Would you be willing to attend with them?

_____ Any comments? _____

Do you have any dietary restrictions? If so, please explain: _____

If your dietary restrictions are self-imposed, how willing would you be to cooperate with a host family that has different eating habits? _____

Do you like to try new foods or do you prefer to stick with a few standard items? Explain: _____

Are you allergic to animals? _____ If so, to what? _____

Do you have any other allergies? _____ If so, to what? _____

Are you taking medications for allergies? _____ If so, what medication? _____

What summer jobs or work responsibilities have you held outside your home?

Have you ever lived abroad? _____ Have you ever traveled abroad? _____

If so, give dates, lengths of stay, places, and associated group (e.g. school, family, clubs)

What do you do during summer vacation? _____

What are your special interests (e.g. music, painting, dancing, etc.) _____

Do you smoke? _____ If so, would you be willing to give it up? _____

Attach to this application all of the following:

1. a “self portrait” written by you - tell us about yourself, your family life, people who have particularly influenced you, experiences that have made an impact on your life, etc.. (This is our first introduction to you, so please provide us with some nice details.)
 - What is really important to you?
 - What are you looking forward to the most in your year abroad and why?
 - What do you think you will miss the most and why?
 - What are your reasons for wishing to study abroad?
 - What are your future academic and professional plans?
2. an official NPHS transcript to this application
3. recommendations by all major subject teachers
4. one official passport/school pictures
5. five candid pictures that tell about yourself and your interests

I affirm that all this information on this application is true.

Applicant's printed name _____

Applicant's signature _____ Date _____

With my/our signature(s), we support our child's candidacy to be selected to study abroad and attest to the veracity of the information contained herein.

Parent/Guardian signature _____ Date _____

Parent/Guardian signature _____ Date _____

RESPONSIBILITY FORM - STUDENT

Name _____

Please initial each statement to indicate your agreement.

Student Parent

- _____ _____ I understand that I am required to attend school regularly and give my best efforts academically.
- _____ _____ I agree to accept and abide by decisions made in my best interest by my host parents and school.
- _____ _____ I agree that I will not use any illegal drugs, be in possession of drugs, or have close relationships with others who use drugs.
- _____ _____ I agree that I will drink alcoholic beverages responsibly and in accordance with local law and my host family's guidelines.
- _____ _____ I agree that I will not drive a car, motorcycle, or any other vehicle that requires a license.
- _____ _____ I understand that I am not permitted to hitchhike while I am an exchange student.
- _____ _____ I understand that I am not permitted to be employed while an exchange student.
- _____ _____ I agree to abide by decisions made on my behalf by the local International Friendship Committee (IFC), AFS, or YFU.
- _____ _____ I will not apply for a license to hunt, nor will I engage in using a firearm.
- _____ _____ I understand that it is my responsibility to inform both the North Penn IFC and the host country's IFC (and AFS or YFU, if applicable) of plans to travel with my host family or school group while abroad.
- _____ _____ I understand that trips not in the company of my host family or not sponsored by the school can only be undertaken by: (a) procuring written permission from my natural parents and the agreement of my host family and host school, and; (b) after notifying the International Friendship Committee, AFS or YFU of the host country at least two weeks in advance of the trip. I understand that the International Friendship Committee reserves the right to impose restrictions or forbid such travel.
- _____ _____ I understand that any behavior which goes against the expectations of NPSD, the host school and the North Penn IFC could result in my year abroad being terminated. Should this occur, I agree that I will reimburse the IFC for their expenses and pay for my own flight back to North Penn.

Student signature _____ Date _____

Parent/Guardian signature _____ Date _____

Parent/Guardian signature _____ Date _____

RESPONSIBILITY FORM – PARENTS

Please initial each statement to indicate your agreement.

Parent Parent

- ____ ____ I will arrange for my son/daughter to have all necessary dental work done before leaving the country.
- ____ ____ I will arrange for my son/daughter to have health and accident insurance coverage for the duration of the time that he/she is abroad.
- ____ ____ I have read and agree with all of the statements on the "RESPONSIBILITY FORM - STUDENT."
- ____ ____ I agree that my son/daughter will abide by decisions made on his/her behalf by the IFC/AFS/YFU or risk being sent home.
- ____ ____ I agree to reimburse the NPIFC for any expenses incurred, should my child's behavior cause a termination of the year abroad.
- ____ ____ I understand that the NPIFC discourages visits from the natural parents during the exchange student experience.

Parent/Guardian signature_____ Date_____

Parent/Guardian signature_____ Date_____

FINANCIAL ARRANGEMENTS: SENDING A STUDENT

Name of Student_____

Year Leaving_____ Year Returning_____

The following expenses will be paid by the North Penn International Friendship Committee:

1. Round-trip transportation to and from the hosting country
2. School-related trip(s) up to \$750 total
3. Monthly stipend of \$50 per month (for 10 months). This monthly stipend is contingent upon receiving a monthly report at the beginning of each month. The student will forfeit or reimburse the IFC for this stipend if he/she is not compliant with the submission of these reports.

The following expenses are the responsibilities of the student's family:

1. All required insurances:
 - a. Medical
 - b. Liability
 - c. Repatriation
2. All costs associated with obtaining the required visa.
3. Non-school-related trip(s) and emergencies.
4. Any travel expenses in the host country.

Student signature_____ Date_____

Parent/Guardian signature_____ Date_____

Parent/Guardian signature_____ Date_____

PERMISSION FOR EMERGENCY MEDICAL CARE

I, the parent of _____, who is a North Penn International Friendship Committee student abroad, hereby authorize the host parents of my son/daughter, or the responsible teacher of _____ (host school) to give permission for any medical or surgical care which should be necessary in case of emergency.

Signed _____ Date _____

CERTIFICATE OF INSURANCE

I, the parent of _____, a student in the North Penn International Friendship Program, confirm that I/we provide medical insurance coverage.

Company Name: _____

Policy number: _____

effective date: _____.

The insurance coverage is issued under the name of _____ (parent).

I have attached a copy of the insurance card in evidence of this insurance.

Signed _____ Date _____

PHYSICIAN'S STATEMENT

Student Name: _____

After examining this student, I find his/her physical condition to be good.

___ yes or ___ no

Do you have any concern that may prohibit the student from successfully living in another country as an exchange student for a year.

___ yes or ___ no

In my opinion he/she will be able to meet the emotional stress of adjusting to life in another country away from parents.

___ yes or ___ no

REMARKS: Please explain any concerns you might have with this student leaving home to study in a foreign country for a full school year. Please note any chronic condition(s) that the student has, any medication which is taken on a continuing basis, and any allergies.

CONDITIONS

MEDICATION

ALLERGIES

All applicants must have their physician complete the "Private or School Physical Examination Form. This form is found on the website www.northpennifc.org. The vaccine section of this form must be completely filled out by the physician if a vaccine record is not available from the physician's records. All vaccines listed are required by the Pennsylvania Department of Health and are required to be admitted to North Penn High School.

Physician Name _____ Date _____

DENTIST'S STATEMENT

After examining _____, I find his/her dental condition to be good. I see no obvious problems that will prohibit the student from living in another country as an exchange student for a year.

REMARKS:

Physician Name _____ Date _____

TEACHER RECOMMENDATION - required from each major course teacher

Students are expected to speak to each teacher in person to make the request for a recommendation to be written. (If you are too uncomfortable to speak to your teacher in person, please reconsider if you would do well living abroad for a year.) This suggested list of topics should be handed to the teacher at that time in print form, or emailed to the teacher directly following the in-person request. Do not delay! Please be sure to allow your teachers a few weeks to meet the application deadline.

Teachers:

In order to get a more complete idea of each candidate applying to study abroad for a full school year, the North Penn IFC requests a brief teacher recommendation commenting on the following areas:

- Academic achievement
- Personality
- Maturity
- Relationship with others
- Attendance
- Anecdotal information (both positive and negative) that would assist in our decision
- An overall rating of the candidate from 1-10 (1 as low, and 10 as high) Please consider how adaptable you might expect the student might be to new situations, challenges, new friend groups, etc.

Please return the teacher recommendation directly to the International Friendship Advisors. In writing to our mailboxes or via email at:

Michelle McLarnon
Donna Bondi

mclarnmr@npenn.org
bondid@npenn.org

Name of student _____

Name of writer _____

Title of writer _____ Date _____