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## STUDENT APPLICATION INSTRUCTIONS AND CHECKLIST

Student Name \_\_\_\_\_  
Family Name First Middle

Country \_\_\_\_\_ Partner Organization Abroad \_\_\_\_\_

Your application is a reflection of who you are and, therefore, extremely important to your placement with a host family in the United States. This checklist is provided for you to verify the completion of all necessary information and documentation.

1. Your application should be typed or printed legibly in black ink (except for the student profile which must be typed).
2. Your responses to the questions should be thoughtful, truthful and detailed.
3. Your letter written to the host family is a very important part of the application. Take time to compose it and to write legibly. Families often make their decision to host a particular student based on this letter.
4. Photographs are another very important part of your application. Host families will see your passport photo as part of your profile. Passport photos of a happy, smiling face can encourage a host family to select a particular student. Personal photographs of you with your family, relatives, friends, pets, etc. will also tell a great deal about who you are.

- Six (6) smiling, passport-type photos (approximately 2" x 2.5" or 4.5 x 6.26 cm)
- Student Profile (this form must be typed), pages 1-2
- Student Biographical Information, page 3
- Student Questionnaire, pages 4-5
- Student Letter to the Host Family, pages 6-8
- Parent Information and Comments, pages 9-10
- Student's Academic and Educational Information, page 11
- Academic Transcripts – Original Academic Transcripts **from the past 3 years** with English Translation and an explanation of grading scale, page 12
- School and English Recommendation, pages 13-14
- Interviewer Report, pages 15-16
- Medical Information and Inoculation Record, pages 17-18
- Nacel Open Door Academic Year and Semester Program Rules and Standards of Conduct, pages 19-21
- Nacel Open Door-USA Inbound Program Parent and Student Agreement, page 22-26
- Provide at least six (6) personal photographs which tell something about you and your family. Please include photographs of you with your family, relatives, friends, pets, etc. (Many students put several pages together to create a photo album for the host family.)



# STUDENT PROFILE

This form must be typed

## 1. PERSONAL DATA

Country \_\_\_\_\_

Applying for:  Academic Year (January to January)  Academic Year (August to June)  Fall Semester (August to January)  Winter Semester (January to June)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female  
Month Day Year

Student Name \_\_\_\_\_  
Family Name First Middle

Height \_\_\_\_ Weight \_\_\_\_ Citizenship \_\_\_\_\_

**PLEASE  
ATTACH A  
SMILING  
PICTURE  
HERE**

## 2. FAMILY INFORMATION

I currently live with my:  Mother  Father  Guardian

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Ages of Brothers \_\_\_\_\_ Ages of Sisters \_\_\_\_\_

## 3. a) INTERESTS/HOBBIES Place an "X" next to any interests which you have - also circle the 5 that interest you the most:

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Acting (Drama/Theater) | <input type="checkbox"/> Crafts                       | <input type="checkbox"/> Modern Dancing                 | <input type="checkbox"/> Religious Activity |
| <input type="checkbox"/> Art                    | <input type="checkbox"/> Current Events               | <input type="checkbox"/> Movies                         | <input type="checkbox"/> School Clubs       |
| <input type="checkbox"/> Astronomy              | <input type="checkbox"/> Environmental Issues         | <input type="checkbox"/> Museums                        | <input type="checkbox"/> Scouting           |
| <input type="checkbox"/> Auto Mechanics         | <input type="checkbox"/> Fishing                      | <input type="checkbox"/> Opera                          | <input type="checkbox"/> Singing (in Choir) |
| <input type="checkbox"/> Auto Racing            | <input type="checkbox"/> Forestry                     | <input type="checkbox"/> Painting/Drawing               | <input type="checkbox"/> Social Activities  |
| <input type="checkbox"/> Ballet                 | <input type="checkbox"/> Gardening                    | <input type="checkbox"/> Pets                           | <input type="checkbox"/> Sporting Events    |
| <input type="checkbox"/> Ballroom Dancing       | <input type="checkbox"/> Hunting                      | <input type="checkbox"/> Photography                    | <input type="checkbox"/> Stamp Collecting   |
| <input type="checkbox"/> Camping                | <input type="checkbox"/> Indoor Plants/Flowers        | <input type="checkbox"/> Political Activities           | <input type="checkbox"/> Television/Video   |
| <input type="checkbox"/> Ceramics/Pottery       | <input type="checkbox"/> Interior Design              | <input type="checkbox"/> Pop Concerts                   | <input type="checkbox"/> Theater            |
| <input type="checkbox"/> Chess                  | <input type="checkbox"/> Insect Collecting            | <input type="checkbox"/> Playing Indoor Games/Cards     | <input type="checkbox"/> Travel             |
| <input type="checkbox"/> Classical Concerts     | <input type="checkbox"/> Knitting/Sewing              | <input type="checkbox"/> Playing Musical Instruments(s) | <input type="checkbox"/> Video Games        |
| <input type="checkbox"/> Community Affairs      | <input type="checkbox"/> Listening to Classical Music | <input type="checkbox"/> Reading                        | <input type="checkbox"/> Writing            |
| <input type="checkbox"/> Computers              | <input type="checkbox"/> Listening to Pop. Music      |   | <input type="checkbox"/> Writing Letters    |
| <input type="checkbox"/> Cooking                |   |   |   |

Other/s \_\_\_\_\_

List your musical skills (instrument/s, voice) and rate them (E = Excellent; G = Good; F = Fair; P = Poor):

Instrument/Voice	Years studied	Years in Orchestra/Band/Choir	Rating
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**b) SPORTS** Place an "X" next to any athletics in which you participate - also circle the 5 that interest you the most:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Aerobics                | <input type="checkbox"/> Football (American)              | <input type="checkbox"/> Judo               | <input type="checkbox"/> Swimming        |
| <input type="checkbox"/> Archery                 | <input type="checkbox"/> Golf                             | <input type="checkbox"/> Martial Arts       | <input type="checkbox"/> Surfing         |
| <input type="checkbox"/> Badminton               | <input type="checkbox"/> Gymnastics                       | <input type="checkbox"/> Mountain Climbing  | <input type="checkbox"/> Table Tennis    |
| <input type="checkbox"/> Baseball/Softball       | <input type="checkbox"/> Handball                         | <input type="checkbox"/> Racquetball        | <input type="checkbox"/> Tennis          |
| <input type="checkbox"/> Basketball              | <input type="checkbox"/> Heavy Exercise/<br>Weightlifting | <input type="checkbox"/> Rugby              | <input type="checkbox"/> Track (Running) |
| <input type="checkbox"/> Boating                 | <input type="checkbox"/> Hiking/Backpacking               | <input type="checkbox"/> Sailing            | <input type="checkbox"/> Volleyball      |
| <input type="checkbox"/> Bowling                 | <input type="checkbox"/> Hockey (Ice)                     | <input type="checkbox"/> Skateboarding      | <input type="checkbox"/> Water Polo      |
| <input type="checkbox"/> Canoeing                | <input type="checkbox"/> Hockey (Field)                   | <input type="checkbox"/> Skiing (Downhill)  | <input type="checkbox"/> Water Skiing    |
| <input type="checkbox"/> Cross Country (Running) | <input type="checkbox"/> Horseback Riding                 | <input type="checkbox"/> Skiing (X-Country) | <input type="checkbox"/> Windsurfing     |
| <input type="checkbox"/> Cycling                 | <input type="checkbox"/> Ice-Skating                      | <input type="checkbox"/> Snowboarding       | <input type="checkbox"/> Wrestling       |
| <input type="checkbox"/> Darts                   | <input type="checkbox"/> Inline-Skating                   | <input type="checkbox"/> Soccer             |  |
| <input type="checkbox"/> Diving                  |   | <input type="checkbox"/> Squash             |  |

Other/s \_\_\_\_\_

List the sports which you practice regularly and rate your performance (E = Excellent; G = Good; F = Fair; P = Poor):

Sports	Years practiced	Frequency of practice	Rating
_____	_____	_____	_____
_____	_____	_____	_____

**c) IF GIVEN THE OPPORTUNITY, WOULD YOU LIKE TO PARTICIPATE IN SPORTS OR MUSIC PROGRAMS WHILE ABROAD?**

Yes  No If yes, please specify \_\_\_\_\_

**4. PLEASE TELL US ABOUT YOUR SINGLE MOST IMPORTANT INTEREST OR ACTIVITY IN WHICH YOU PARTICIPATE.**

\_\_\_\_\_

**5. HOW MANY YEARS OF ENGLISH LANGUAGE STUDY HAVE YOU HAD? \_\_\_\_\_**

Other Languages and Number of Years Studied \_\_\_\_\_

**6. SMOKING**

Do you smoke?  Yes  No

Do you understand that Nacel Open Door rules prohibit smoking during your exchange experience?  Yes  No

**7. HOW COMFORTABLE WOULD YOU BE LIVING IN A FAMILY WITH SMALL CHILDREN?**

Very Comfortable  Somewhat Comfortable  Not Comfortable  Don't know, but willing to try

**8. WOULD YOU BE WILLING TO LIVE WITH A SINGLE PERSON?  Yes  No**

**9. WOULD YOU AGREE TO LIVE IN A DOUBLE PLACEMENT**

**(SHARING YOUR HOST FAMILY WITH A STUDENT FROM ANOTHER COUNTRY)?  Yes  No**

**10. DO YOU HAVE ANY PETS AT HOME?  Yes  No**

Cats  Dogs  Others \_\_\_\_\_ If not, can you live in a home with pets?  Yes  No

**11. WHAT IS YOUR RELIGIOUS AFFILIATION? \_\_\_\_\_**

How often do you attend religious services?  more than once a week  weekly  occasionally  rarely

Would you be willing to participate in the religious activities of your host even if they are from a different faith?  Yes  No

Is it important for you to attend your own religious services during your stay?  Yes  No

**12. DO YOU HAVE ANY SPECIAL DIETARY REQUIREMENTS, ALLERGIES OR MEDICAL PROBLEMS?**

Yes  No If yes, please specify \_\_\_\_\_

**13. BRIEFLY DESCRIBE YOUR FUTURE CAREER GOALS. \_\_\_\_\_**

\_\_\_\_\_



# STUDENT BIOGRAPHICAL INFORMATION

Please Type or Print Legibly in Black Ink

Student Name (as printed in passport) \_\_\_\_\_  
Family Name First Middle

Name you are commonly called by, or "nickname" \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Student Email \_\_\_\_\_

Address \_\_\_\_\_  
Street

\_\_\_\_\_  
City State/Province Postal Code

\_\_\_\_\_  
Country Telephone Country Code City Code Number

Birthplace (as printed in passport) \_\_\_\_\_  
City Country Citizenship \_\_\_\_\_

Family Status: Check the following categories which apply to you.

**Father:**  Living  Deceased **Parents:**  Divorced  Separated

**Mother:**  Living  Deceased

**I live with:**  Mother  Father  Stepmother  Stepfather  Guardian

If living with stepparent or guardian, give name and occupation: \_\_\_\_\_

Please list the members of your immediate family:

<u>Relationship</u>	<u>Name</u>	<u>Age</u>	<u>At home?</u> (yes/no)	<u>Gender</u>
Father	_____	_____	_____	_____
Mother	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



## STUDENT QUESTIONNAIRE

To be completed in English by the participant

1. How do you feel your culture and society differ from American culture and society?

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2. Describe your relationship with your parents, brothers and sisters.

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3. Describe the activities you take part in with your family.

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4. What household chores/responsibilities do you have in your home?

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## STUDENT QUESTIONNAIRE (continued...)

5. Do you like being with younger children? What experience do you have being with them?

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6. What positive contribution can you bring to your host family and/or school?

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7. Please describe any dietary requirements you might have for religious or any other reasons.

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8. What are your academic and career goals? (If undecided, discuss the possibilities that you are considering.)

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**STUDENT LETTER TO THE HOST FAMILY (continued)**

A large, empty rectangular box with a thin black border, intended for the student to write their letter to the host family.



## STUDENT LETTER TO THE HOST FAMILY (continued)

A large, empty rectangular box with a thin black border, intended for the student to write their letter to the host family.



# PARENT INFORMATION AND COMMENTS

To be completed by the participant's parents.

Please type or print legibly in black ink.

Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Address

Address

Street

Street

City

City

State/Province

State/Province

Postal Code

Postal Code

Country

Country

Home Telephone Number

Home Telephone Number

Occupation/Title

Occupation/Title

Type of Business

Type of Business

Work Telephone Number

Work Telephone Number

Work Fax Number

Work Fax Number

E-mail Address

E-mail Address

DO YOU SPEAK ENGLISH?  Yes  No

DO YOU SPEAK ENGLISH?  Yes  No

## IMPORTANT NOTE REGARDING PRIVATE SCHOOL TUITION:

Most students will attend public high school, where there is no tuition fee. However, each year we have some host families whose own children attend a private school. Many of these families like their exchange student to attend the same school. Sometimes families are found who are willing to host, but only the private school in their area is willing to allow enrollment of foreign students. Would you be willing to consider paying the tuition fee for having your son or daughter attend a private school? (An affirmative answer does not obligate you to accept placement in a private school. Any placement requiring tuition will be presented to you for your approval through our partner office.)

- Yes, we will consider paying tuition
- No, we will not consider paying tuition

- Tuition Range:**
- \$500.00 to \$2,000.00 U.S.
  - \$2,000.00 to \$4,000.00 U.S.
  - \$4,000.00 to \$6,000.00 U.S.
  - Other Amount \_\_\_\_\_



## PARENT INFORMATION AND COMMENTS (continued)

1. Who in the family initiated the idea of your daughter's/son's participation in a high school exchange program?

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2. Please describe your son's or daughter's personal qualities and characteristics.

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3. Describe your relationship with your son or daughter.

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4. What responsibilities (chores, curfew, duties, etc.) does your daughter or son have as a member of your family?

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5. How does your daughter or son typically express frustration and/or anger? How does she/he handle problems?

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6. Please provide any additional information or describe any special circumstances regarding your daughter or son, which may assist the host family in preparing themselves for this experience.

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Mother's Signature

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Father's Signature

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Date



## STUDENT'S ACADEMIC AND EDUCATIONAL INFORMATION

To be completed by the participant.

1. How many years of school will you have completed before going to the United States (do **not** include kindergarten)? \_\_\_\_\_
2. How many years of high school will you have to complete in your own country upon your return from the United States? \_\_\_\_\_
3. Have you ever participated in a semester or academic year program in the United States as a secondary exchange student?  Yes     No
4. Have you ever attended school in the United States on an F-1 or J-1 visa?  Yes     No
5. What is your current grade level?  9th     10th     11th     12th     Other: \_\_\_\_\_
6. Will you have graduated before going to the United States?     Yes     No
7. Do you understand that you cannot expect to receive an American High School diploma while participating on the Nacel Open Door Program and that this decision is made only at the discretion of your American high school or school district office?  Yes     No
8. What is your favorite subject in school? \_\_\_\_\_
9. What is your least favorite subject in school? \_\_\_\_\_
10. Do you intend to go to university?  Yes     No  
If yes, what do you intend to study? \_\_\_\_\_
11. List below the foreign language(s) you have studied, and rate your ability using E=excellent, G=good, F=fair, and P=poor.

<u>Language</u>	<u>Years Studied</u>	<b>RATINGS</b>			
		<u>Reading</u>	<u>Writing</u>	<u>Speaking</u>	<u>Listening</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

10. Describe briefly your past foreign travel and other international experiences, if any. Indicate whether you travelled with or without your family.

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11. What do you expect to gain from your participation in an academic program abroad?

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# ACADEMIC TRANSCRIPTS ENGLISH TRANSLATION

**To be completed by School official. Please type or print in black ink.**

Student Name \_\_\_\_\_ Country \_\_\_\_\_  
Family Name First Middle

School Official's Name \_\_\_\_\_ Title \_\_\_\_\_

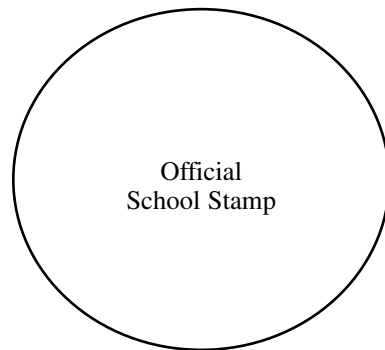
School Official's Signature \_\_\_\_\_

Recommended American grade-level placement (no guarantee can be made for such placement)  9th  10th  11th  12th

Indicate the student's academic standing in his/her class:  Top ten percent (10%)  Top quarter (25%)  Top half (50%)  Other \_\_\_\_\_

Please list, in English, your country's grading scale next to the corresponding American grade listed on the left:

<u>American System</u>	<u>Country's Equivalent</u>	<u>Comments and/or Explanations</u>
Excellent = A	_____	_____
Above Average = B	_____	_____
Average = C	_____	_____
Below Average =D	_____	_____
Failing = F	_____	_____



Please type or print, in English, the course taken and the American Equivalent Level for the past three years, as well as current courses. If final grades are not available, list most recent marks. **Attach original school transcripts for the 3 years listed below.**

Year 20____ / ____	Amer. Equiv. Level	Hours/Week	Final Grade
Course			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Year 20____ / ____	Amer. Equiv. Level	Hours/Week	Final Grade
Course			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Year 20____ / ____	Amer. Equiv. Level	Hours/Week	Final Grade
Course			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Year 20____ / ____	Amer. Equiv. Level	Hours/Week	Final Grade
Course			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



# SCHOOL RECOMMENDATION

Student Name \_\_\_\_\_ Country \_\_\_\_\_  
Family Name First Middle

The above student has applied to participate in either our Fall Semester, Winter Semester or School Year program in the United States, which will involve living with a host family and attending a local high school. It is important that participants be willing and able to live away from home for this length of time. We wish to provide this opportunity to students who will benefit the most from the experience. Your advice will be a helpful factor. Upon the candidate's acceptance, this recommendation will become part of the dossier to help guide the student's progress during the program.

Please return this form as soon as possible. Thank you very much for your time and cooperation.

School Official's Name \_\_\_\_\_ Title \_\_\_\_\_

School Official's Signature \_\_\_\_\_

## A. PRELIMINARY QUESTIONS

How long have you known this student? \_\_\_\_\_

Is there any reason why you might hesitate to recommend this student? \_\_\_\_\_

## B. YOUR RECOMMENDATION - Please indicate your estimation of the following:

	Excellent	Good	Fair	Poor
Academic ability	_____	_____	_____	_____
Academic performance	_____	_____	_____	_____
Attitude toward school	_____	_____	_____	_____
Study habits	_____	_____	_____	_____
Initiative	_____	_____	_____	_____
Emotional Stability	_____	_____	_____	_____
Maturity level	_____	_____	_____	_____
Adaptability/Flexibility	_____	_____	_____	_____
Leadership capabilities	_____	_____	_____	_____
Cooperativeness	_____	_____	_____	_____
Friendliness	_____	_____	_____	_____
Relationship with teachers	_____	_____	_____	_____
Relationship with classmates	_____	_____	_____	_____
Potential as an exchange student	_____	_____	_____	_____

## C. PLEASE WRITE YOUR RECOMMENDATION INCLUDING COMMENTS ON THE ABOVE ITEMS.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# ENGLISH TEACHER RECOMMENDATION

## A. HOW MANY YEARS HAS THE APPLICANT STUDIED ENGLISH? \_\_\_\_\_

- This student's comprehension of English is:       Very Good     Good     Fairly Good     Weak     Very Weak
- This student's ability to speak English is:       Very Good     Good     Fairly Good     Weak     Very Weak
- This student's ability to read English is:       Very Good     Good     Fairly Good     Weak     Very Weak
- This student's participation in class is:       Very Good     Good     Fairly Good     Weak     Very Weak

## B. PLEASE COMMENT ON THE STUDENT'S ATTITUDE TOWARD THE STUDY OF ENGLISH AND TOWARD LEARNING ABOUT AMERICAN CULTURE.

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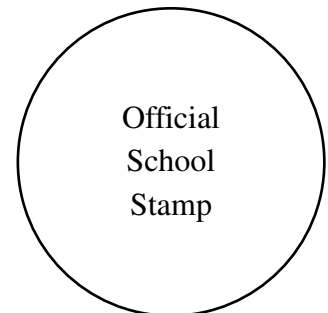
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## C. DOES THE STUDENT POSSESS ENOUGH ENGLISH SKILLS TO FUNCTION SUCCESSFULLY IN AN AMERICAN HIGH SCHOOL AND HOST FAMILY? Yes No

English Teacher's Name \_\_\_\_\_ Date \_\_\_\_\_

English Teacher's Signature \_\_\_\_\_





# INTERVIEWER REPORT

STUDENT \_\_\_\_\_ COUNTRY \_\_\_\_\_

INTERVIEWER'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

- 1) The student expresses himself/herself:  
 very well \_\_\_\_\_ reasonably well \_\_\_\_\_ poorly \_\_\_\_\_
- 2) The student speaks English:  
 very well \_\_\_\_\_ reasonably well \_\_\_\_\_ poorly \_\_\_\_\_
- 3) The student has passed an oral and written examination indicating reasonable competence in English:  
 Yes \_\_\_\_\_ If yes, name of test \_\_\_\_\_ Score \_\_\_\_\_  
 No \_\_\_\_\_
- 4) The personality of the student seems:  
 very outgoing \_\_\_\_\_ outgoing \_\_\_\_\_ quiet \_\_\_\_\_ shy \_\_\_\_\_
- 5) The student's physical presentation can be described as:  
 very well groomed \_\_\_\_\_ average \_\_\_\_\_ inappropriate or unacceptable \_\_\_\_\_ unusual \_\_\_\_\_  
 (if unusual please explain further, i.e. hair style, hair color, piercings, tattoos, etc)
- 6) The student appears:  
 courteous & well-mannered \_\_\_\_\_ acceptably mannered \_\_\_\_\_ poorly mannered \_\_\_\_\_
- 7) The student's relationship with his/her parents appears:  
 respectful & close \_\_\_\_\_ respectful but distant \_\_\_\_\_ hostile or disrespectful \_\_\_\_\_
- 8) The student's relationship with his/her siblings appears:  
 respectful & close \_\_\_\_\_ respectful but distant \_\_\_\_\_ hostile or disrespectful \_\_\_\_\_
- 9) Regarding current affairs, the student appears:  
 well-informed \_\_\_\_\_ informed \_\_\_\_\_ poorly informed \_\_\_\_\_
- 10) Regarding cultural activities(literature, music, art) the student appears:  
 very interested \_\_\_\_\_ interested \_\_\_\_\_ uninterested \_\_\_\_\_
- 11) The student dates:  
 frequently \_\_\_\_\_ sometimes \_\_\_\_\_ not at all \_\_\_\_\_ has a steady girl/boyfriend \_\_\_\_\_
- 12) the student smokes:  
 regularly \_\_\_\_\_ occasionally \_\_\_\_\_ not at all \_\_\_\_\_
- 13) The student appears:  
 very mature \_\_\_\_\_ of average maturity \_\_\_\_\_ immature \_\_\_\_\_
- 14) Does the student have any special physical characteristics? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Explain (i.e. sight or hearing loss, limp, etc.) \_\_\_\_\_  
 \_\_\_\_\_
- 15) List activities of special interest: \_\_\_\_\_  
 sports & hobbies \_\_\_\_\_  
 music \_\_\_\_\_

16) The economic level of the student's family is:  
modest (lower middle) \_\_\_\_\_ comfortable (middle) \_\_\_\_\_ high (upper) \_\_\_\_\_

17) The married status of the parents is:  
married \_\_\_\_\_ separated \_\_\_\_\_ divorced \_\_\_\_\_ widowed \_\_\_\_\_

DIRECTOR'S CONCLUSION:

I feel the student is:

\_\_\_\_\_ an exceptionally desirable candidate  
\_\_\_\_\_ a questionable candidate

\_\_\_\_\_ a desirable candidate  
\_\_\_\_\_ a poor candidate

I have interviewed the student in English and I am confident that the student has enough English skills to communicate and function in an American host family and high school.

Yes  No

COMMENTS (Required):

Please summarize below your own conclusions about the student and include any outstanding qualities, as well as any weakness or special considerations which should be noted:

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Signature



# MEDICAL INFORMATION AND INOCULATION RECORD PART 1

To be completed, signed and dated by the physician.

Student Name \_\_\_\_\_ Country \_\_\_\_\_  
Family Name First Middle

The student must have a physical examination by a licensed physician, who is not a family member, within the 12 months preceding his/her arrival abroad. The physician should complete this report on the applicant's medical history, current health, and immunization.

## MEDICAL HISTORY

Has the applicant ever had a history of any of the following:

- |  |   |  |  |
|--|---|--|--|
| Yes No   | Yes No  | Yes No   | Yes No   |
| <input type="checkbox"/> <input type="checkbox"/> Allergies          | <input type="checkbox"/> <input type="checkbox"/> Eating disorder | <input type="checkbox"/> <input type="checkbox"/> Measles              | <input type="checkbox"/> <input type="checkbox"/> Polio            |
| <input type="checkbox"/> <input type="checkbox"/> Appendicitis       | <input type="checkbox"/> <input type="checkbox"/> Enuresis        | <input type="checkbox"/> <input type="checkbox"/> Mumps                | <input type="checkbox"/> <input type="checkbox"/> Scarlet Fever    |
| <input type="checkbox"/> <input type="checkbox"/> Appendix removal   | <input type="checkbox"/> <input type="checkbox"/> Headache        | <input type="checkbox"/> <input type="checkbox"/> Menstrual disorder   | <input type="checkbox"/> <input type="checkbox"/> Seizure disorder |
| <input type="checkbox"/> <input type="checkbox"/> Asthma             | <input type="checkbox"/> <input type="checkbox"/> Hepatitis       | <input type="checkbox"/> <input type="checkbox"/> Parasites            | <input type="checkbox"/> <input type="checkbox"/> Sleep disorder   |
| <input type="checkbox"/> <input type="checkbox"/> Chicken pox        | <input type="checkbox"/> <input type="checkbox"/> Goiter          | <input type="checkbox"/> <input type="checkbox"/> Pneumonia            | <input type="checkbox"/> <input type="checkbox"/> Tonsils Removal  |
| <input type="checkbox"/> <input type="checkbox"/> Cough (persistent) | <input type="checkbox"/> <input type="checkbox"/> Hernia          | <input type="checkbox"/> <input type="checkbox"/> Rheumatic fever      | <input type="checkbox"/> <input type="checkbox"/> Tuberculosis     |
| <input type="checkbox"/> <input type="checkbox"/> Diabetes Mellitus  | <input type="checkbox"/> <input type="checkbox"/> Malaria         | <input type="checkbox"/> <input type="checkbox"/> Rubella (Year: ____) | <input type="checkbox"/> <input type="checkbox"/> Vertigo          |

Any disease, impairment or abnormality of:

- |   |   |   |   |
|---|---|---|---|
| Yes No  | Yes No  | Yes No  | Yes No  |
| <input type="checkbox"/> <input type="checkbox"/> Digestive system        | <input type="checkbox"/> <input type="checkbox"/> Ears, Hearing         | <input type="checkbox"/> <input type="checkbox"/> Lungs             | <input type="checkbox"/> <input type="checkbox"/> Tonsils, throat, nose |
| <input type="checkbox"/> <input type="checkbox"/> Bones, joints           | <input type="checkbox"/> <input type="checkbox"/> Genito-Urinary system | <input type="checkbox"/> <input type="checkbox"/> Menstrual cycle   |   |
| <input type="checkbox"/> <input type="checkbox"/> Brain, Nervous system   | <input type="checkbox"/> <input type="checkbox"/> Heart, Blood vessels  | <input type="checkbox"/> <input type="checkbox"/> Skin (acne, etc.) |   |
| <input type="checkbox"/> <input type="checkbox"/> Blood, Endocrine system | <input type="checkbox"/> <input type="checkbox"/> Locomotor system      | <input type="checkbox"/> <input type="checkbox"/> Varicose veins    |   |

Has the applicant had any of the following:

- |   |  |   |
|---|--|---|
| Yes No  | Yes No   | Yes No  |
| <input type="checkbox"/> <input type="checkbox"/> restriction of a physical activity during the past five years | <input type="checkbox"/> <input type="checkbox"/> treatment or counseling for a nervous condition, personality, character disorder or emotional problems | <input type="checkbox"/> <input type="checkbox"/> difficulty with school studies or teacher |

If any of the above marked "yes," please give a detailed explanation. \_\_\_\_\_

Has the applicant ever been hospitalized:  Yes  No If "yes" please give date and diagnosis of each illness or accident.

Is the applicant taking any medication at this time?  Yes  No If "yes" please list medication(s) and reason(s).



## MEDICAL INFORMATION AND INOCULATION RECORD PART 2

**To be completed by a physician - -  
inoculation date must include month, day and year.**

The student must have the following inoculations, prior to arrival, in order to be admitted into a high school. **Please note that some schools will not allow students to enroll or attend classes if the student is missing required inoculations.** Cost for inoculation or boosters is not covered by Nacel Open Door health insurance. Immunization costs are the responsibility of the student.

Vaccine	Month/Day/Year	Month/Day/Year	Month/Day/Year	Month/Day/Year	Month/Day/Year
Polio	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
Diphtheria, Tetanus, Pertussis	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
OR Tetanus and Diphtheria	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
Pertussis	___/___/___	___/___/___	or give year applicant had pertussis		___/___/___
Measles	___/___/___	___/___/___	or give year applicant had measles		___/___/___
Mumps	___/___/___	___/___/___	or give year applicant had mumps		___/___/___
Rubella (3-day Measles)	___/___/___	___/___/___	or give year applicant had rubella		___/___/___
Varicella (Chicken Pox)	___/___/___	___/___/___	or give year applicant had chicken pox		___/___/___
Hepatitis B	___/___/___	___/___/___	___/___/___		
Bacillus Calmette-Guerin	___/___/___	Comments: _____			
TB Skin test (Mantoux)	___/___/___	Results: <input type="checkbox"/> Positive <input type="checkbox"/> Negative			
Chest X-ray (*)	___/___/___	Results: _____			

(\* If TB skin test is positive, the student **must** have a chest X-ray.

### PHYSICAL EXAMINATION OF STUDENT

Height \_\_\_\_\_ (m)      Weight \_\_\_\_\_ (kg)      Blood Pressure \_\_\_\_\_

Does the student wear contact lenses?  Yes  No      Does the student wear glasses?  Yes  No

Applicant's uncorrected vision: R \_\_\_\_\_ / \_\_\_\_\_ L \_\_\_\_\_ / \_\_\_\_\_      With correction: R \_\_\_\_\_ / \_\_\_\_\_ L \_\_\_\_\_ / \_\_\_\_\_

Hearing: R \_\_\_\_\_ / \_\_\_\_\_ L \_\_\_\_\_ / \_\_\_\_\_      With correction: R \_\_\_\_\_ / \_\_\_\_\_ L \_\_\_\_\_ / \_\_\_\_\_

Are there any current abnormalities of the following systems? If "yes" provide additional information.

- |   |  |   |
|---|--|---|
| <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> Cardiovascular system</p> <p><input type="checkbox"/> <input type="checkbox"/> Ears, Nose, Throat</p> <p><input type="checkbox"/> <input type="checkbox"/> Eyes</p> <p><input type="checkbox"/> <input type="checkbox"/> Gastrointestinal</p> <p><input type="checkbox"/> <input type="checkbox"/> Genito-Urinary System</p> | <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> Menstrual Cycle</p> <p><input type="checkbox"/> <input type="checkbox"/> Musculoskeletal</p> <p><input type="checkbox"/> <input type="checkbox"/> Metabolic/Endocrine</p> <p><input type="checkbox"/> <input type="checkbox"/> Neuropsychiatric</p> <p><input type="checkbox"/> <input type="checkbox"/> Pelvic</p> | <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> Respiratory System</p> <p><input type="checkbox"/> <input type="checkbox"/> Skin (acne, etc.)</p> <p><input type="checkbox"/> <input type="checkbox"/> Teeth and Gums</p> <p><input type="checkbox"/> <input type="checkbox"/> Other _____</p> |
|---|--|---|

Is the student now under treatment for any medical or emotional conditions?  Yes  No      If "yes," explain: \_\_\_\_\_

Does the student have an eating disorder or a history of eating disorder?  Yes  No      If "yes," please explain: \_\_\_\_\_

Recommendation for physical activity:  Unlimited  Limited (please explain) \_\_\_\_\_

Your opinion on the student's state of health:  Excellent  Good  Fair  Poor

Physician's Full Name \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ Date \_\_\_\_\_



# NACEL OPEN DOOR ACADEMIC YEAR AND SEMESTER PROGRAM RULES AND STANDARDS OF CONDUCT

To be read, signed and dated by the student and both parents or legal guardians

The purpose of the High School Program is to provide opportunities for people of diverse cultures to come together to learn about different points of view and ways of life. Cross-cultural understanding is, we believe, a fundamental step in promoting better friendship and world peace. We expect the highest standards of behavior from program participants at all times and, in turn, assume responsibility for the welfare and safety of the student throughout the program. Nacel Open Door's staff, our Overseas Partners, and Local Representatives work together to ensure that a student's stay in the United States is as successful, safe, and secure as possible. The following Standards of Conduct have been established for that purpose. Violation of these rules will lead to disciplinary action and possible termination from the High School Program. Violations of American laws or serious misbehavior in the Host Family or the community will result in an early return to the home country at the expense of the student's parents and with no refund of program fees.

## AMERICAN LAWS

If a student is arrested, or if it is reliably confirmed that the student has acted illegally, program sponsorship will be revoked, resulting in an early return as soon as legally possible to the home country at the expense of the student's parents.

1. Drinking of alcoholic beverages, including beer and wine, is not permitted while on the program and is illegal for all persons under 21 years of age.
2. The student must not buy, sell, possess or use illegal drugs of any kind or use any controlled drugs, unless prescribed for him/her by a physician or other health professional. If the student is taking prescription drugs, the name, dosage and duration of use for each drug must be listed on the Medical Information and Inoculation form. The student must not associate with any persons involved in illegal drug taking or drug trafficking.
3. The student must not commit or take part in any act of violence against another person or property.
4. Shoplifting and theft are illegal and may lead to criminal charges.
5. It is illegal for the student to take regular employment while in the United States. The only exceptions are occasional odd jobs, such as yardwork or babysitting. Any such jobs must not interfere with school work and the student must have Host Family permission.

## HIGH SCHOOL AND INTERSCHOLASTIC SPORTS PARTICIPATION, SCHOOL FEES

High Schools expect exchange students to maintain high academic standards and to participate actively in school life. American high schools believe the presence of exchange students enhances the learning environment. Therefore, a student who is suspended or expelled from school due to problems with attendance, attitude, discipline, or failing grades will be terminated from the High School Program and returned home immediately.

1. **The exchange student is not guaranteed placement in a certain grade level, or that transferable credit will be granted, or that a diploma will be awarded at the end of the academic program. All such decisions are at the discretion of individual high schools and/or districts.**
2. No guarantee is made to the student with regard to participation in interscholastic sports. Eligibility is at the discretion of each high school and/or regional/state high school athletic association. Depending upon local regulations, if a student has graduated from high school in their home country or has completed a certain number of years of high school, he/she may be ineligible for interscholastic sports. Students who try out for high school sports teams are not guaranteed a place on the team.
3. The student must obey all school rules, attend classes regularly, and be responsible for assuming a full course load, for making a strong effort in all classes, and for maintaining at least a "C" average, with no "F" (failing) grades at the end of the semester.
4. The student is responsible for all school fees. Such fees may include but are not limited to: registration, books, lockers, laboratories, gym/physical education, yearbook, class ring, letter jacket, student activities, etc.
5. The student will be responsible to pay for his/her school lunch.
6. The student must be proficient enough in English to be able to communicate with his/her host family and high school teachers. Nacel Open Door reserves the right to terminate the program of any student who is judged by the high school or a Nacel Open Door student advisor to have insufficient English to function successfully on the program.
7. The student may not, under any circumstances, change schools without the express permission of the Nacel Open Door national office.

Student Initials \_\_\_\_\_ Parent Initials \_\_\_\_\_



# NACEL OPEN DOOR ACADEMIC YEAR AND SEMESTER PROGRAM RULES AND STANDARDS OF CONDUCT (CONTINUED)

To be read, signed and dated by the student and both parents or legal guardians

## **HOST FAMILY PARTICIPATION**

Nacel Open Door Host Families are volunteers and generally receive no compensation for hosting exchange students. Host Families participate in the High School Program because of their sincere desire to have a cross-cultural experience and learn about other cultures while sharing the American way of life. Fees paid are used for administrative and supervisory purposes.

1. No guarantee is made with regard to placement in a particular region of the United States, nor in a town of a certain size, nor with a particular kind of Host Family (for example, with a teenager in the home).
2. A private bedroom is not guaranteed. Only a separate bed is guaranteed.
3. The student must comply with all reasonable rules of the Host Family (e.g., curfews, household chores, visitors, phone calls, etc.).
4. Overnight travel with the Host Family, Nacel Open Door Representative, or the high school is permitted if Nacel Open Door, the Host Family, and the Local Representative are informed of all such trips and have a phone contact to reach the student in an emergency.
5. The student must not borrow money from the Host Family or from any other source. Natural parents must supply the student with an adequate amount of spending money at all times, normally \$200-\$300 per month, not to fall below \$150.
6. The student may not, under any circumstances, change host families without the express permission of Nacel Open Door national office.

## **BIOLOGICAL FAMILY VISITS AND STUDENT TRAVEL WHILE ON THE HIGH SCHOOL PROGRAM**

1. Visits by members of the student's biological family or by friends from his/her home country can be very disruptive to the adjustment of the student and an inconvenience to the Host Family. Therefore, visits during the first six months of the program are not permitted. All visits are discouraged until the very end of the program. Any visit during the program must have the prior permission of Nacel Open Door's head office.
2. The student is not permitted to travel outside the local area by him/herself or with peers.
3. The student is not permitted to hitchhike, whether alone or with companions.
4. Overnight travel with the Host Family, another family, a responsible adult (at least 25 years of age), approved groups (e.g., church, school, etc.) is permitted if prior consent is given by the Host Family and Local Representative. The Host Family and Local Representative must be informed of all such trips and have a phone contact to reach the student in an emergency.
5. If a student plans to travel outside the United States, he/she must always obtain prior permission from the national office of Nacel Open Door and get his/her DS-2019 form signed by a U.S. State Department responsible officer of Nacel Open Door.
6. Overnight travel with other parties is not permitted without written permission from natural parents. Nacel Open Door maintains the right to disapprove of any overnight student travel. A student who obtains his/her natural parent's permission to travel independently during the program cannot travel by his/herself by bus or train.

## **HIGH RISK ACTIVITIES**

1. Due to the danger and liability involved in operating a motorized vehicle, the student may not drive any car, motorcycle, or other motorized vehicle.
2. The student is not permitted to handle, possess, or operate firearms or other equipment related to the act of hunting, e.g. bow and arrow, knife, etc.
3. The student may not participate in skydiving, hang gliding, glider riding, parachute jumping, parasailing, jet skiing, hot air ballooning, scuba diving, mountaineering, bungee jumping, and/or any activity that Nacel Open Door defines as a high risk activity.

## **LIFE-CHANGING DECISIONS AND MISCELLANEOUS RULES**

1. The student will not be permitted to make life-changing decisions, including but not limited to marriage, religious conversion, body piercing, tattoos or other decision with legal, political, religious, and/or social ramifications.
2. The student is to abstain from sexual behavior and activity. A student found to be sexually active, pregnant, or responsible for a pregnancy will be sent home immediately.
3. The student may not withdraw from or temporarily leave the program at any time without the permission of Nacel Open Door or its Overseas Partner. If the student leaves the program or the United States (without authorized approval from Nacel Open Door) for any reason other than a legitimate emergency (death or serious illness in his/her immediate family), he/she may not return to the program and will not receive a refund.
4. Nacel Open Door reserves the right to repatriate any student who is diagnosed with a psychological or eating disorder. A student who is found to have any history of psychological or emotional disorders, which were not mentioned in his/her application and medical documents, can be terminated from the program for not fully disclosing the condition.
5. The student is not permitted to smoke during his/her exchange experience.

Student Initials \_\_\_\_\_ Parent Initials \_\_\_\_\_



# NACEL OPEN DOOR ACADEMIC YEAR AND SEMESTER PROGRAM RULES AND STANDARDS OF CONDUCT (CONTINUED)

To be read, signed and dated by the student and both parents or legal guardians

## RETURNING HOME AT THE END OF THE PROGRAM

1. The student must return to the home country by the program end date designated on his/her DS-2019 form unless prior permission has been granted by Nacel Open Door or its Overseas Partners.
2. Unsupervised travel or travel with peers is NOT permitted at the end of the program. Adult-accompanied and supervised travel may be permitted at the end of the program only if permission is granted by the biological parents and Nacel Open Door or its Overseas Partners. The student should be aware that his/her medical insurance will not be extended for such travel.
3. If a student leaves a Host Family or the United States and has any outstanding debts (such as medical bills not covered by insurance or long distance phone calls), the student's biological family will be responsible for payment of these debts in addition to a \$25.00 surcharge to cover the costs of Nacel Open Door or its Overseas Partners' collection and payments.
4. Program extensions are only available to 5-month students requesting to extend to a 10-month program. Program extensions are not guaranteed. Approval to extend is granted at the discretion of Nacel Open Door. Extensions will only be considered for students who remain in the same host family and school for the duration of their program stay.

## AGREEMENT TO ABIDE BY THE NACEL OPEN DOOR ACADEMIC YEAR AND SEMESTER RULES AND STANDARDS OF CONDUCT

We, the undersigned (student and parents/legal guardians), have read and understood all of the above stated in the Nacel Open Door Academic Year and Semester Program Rules and Standards of Conduct. I, the student agree to obey the Rules and Standards of Conduct and all conditions of participation in the High School Program. We, the parents, agree that our son/daughter will obey the Rules and Standards of Conduct. We understand that violation of these Rules and Standards of Conduct may lead to disciplinary action and possible termination from the Nacel Open Door Program, which may result in an early return to the home country at the parent's expense and with no refund of program fees.

_____ Signature of the father/legal guardian	_____ Print father's/legal guardian's full name	_____ Date
_____ Signature of the mother/legal guardian	_____ Print mother's/legal guardian's full name	_____ Date
_____ Signature of student	_____ Print student's full name	_____ Date

## TRAVEL RELEASE/AUTHORIZATION

We, the undersigned (parents/legal guardians), authorize our child to travel within the guidelines as established in the High School Program Standards of Conduct and accept full responsibility for our child's participation in any approved travel activities and agree to indemnify and hold harmless Nacel Open Door and its Overseas Partners and their designated agents/representatives from any claims and/or liability to third parties arising from our child's participation.

It is understood that this Travel Release/Authorization is signed in advance and eliminates the necessity of obtaining our signatures at the time of any High School Program-approved travel for the duration of our child's participation in the High School Program. This includes travel with the student's host family and/or Nacel Open Door representative or coordinator, as well as any school-related chaperoned trip.

_____ Signature of the father/legal guardian	_____ Print father's/legal guardian's full name	_____ Date
_____ Signature of the mother/legal guardian	_____ Print mother's/legal guardian's full name	_____ Date



# MEDICAL CARE RELEASE / LIABILITY RELEASE

To be read, signed and dated by the student  
and both parents or legal guardians

In case of illness, accident or injury, we grant permission to examine and treat our child, whose signature appears below, at an appropriate medical facility and to make referrals to outside physicians and facilities as indicated. We grant permission to release information regarding our child’s health to any individuals designated by Nacel Open Door, its Overseas Partners or its representatives. We also grant permission for our child to receive any and all immunization(s) required for participation in an academic program. We understand that we must pay for any necessary physical examinations and/or immunizations that are not covered by insurance.

While under the sponsorship of the Nacel Open Door Program, the student may not participate in any activity that Nacel Open Door or its Overseas Partners has defined as high-risk, as outlined in the Program Rules and Standards of Conduct. We also understand, as also outlined in the Program Rules and Standards of Conduct, that our child may not drive a car or any motorized vehicle during his/her exchange experience.

In anticipation of my son’s/daughter’s (child’s) acceptance to participate in a Nacel Open Door academic program, we, the undersigned (student and parents/legal guardians) hereby release Nacel Open Door, its Overseas Partners, its Board of Directors, Agents, Regional Directors, Local Representatives, Community Coordinators, Host Families and Academic Institutions from any and all current and future claims, charges, costs and/or causes of action for loss of property, personal injury, illness, accident or death sustained by my child during the time that he/she is a participant in the program, whether covered by current insurance or not. I further agree to indemnify and hold harmless all of the above named from any and all liabilities, including liabilities to third parties, which may arise from my child’s participation in the program, including all activities specified herein, in the Standards of Conduct, and elsewhere.

We, the undersigned, grant Nacel Open Door permission to use photographs and any other materials in which the participant may appear, for promotion or publicity of future programs.

We, the student and parents, certify that all information provided in the application is correct and complete, including medical and inoculation history. We understand that withholding information and/or providing incorrect information is grounds for possible termination from the program and repatriation at the parents’ expense with no refund of program fees.

This agreement covers the period from the time our child boards transportation scheduled by Nacel Open Door until the student departs from the host country.

\_\_\_\_\_  
Signature of the father/legal guardian                      Print father’s/legal guardian’s full name                      Date

\_\_\_\_\_  
Signature of the mother/legal guardian                      Print mother’s/legal guardian’s full name                      Date

\_\_\_\_\_  
Signature of student                      Print student’s full name                      Date



# NACEL OPEN DOOR-USA INBOUND PROGRAM PARENT AND STUDENT AGREEMENT

NOD, its agents, sponsors, affiliates, directors, officers, employees and attorneys (collectively "NOD"), the undersigned parent(s), or legal guardian(s) ("Guardian") and student ("Student"), understand and agree to the terms and conditions stated in this agreement ("Agreement") relating to Student's participation in NOD's student exchange program ("Program"). Guardian and Student are referred to collectively as the Participants ("Participants"). Adult(s) and their resident children who volunteer to host a Student for the Program term are referred to as the Host Family ("Host Family").

**A. Admission and placement:** NOD considers each criteria such as Student application packet materials, academic background, high school transcripts, age, education level, physical and mental health, references, essays, and personal interviews in determining whether to admit a Student into the Program. NOD has the sole discretion to determine whether the Student will be admitted into the Program and such determination is final. All preferences and characteristics of the Student may not be accommodated in the placement process. Further, NOD relies solely on volunteer Host Families to select a student. Once the student is selected, a Host Family devotes considerable time, effort and resources to hosting a student. NOD cannot control or guarantee student selection nor the timing of selection and placement. Students may be placed with a Host Family and/or enrolled in school after the beginning of the school term.

**B. Living Expenses:** Guardians agree to provide the student the equivalent of \$200 (US) minimum per month to cover incidentals and pocket money. Participants must reimburse the Host Family for all extraordinary expenses incurred on the Student's behalf such as personal telephone calls, non essential school expenses, household damage, etc.

**C. Living Conditions:** In addition to learning the host country's language the student is expected to adapt to the culture and lifestyle of the Host Family and host country. There may be significant cultural, economic, and lifestyle differences between the Student's home country and the host country. The host country may have different health care services, living conditions, road and transportation systems, educational approaches and systems, criminal justice systems, civil liberty laws, customs, and values. Some host country services conditions, or systems may be relatively inadequate, unsafe, or unreliable in comparison to the Student's home country. Other host country services, conditions, or systems may be superior to the standards in the host country. Living conditions vary from one Host Family to another even in the same community. Any such differences may not necessarily be sufficient reason for a change in host family. The Program offers numerous opportunities for the Student; however, Participants must be aware and accept these differences and the risks associated with traveling and living in another country. The Student level of maturity must be adequate to recognize and cope with these differences and risks. Guardians must take responsibility to educate and prepare the student for the risks associated with foreign travel and living abroad. Program Representatives are available by telephone to provide assistance in an ongoing basis during the student's participation in the Program. However, the Program cannot and does not provide constant direct supervision of the Student and does not act in the capacity of loco parentis. Guardians retain all rights and duties relating to the welfare of the Student.

As a condition of acceptance into the program, the Participants agree to hold NOD harmless for all injuries and /or damages incurred during the Student's participation in the Program resulting from risks associated with international travel and living abroad, and any negligence and /or intentional acts caused by any third party, including but not limited to any member, guest, employee or agent of the Host Family or other persons in the host country.

Student Initials \_\_\_\_\_ Parent Initials \_\_\_\_\_



## NACEL OPEN DOOR-USA INBOUND PROGRAM PARENT AND STUDENT AGREEMENT (CONTINUED)

**D. Rules for Students:** The rules for NOD students (“Rules”) have been established by NOD as a minimum standard of participant conduct, and any infraction may result in immediate repatriation (return) of Student to his/her home country, without any refund of program fees. Each Student and his or her Guardian(s) must acknowledge they understand and have agreed to adhere to the Rules prior to the Student’s final program acceptance.

**E. Problem Notification and Resolution:** As the Student is living as a member of a Host Family and not under continual supervision or control of NOD staff, it is the responsibility of the Student to advise NOD of any significant problems, including but not limited to the health, safety or welfare of the Student, adjustment to school, culture, language, etc. In addition, the Student must notify NOD of any misunderstandings or problems with the Host Family. NOD will intervene and attempt to resolve the problem. If necessary NOD may in its sole discretion, seek a replacement Host Family, if possible within the same community. If the student does not make a good faith and substantial effort to resolve the problem, NOD may return the Student to his/her home country. If the Student violates any terms of its Agreement, NOD may, in its sole and absolute discretion, terminate the Student’s participation in the Program and immediately repatriate the student to his/her home country without any refund of program fees.

**F. Agreement between Participants and Originating Exchange Organization:** Participants understand that NOD is not a party to any agreement between the Participants and the Originating Student Exchange Organization through which the Participants enrolled in the Participant’s home country (“Originating Exchange Organization”). Participants acknowledge and agree that the laws of their home country shall exclusively govern any dispute or claim arising out of any agreement with the Originating Exchange Organization, Participants agree and acknowledge that the Originating Exchange Organization is solely responsible to the participants for injury or damage from a violation of any such agreement. NOD assumes no duties or responsibilities for any acts or omissions of the Originating Exchange Organization.

**G. General Release. Indemnification and Hold Harmless Provisions:** As a conditions of Student’s participation in the Program, Participants agree to release and hold harmless NOD for injury, loss, delay, or any other damage and expense incurred by Participants due to (in) any incident beyond NOD’s reasonable control, including, without limitation, acts of God, acts of war, or government actions and restrictions. (ii) any events directly or indirectly caused by intentional or negligent acts of omissions by any third party including but not limited to any member, guest, employee or agent of Host Family or other persons in the host country, (iii) risks associated with foreign travel and living abroad, including but not limited to risks associated with health care services, living conditions, sanitation conditions, road and transportation systems, criminal justice systems, civil liberty laws, customs and values, (iv) any differences in the living conditions and standards between Participants’ home country and the host home and host country, and (v) any act or omission of the Originating Exchange Organization.

As further condition of Student’s participation in the Program, Participants agree to indemnify and hold harmless NOD from any liability expense, including court costs and attorney fees, resulting from any injury, loss or any other damage or expense caused by the Student during his/her participation in the Program.

Student Initials \_\_\_\_\_ Parent Initials \_\_\_\_\_



**NACEL OPEN DOOR-USA INBOUND PROGRAM  
PARENT AND STUDENT AGREEMENT  
(CONTINUED)**

**H. Arbitration and Venue:** This agreement shall be deemed to have been made in the state of North Dakota, USA and its validity, construction, breach, performance and interpretation shall be governed by the laws of the State of North Dakota. The parties to the agreement acknowledge and agree that any dispute or claim arising out of the Agreement any resulting or related transaction, or the relationship of the parties, shall be decided by neutral, exclusive and binding arbitration in Fargo, North Dakota, USA. The arbitration shall be conducted before a designated, neutral arbitrator in North Dakota agreed upon by both parties. Either party may appear telephonically at the arbitration hearing. The award of the arbitrator may be enforced in any court of competent jurisdiction located in the United States. In the event that the arbitration clause is deemed void and inapplicable, each party expressly consents to and submits to the personal jurisdiction of the federal or state courts of Fargo, North Dakota, USA. In any action, including arbitration, brought for breach of this Agreement, the prevailing party shall be entitled to recover reasonable attorney’s fees and costs, including but not limited to the costs of arbitration.

**I. Authority of Parent/Guardian:** Each Parent/Guardian who signs this agreement represents and warrants that he or she, together with the other Parent/Guardian who signs this Agreement, if any, is the custodial parent/guardian of the Student and has full authority to sign this Agreement on behalf of the Student as his/her legal guardian without the consent or approval of any other person, and agrees to indemnify and hold NOD harmless for any liability expense , including court costs and attorney’s fees resulting from any breach or claim of this representation.

**J. Ratification of the Agreement:** In the event the Student is under the age of 18 at the time of execution of this agreement, and the Student attains 18 years of age while participating on the Program, Student agrees that continued participation in the Program after he/she attains 18 is deemed ratification and adoption of all terms and conditions of this Agreement.

**K. NOD Program Agreement Controls:** Where there are any differences between this Agreement and any other Program materials, the Agreement shall control. NOD cannot be legally bound or committed by any other person other than the duly authorized representative. Parties are required to follow this Agreement and cannot vary from its terms.

**L. Modification:** This Agreement shall not be modified except by writing that is executed by all parties hereto.

**M. Severability:** In the event any clause, sentence, term or provision of this Agreement shall be held by a court of competent jurisdiction to be illegal, invalid or unenforceable for any reason, the remaining portions of this Agreement shall remain in full force and effect.

Student Initials \_\_\_\_\_ Parent Initials \_\_\_\_\_



**NACEL OPEN DOOR-USA INBOUND PROGRAM  
PARENT AND STUDENT AGREEMENT  
(CONTINUED)**

*Consent Agreement*

**A. Health Care:** The Guardian(s) and/or Student consent to and authorize NOD, or any adult Host Family member to obtain any medical, dental, surgical, psychological, psychiatric, or hospital care, deemed necessary by any health care provider, for the health, treatment and care of the Student during the Student's participation in the Program. Any problems arising from inadequate or improper care shall be the responsibility of the health care provider. NOD shall not be liable for any failure to secure or the adequacy of medical attention. The Guardian(s) and/or Student authorize the health care provider to release the Student to NOD, or any adult Host Family member. Further, the Guardian(s) and /or Student authorize the health care provider to release all health care records relating to the Student to NOD. The Guardian and/or Student consent to and authorize the release of the Student's medical information, as included in the Student's application, as well as any additional medical information submitted or obtained, to necessary parties, for the purposes of placement, enrollment, and/or supervision and care of the Student. In the event that the Student self-administers any medication, whether brought into the host country or obtained in the host country, Participants agree to release and hold harmless NOD for injury, loss, delay or any other damage and expense incurred as a result. Participants also agree to release and hold harmless NOD for injury, loss, delay, or any other damage and expense incurred as a result of any medical, dental, surgical, psychological, psychiatric, or hospital care or treatment received by the Student while in the host country.

**B. Legal Proceedings:** The Guardian(s) and/or Student consent to and authorize NOD or any adult Host Family member to pursue or defend any legal action or proceedings regarding the Student during Student's participation in the Program, costs to be reimbursed by Guardian(s). Such consent, however, does not obligate NOD or any Host Family member to pursue or defend any such legal action or proceedings. The Guardian(s) and/or Student authorize any court, law enforcement agency, or any other government agency to release the Student to NOD, or any adult Host Family member in the event that the Student is detained or held by any such entity or government agency.

**C. Use of Student's Name or Likeness:** The Guardian(s) and or Student consent to the use of Student's name, photograph, film, or video likeness of Student or any comments or statements of Student in materials or publications utilized to promote the Program or find Host Families.

Student Initials \_\_\_\_\_ Parent Initials \_\_\_\_\_



NACEL OPEN DOOR-USA INBOUND PROGRAM
PARENT AND STUDENT AGREEMENT
(CONTINUED)

We read and fully understand the program materials and agree to adhere to the Nacel Open Door Academic Year and Semester Program Rules and Standards of Conduct and the Nacel Open Door-USA Inbound Program Parent and Student Agreement, including the Consent Agreement.

We, the Student and Guardian(s), certify that all information provided in the application is correct and complete, including academic information and medical and inoculation information and history. We understand that withholding information and/or providing incorrect information is grounds for possible termination from the program and repatriation at the Guardian's expense with no refund of program fees.

This agreement covers the period from the time the Student boards transportation scheduled by Nacel Open Door until the Student departs from the host country.

Full name of Student (Please Print) Signature of Student Date

Full name of Mother/Guardian (Please Print) Signature of Mother/Guardian Date

Full name of Father/Guardian (Please Print) Signature of Father/Guardian Date

Originating Exchange Organization (Please Print)

Signature of Representative and Title Date

Signature of Nacel Open Door-USA Director Date