



Name: _____ Student ID: _____

Complete File Checklist: Please place a checkmark next to each document submitted to YFU USA and please check off any relevant sub-category information.

- Student Information (A1)**
 - ◇ Direct Placement Request
 - Graduated/finished with secondary education in home country upon arrival
 - Dyslexia/ADD
- Placement Information (A2)**
 - Student has previously traveled to the US on a J-1 Visa
 - Student has previously attended a US high school 3 months or longer
 - Allergies
 - Dislike/Fear of Pets
 - Smoker
 - Dietary Restriction
 - ◇ Willing to Attend Private School
- Statement of Agreement with YFU USA (A3)** (signed by parent and student)
- Student Health Certificate & Immunization Records (B1 & B2)**
see reverse side for specific items.
 - Student has restrictive medical condition: _____
 - Student participated in counseling or therapy within the last 2 years
- Host Family Letter (C1)**
- Photos, Head and Shoulder Shots (C2)** (6 smiling photos)
- Photos, Student with Family (C2)** (3 photos)
- YFU Evaluation and Recommendation (D1)**
(Completed by YFU evaluator—any form of evaluation by YFU is acceptable)
- English Teacher Evaluation and Recommendation (D2)**
- Transcripts (E1)** (original preferred, copy accepted)
- English Translation of Transcript (E2)**
 - Applicant conditional / grades are “C” average (2.0 – 2.4 GPA on 4.0 Scale)
- Confirmation of Parent/Student Agreement** (may be on file in home country)
- SLEP Test Sheet:** SLEP Score _____ (Score below 41 is unacceptable)
- Interview** (Form D may count for this if completed by a YFU Evaluator)

Please indicate below any relevant information for this applicant:

- ◇ Alaska Request
- Student must continue activity: _____
- ◇ Student willing to consider “non-traditional” placement:
 - ◇ Same-sex Couple
 - ◇ Single Person
 - ◇ Double Placement with a student from another country

Scholarship Student. Name of Sponsor: _____
 Scholarship paid for: In USA In home country

Other

Legend:
 = boxes for forms ◇ = special placement options ○ = Quota or Conditional Issues



US-Bound Student File Cover Sheet

Health Certificate & Immunization Check List

<input type="checkbox"/> Release Signatures (std and parent)	<input type="checkbox"/> Polio – first dose
<input type="checkbox"/> Signature – Dental	<input type="checkbox"/> Polio – second dose
<input type="checkbox"/> Signature – Medical	<input type="checkbox"/> Polio – third dose (one after age 4 required)
<input type="checkbox"/> Height <input type="checkbox"/> Weight	<input type="checkbox"/> Polio – fourth dose if required (one after age 4 required) (also a 4 th dose needed if mixed oral/injected)
<input type="checkbox"/> Diphtheria (DPT or Td – first dose) (4 doses required)	<input type="checkbox"/> Varicella – first dose (Not required if std had chicken pox)
<input type="checkbox"/> Diphtheria (DPT or Td – second dose) (4 doses required)	<input type="checkbox"/> Varicella – second dose (At least 28 days after the 1 st dose)
<input type="checkbox"/> Diphtheria (DPT or Td – third dose) (4 doses required)	<input type="checkbox"/> Measles – first dose or MMR (2 doses required or 2 doses combined MMR)
<input type="checkbox"/> Diphtheria (DPT or Td – fourth dose) (4 doses required)	<input type="checkbox"/> Measles – second dose or MMR (2 doses required or 2 doses combined MMR)
<input type="checkbox"/> Tetanus – within 10 years of program end date (DPT or TD regimen covers this)	<input type="checkbox"/> Mumps – first dose or MMR (2 doses required or 2 doses combined MMR)
<input type="checkbox"/> Hepatitis B – first dose	<input type="checkbox"/> Mumps – second dose or MMR (2 doses required or 2 doses combined MMR)
<input type="checkbox"/> Hepatitis B – second dose (at least 1 month after first dose)	<input type="checkbox"/> Rubella – first dose or MMR (2 doses required or 2 doses combined MMR)
<input type="checkbox"/> Hepatitis B – third dose (at least 4-6 months after 1 st dose and at least 8 weeks after 2 nd dose)	<input type="checkbox"/> Rubella – second dose or MMR (2 doses required or 2 doses combined MMR)
	<input type="checkbox"/> TB – negative skin patch test or neg chest x-ray required or neg TBC blood test (if std had BCG vaccine)





STUDENT INFORMATION

- Please type or print legibly in **black ink**, so that these forms can be photocopied.
- Answer all questions. Students must submit a clear copy of their passport
- YFU will use this information to select your host family. Please give honest answers so your future family is not surprised.

STUDENT INFORMATION

Legal Name (as it appears on your passport)

Last Name: _____

First Name: _____

Middle Name: _____

Nick Name: _____

Email: _____

Sex: Male Female**Address:**

Street: _____

City/Town: _____

State/Province: _____

Zip Code/Postal Code: _____

Telephone: (_____) _____
*Area/City Code*Mobile Phone: (_____) _____
*Area/City Code*Date of Birth: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec _____
Month (circle one) *Day* *Year*Place of birth: _____
City/Town *State/Province* *Country*Country of Citizenship: _____
Passport #: _____

FAMILY INFORMATION

I live with (check all that apply): Mother Father Stepfather Stepmother Guardian: _____
 Other, please specify: _____

My brother's name(s) and age(s): _____

My sister's name(s) and age(s): _____

My father's name (or male guardian): _____
Last Name *First Name*

Address (if different from yours): _____

Occupation: _____

Employer: _____

Business Telephone: (_____) _____ Mobile Telephone: (_____) _____
Area/City Code *Area/City Code*

E-mail: _____

My mother's name (or female guardian): _____
Last Name *First Name*

Address (if different from yours): _____

Occupation: _____

Employer: _____

Business Telephone: (_____) _____ Mobile Telephone: (_____) _____
Area/City Code *Area/City Code*

E-mail: _____



EMERGENCY INFORMATION

In case we are not able to contact your parents, please tell us who we can contact in your community.

Name: _____
Last Name First Name

Address: _____

Home Tel: (____) _____ Work Tel: (____) _____ Mobile (____) _____
Area/City Code Area/City Code Area/City Code

Relationship to you: _____

DIRECT PLACEMENT REQUEST

If you are requesting a placement with a specific family, please provide the following information:

Name: _____
Last Name First Name

Address: _____
City State/Province Zip Code/Postal Code

Home Telephone: (____) _____ Country: _____
Area/City Code

Relationship to you: _____

Reason for requesting a direct placement: _____

ACADEMICS AND LANGUAGE STUDY

School Name: _____

Address: _____

Telephone: (____) _____
Area/City Code

Principal/Headmaster: _____

1. What type of school do you currently attend? Academic Vocational Technical Other: _____

2. Do you normally live at home while attending school? Yes No If no, explain: _____

a. Excluding Preschool / Kindergarten, how many years of pre-university study exist in the school system in your country? *For example in the USA, we have 12 years, grades 1-12.* _____

b. How many of these years will you have completed before traveling to your host country? _____

c. Will you return to your school above upon completion of your exchange year? Yes No

If no, will you get a job or enter military service or attend a university upon completion of your exchange year? Yes No

3. Do you have any learning disability such as dyslexia (word blindness) or Attention Deficit Disorder? Yes No

a. If yes, please explain: _____

4. Language skills: estimate your ability in foreign languages (not your native language) by circling the letter corresponding to your self-evaluation.

LANGUAGE	YEARS STUDIED	Excellent=E, Good=G, Limited=L, Poor=P		
		SPEAKING	READING	WRITING
_____	_____	E G L P	E G L P	E G L P
_____	_____	E G L P	E G L P	E G L P
_____	_____	E G L P	E G L P	E G L P

5. Which academic school subjects interest you most and why? _____





PLACEMENT INFORMATION

Student Name: _____
Last Name First Name Middle Name(s)

SPECIAL INTERESTS, ACTIVITIES AND RESPONSIBILITIES

(Please attach a separate sheet of paper, if necessary.)

1. What kind of activities do you and your family do together? How often? What are your responsibilities at home?

2. What, if any, musical instrument(s) do you play now?

Instrument _____ Since when? _____ How often? _____

Instrument _____ Since when? _____ How often? _____

3. What sports, if any, do you participate in now? Please note, in the USA, athletic eligibility or participation is not guaranteed.

Sport _____ Since when? _____ How often? _____

Sport _____ Since when? _____ How often? _____

Sport _____ Since when? _____ How often? _____

4. Describe any other interests, hobbies or activities that you have (e.g. art, literature, computers, etc.):

5. What other groups do you belong to or participate in (e.g. clubs and organizations, scouts, youth group, etc.)?

6. Please list in order of importance any interests/activities which you would like to continue, *if possible*, in your host country:

Participation in school sports or clubs is not guaranteed in the US.

7. What are your career plans? _____



PLACEMENT INFORMATION

8. Please describe any previous travel experience, including other exchange programs, outside your home country, if any.

9. Have you ever traveled to the US on a J -1 or F-1 visa? Yes No. If yes, please explain: _____

10. Have you ever gone to school in the US for more than 3 months? Yes No. If yes, please explain: _____

11. Will your brother/sister be on exchange in the US at same time as you? Yes No

If yes, please include their name: _____

12. Do you have any health restrictions, physical handicaps, learning disabilities or limitations to participating in any activities, which could affect where and with whom you are placed? No Yes

If yes, please attach a written, in-depth description on a separate piece of paper.

13. a) Do you have any allergies? No Yes If yes, please complete the information below about allergies and which environmental conditions, if any, must be avoided to keep the allergy under control.

What type of allergies do you have (e.g. hay fever, asthma, skin, dairy, animals, grass or others)? Please be very specific.

What treatment, if any, is required? _____

Please check medications currently being used: Oral Nasal Shots/Injections by self Shots/Injections by doctor

Will you bring the medication with you? Yes No

b) Would you be able to live in a home with pets that live inside? Yes No That live outside? Yes No

If no, why not? (Please be very specific, and identify the animals.) _____

14. a) In many cultures, smoking is very common. Can you live in a home where other people smoke? Yes No

If no, why? _____

b) Do you smoke? No Yes If yes, how often? Frequently (more than 10 cigarettes a day)
 Moderately (5 to 10 a day) Infrequently (4 or less a day)

There may be laws restricting smoking in the host country or host school, or the host family may have objections regarding smoking in their home.

15. Religion (Be specific: Baptist, Lutheran, Orthodox Jewish, Roman Catholic, etc): _____

How often do you attend services? Many times a week Weekly Occasionally Seldom Never

Keep in mind that your host family may have a different religious affiliation than you. There is even the possibility that people in your host country do not practice your religion at all.

Which religious services are you interested in attending in your host country?

My own My host family's, even if different My own *and* my host family's I do not wish to attend

How often? Weekly Occasionally More than once a week

Do you have any dietary restrictions (medical, religious, self-imposed)? No Yes If yes, please explain: _____

16. If you are a vegetarian, keep in mind that this is often uncommon overseas and that not eating certain foods can be considered insulting in other cultures. (NOTE: No matter what your eating habits, it is VERY important to be flexible about what you eat while living abroad!) Are you willing to eat:

fish? Yes No pork? Yes No dairy? Yes No

poultry? Yes No beef? Yes No everything? Yes No

17. Some placements in the USA can be made at private schools, which may charge additional fees. Would you be willing to attend a private school? No Yes If yes, indicate the level of additional fees you would be willing to pay:

up to \$5,000 up to \$8,000 up to \$12,000



YFU*IS*A2/2



STATEMENT OF AGREEMENT

Student Name: _____
Last Name First Name Middle Name(s)

AGREEMENT WITH YFU USA

Placement

- We understand and accept that Youth For Understanding USA (YFU USA), in making its selections and placements, does not discriminate on the basis of race, color, national origin, sexual orientation, religion or gender. Individuals with disabilities will be accommodated to the best of YFU's ability.
We understand that YFU USA will try to accommodate our preferences regarding host family placement; however, we understand that this cannot be guaranteed.
We understand that YFU USA families may be of any race, religion, structure, etc.
We will be open to and accept the host family and high school YFU USA selects.
We understand the host high school may have rules about enrolling exchange students, which limit the grade level(s) in which a student can be placed and which prohibit exchange students from obtaining a diploma.

Release of Information

- We authorize the release of school information and health information to a YFU USA representative.
We consent that YFU USA may use limited information including picture(s) from my son's/daughter's application for advertisement purposes and conveyance of information to YFU volunteers, staff and prospective host families.
We grant YFU USA and its authorized agents the irrevocable right to use my son/daughters name, photographs, videos, written statements (including blogs, Facebook, MySpace and YouTube, etc) and similar materials involving the student during their exchange for informational, publicity, or promotional purposes without prior notification.
I understand that these materials may appear in printed or web-based materials published by YFU USA.
I agree to hold YFU harmless from all claims related to YFU USA or its agents' use of these materials for these purposes.
I also agree that YFU USA is under no obligation to me or any other party to use this material.

Employment

- We understand that our son/daughter may not be employed during his/her exchange.

Smoking

- We understand that there may be laws restricting smoking in my host country or host school, or that my host family may have objections regarding smoking in their home. The student agrees to honor these laws or restrictions.

School Activities Participation

- We understand that in the USA, participation in school activities such as sports, yearbook, choir and other clubs is not guaranteed.
We understand that if the student has requested a direct placement or has completed schooling in their home country and could attend college without further schooling, she/he may not be eligible to participate in competitive school sports or other school activities.

We acknowledge that the information we have provided in the admissions materials to be complete and accurate. Any material omissions or untruths may result in program cancellation or early return of the applicant.

Student signature Date Parent signature Date



This page is intentionally blank



STUDENT HEALTH CERTIFICATE

RELEASE

Our son/daughter has our permission to apply and take part in the Youth For Understanding (YFU) International Exchange program. We affirm that all of the medical information released to YFU is complete and truthful to the best of our knowledge. As the applicant's parents or guardians, we agree to authorize the YFU Program or the host family to act for us in any emergency, accident or illness in the event our son/daughter enters the YFU program. This Medical Release form may be used as my written authorization to disclose to the YFU Program or host family my child's protected health information. If our son/daughter has a recurrence of any previous illness, condition or anything contracted before leaving home, we, the undersigned, authorize the YFU program to release our son/daughter to our personal care. We will not hold YFU responsible for any debts incurred by this or any other illness or condition, and we agree to pay for the return travel of our son/daughter. In accordance with the standards of the Health Insurance Portability and Accountability Act of 1996 (HIPPA), we authorize the release of medical information, to or between YFU employees and volunteers including host families during the student's participation in the YFU program.

Parent's or Guardian's Signature

Date

Student's Signature

Date

CERTIFICATE OF DENTAL HEALTH

(For year and semester students only)

I have examined the teeth of this student and certify that they are in satisfactory condition.

Dentist's Signature: _____ Date: _____

Dentist's Name Printed: _____ Phone: (_____) _____ Area/City Code

Dentist's Address: _____

CERTIFICATE OF GENERAL HEALTH

Physicians, Please Note:

- This student will participate in an exchange program that involves living overseas with a host family. Please provide detailed information on any condition that could: 1) impact the home chosen for the student or his/her adjustment to another culture; 2) restrict participation in activities; or 3) possibly require treatment overseas. Please type or print legibly in BLACK INK and write in English. Upon completion of this form, return it to the student. Thank you for your assistance.

Student's Name: _____ Date of Birth: _____

Address: _____ City State/Province Zip/Postal Code Country

Date of examination: _____ Age: _____ Sex: M F

Height: _____ Weight: _____

Blood Pressure: Sys: _____ Dia: _____ Pulse rate: _____ Regular? Yes No

Are reflexes normal? Pupil: Yes No Knee: Yes No Other: _____

1. Has the student ever received treatment, attention or advice from a physician or other practitioner for, or been told by any physician or practitioner that such person had:

- 1. Allergies* Yes No
2. Asthma Yes No
3. Appendicitis Yes No
Has appendix been removed? Yes No
4. Arthritis Yes No
5. Cancer Yes No
6. Chicken Pox (Varicella) Yes No
7. Diabetes Yes No
8. Eating disorder (e.g. anorexia, bulimia) Yes No
9. Emotional difficulties Yes No
10. Enuresis/Bed wetting Yes No
11. Epilepsy Yes No
12. German measles (Rubella) Yes No
13. Hernia Yes No
Has applicant been operated on for hernia Yes No
14. Malaria Yes No
15. Measles (Rubeola) Yes No
16. Mumps (Rabula inflans) Yes No
17. Pneumonia Yes No
18. Rheumatic fever Yes No
19. Scarlet fever Yes No
20. Serious or persistent cough Yes No
21. Serious or persistent headaches Yes No
22. Frequent or chronic strep throat (Streptoangina) Yes No
23. Tuberculosis Yes No
24. Typhoid fever Yes No
25. Ulcers Yes No
26. Vertigo, dizziness Yes No
27. Whooping cough (Pertussis) Yes No



2. Any disease, impairment or abnormality of:

- | | | | |
|---------------------------------------|----------------------------------------------------------|-------------------------------------|----------------------------------------------------------|
| a. Blood or endocrine system | <input type="checkbox"/> Yes <input type="checkbox"/> No | j. Ovaries or breasts, if a female | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Bones, joints, or locomotor system | <input type="checkbox"/> Yes <input type="checkbox"/> No | k. Menstrual disorders, if a female | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Brain or nervous system | <input type="checkbox"/> Yes <input type="checkbox"/> No | l. Prostate or testes, if a male | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Ears or hearing | <input type="checkbox"/> Yes <input type="checkbox"/> No | m. Skin | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Eyes | <input type="checkbox"/> Yes <input type="checkbox"/> No | n. Stomach or digestive system | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f. Genital-urinary system | <input type="checkbox"/> Yes <input type="checkbox"/> No | o. Throat | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| g. Heart or blood vessels | <input type="checkbox"/> Yes <input type="checkbox"/> No | p. Thyroid | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| h. Lungs, respiratory system | <input type="checkbox"/> Yes <input type="checkbox"/> No | q. Tonsils, nose | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| i. Other abdominal organs | <input type="checkbox"/> Yes <input type="checkbox"/> No | Have tonsils been removed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

For all parts of Question 1 or Question 2 answered "yes", please give details: (Please print) Identify Questions Nature and Severity of Disease or Disorder, Specific Diagnosis, Frequency of Attacks and Treatment*
(number or letter)

*For allergies, please indicate in section above the type, allergen, frequency and severity of symptoms, duration, date of last symptom, medication (name, oral or injected and dosage)

3. Has the student:

If "yes", please explain.

Additional comments may be made below if needed.

- | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------|
| a. Had any surgical operation not revealed in previous questions, or gone to a hospital, clinic, dispensary or sanatorium for observation, examination or treatment not revealed in previous questions? | <input type="checkbox"/> Yes <input type="checkbox"/> No | a. _____

_____ |
| b. In the past 6 months taken any prescribed medication or been advised to restrict diet or living routine? | <input type="checkbox"/> Yes <input type="checkbox"/> No | b. _____ |
| c. Ever used cocaine, barbiturates or other addictive drugs, except as medication prescribed by a physician or other practitioner? | <input type="checkbox"/> Yes <input type="checkbox"/> No | c. _____
_____ |
| d. Ever received treatment from a physician or other practitioner regarding the use of alcohol, or the use of drugs except for medical purposes, or received treatment or advice from an organization that assists those who have an alcohol or drug problem? | <input type="checkbox"/> Yes <input type="checkbox"/> No | d. _____

_____ |
| e. Had any significant weight loss or gain? | <input type="checkbox"/> Yes <input type="checkbox"/> No | e. _____ |
| f. Participated in counseling or therapy within the last 2 years? | <input type="checkbox"/> Yes <input type="checkbox"/> No | f. _____ |
| g. Ever exhibited symptoms of or been treated for an eating disorder? | <input type="checkbox"/> Yes <input type="checkbox"/> No | g. _____ |
4. Do you have knowledge of any history or present evidence of nervous, emotional, or mental problems? For example, is there any history of depression, suicidal thoughts or behavior, psychosis, mood swings or other nervous conditions? Yes No
If yes, please explain: _____
5. Is the applicant contemplating any surgical operation or planning to seek other medical advice or treatment? Yes No
If yes, please explain: _____
6. Additional comments (continue on extra paper if necessary): _____
7. Will the student be taking any prescribed medication with him or her? Yes No If yes, what medication?
(a. Generic name, dosage and reason) _____
(b. Generic name, dosage and reason) _____
8. In my opinion the general state of the student's health is: Excellent Good Fair Poor
9. In my opinion the student may participate in high school sports and activities: Yes No

Physician's Signature: _____ Date: _____

Physician's Name Printed: _____ Phone: (_____) _____

Physician's Address: _____



YFU*IS*B/2



STUDENT IMMUNIZATION RECORD

Student Name: _____
Last Name First Name Middle Name(s)

IMMUNIZATION RECORD

Student Note:

U.S. school authorities require immunizations for any student entering school for the first time. The specific requirements vary from place to place and YFU may contact you about additional immunization requirements for your specific placement. The majority of schools require the immunizations on this form. Since the schools require these immunizations be completed prior to allowing entry at the school it is important that you complete immunization requirements prior to coming to the USA. In the event that immunizations can only be completed after arrival in the U.S., you may be required to delay your school start until you are immunized. In addition, immunizations may be expensive in the U.S., and YFU insurance will not cover this expense.

Official's Note:

Please list the most recent vaccination dates if there are more than space allows.

	Dose 1 (Month, Day, Year)	Dose 2 (Month, Day, Year)	Dose 3 (Month, Day, Year)	Dose 4 (Month, Day, Year)
Diphtheria (or DPT or Td) 4 doses required				
Tetanus (or DPT or Td) Last dose must be within 10 years of student's program end date				
Poliomyelitis 3 doses required; 4 if done by combination oral and injected regimen. At least one dose after age 4 for either regimen	<input type="checkbox"/> Oral <input type="checkbox"/> Injected	<input type="checkbox"/> Oral <input type="checkbox"/> Injected	<input type="checkbox"/> Oral <input type="checkbox"/> Injected	<input type="checkbox"/> Oral <input type="checkbox"/> Injected
Hepatitis B 3 doses required. 2 nd dose must be at least 1 month after the 1 st dose. 3 rd dose must be at least 4-6 months after the 1 st dose. There must be an eight-week interval between dose 2 and dose 3.				
If available, but not required:				
Pertussis (or DPT or Td) 3 doses required or 4 doses of DPT				
HIB (Haemophilus Influenza type b) 4 doses required				
MCV (Meningococcal vaccine) 1 dose				
Hepatitis A 2 doses required; 6 months apart. May be required in some states.				

Continued next page



IMMUNIZATION RECORD (Continued)

Student Name: _____
Last Name
First Name
Middle Name(s)

		Dose 1 (Month, Day, Year)	Dose 2 (Month, Day, Year)		Date of Disease (Month, Day, Year)		Date of Blood Titer
Measles, Mumps & Rubella or MMR. 2 doses for each immunization required OR two doses of combined MMR	Measles			Or		And	<input type="checkbox"/> Pos <input type="checkbox"/> Neg
	Mumps			Or		And	<input type="checkbox"/> Pos <input type="checkbox"/> Neg
	Rubella			Or		And	<input type="checkbox"/> Pos <input type="checkbox"/> Neg
	MMR						
Varicella 2 doses required at least 28 days apart or documented date of disease.							

Tuberculosis BCG vaccine is not recognized by U.S. schools. Students must submit a negative Mantoux* skin test; or negative TBC blood test result; or a negative chest x-ray. Note: students must be tested for tuberculosis and results reported to YFU within one year prior to departure. If a Mantoux skin patch test has a positive result, a chest x-ray is required. *The Mantoux test is the only accepted TB skin test.	BCG Vaccine <input type="checkbox"/> Yes _____ Date Administered _____ TBC Blood Test Date <input type="checkbox"/> Pos <input type="checkbox"/> Neg	Mantoux Test (Month, Day, Year) _____ <input type="checkbox"/> Pos <input type="checkbox"/> Neg	Chest X-Ray (Month, Day, Year) _____ <input type="checkbox"/> Pos <input type="checkbox"/> Neg
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------

Additional comments by physician pertaining to immunization for student:

Official's Signature: _____ **Date:** _____

Printed Name: _____



YFU*IS*B1-2



HOST FAMILY LETTER

- Please write a letter in English to your host family introducing yourself and telling them why you are looking forward to becoming a member of their family. This letter will be used for placement and WILL be given to your host family. They will be very interested in learning about you as a person, about your family and the activities, which you enjoy. Please do not include personal information such as last names, email address, telephone number, hometown or street address as your letter will be made public to prospective host families.
- All potential host families will be looking at your letter. Choose activities that best describe your significant interests as this letter will be used to match you and your family. Your host family will select you based on the impression they get about you from this letter. It is important to be interesting, informative and accurate. Your host family will be surprised if you are not like the person they read about in the letter!
- Your letter must be typed or printed neatly in dark ink on a separate piece of white paper. This is the first impression a potential host family will have of you. Check your spelling and be neat when correcting errors. Be sure to thank your host family for opening their home to you.
- Don't forget to sign your first name, especially if you type your letter, since it adds a more personal touch!

Your letter should be at least 400 words. Review this list of topics to help you write your letter.

Suggested ideas for writing your host family letter:

- The kinds of activities you like to participate in with your friends and family.
- What you do on a typical weekend, (e.g. work, activities, entertainment).
- Your career plans or special areas of interest.
- Your hopes and dreams for the future.
- Your favorite subjects/school activities, clubs, and why you enjoy them.
- Your primary hobbies and why you enjoy them.
- Appreciation of your future host family.
- Why you want to be an exchange student, and what you hope to gain and contribute during your exchange.
- Your family members and your relationship with them.
- What kind of responsibilities you have as a family member, (e.g. household chores, taking care of younger siblings).

Please Note: The host family letter will be made public, so students should not include any personal information such as last name, email address, telephone number, hometown or street address.



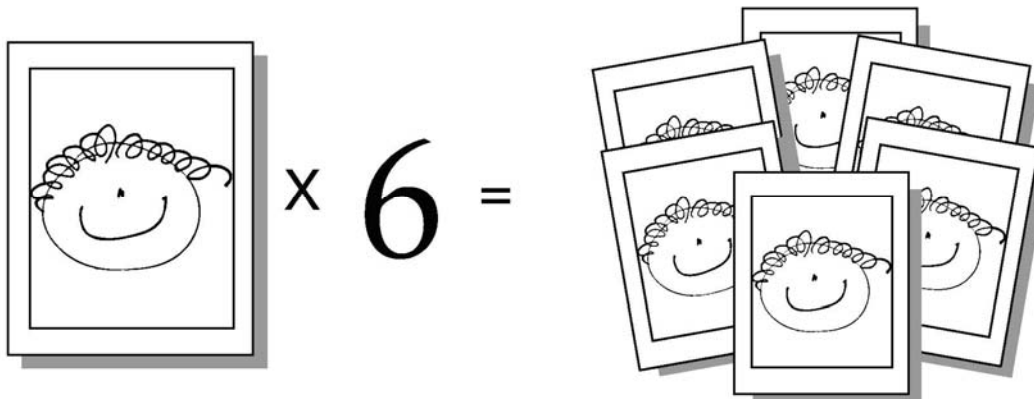
This page is intentionally blank



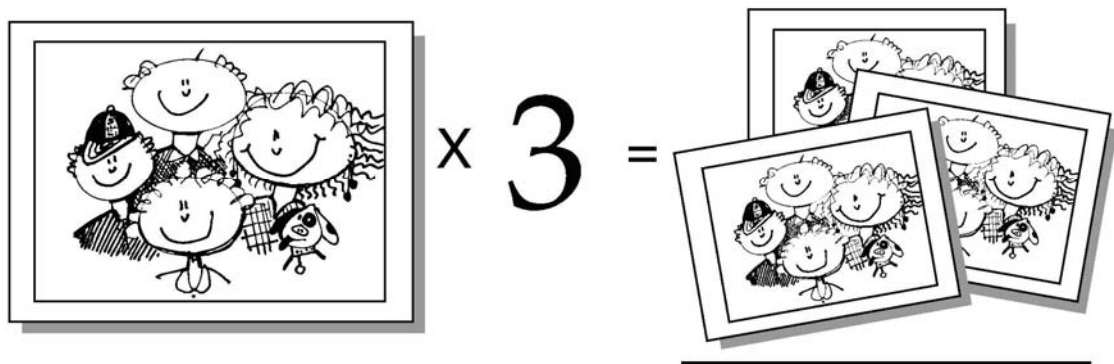


PHOTOS

- "A picture is worth a thousand words." We believe this saying to be true. As part of the placement process, your pictures, along with your host family letter and a summary of your application, will be shown to potential host families.
- Your host country requires that you send six (6) head-and-shoulders pictures (these can be school photos or pictures taken with your own camera). These are used for files and internal paperwork. They do NOT have to be passport photos, though you may be required to obtain actual passport photos during the visa process. You should look neatly groomed and smiling in your pictures.



- Your host country will also require three (3) photos, which will be shown to your host family. Each picture should say something about you and present you in the best light. They should be pictures of you and your family. Please label them and describe the picture and the other people in the photograph. Indicate who you are in the group photographs.



Total # of photos = **9**

- Glue or tape your pictures of you and your family on the next page. Do not use staples.
- Keep in mind that we are unable to return any photos, which are part of your Admissions Packet. You may wish to send color photocopies of your favorite photos, but black and white photocopies of photos are unacceptable.
- Remember: put your best foot forward. Send interesting, happy, smiling photos which let a family know what a great addition to their family you would be!



Attach Photo #1 Here

(Do Not Staple)

Attach Photo #2 Here

(Do Not Staple)

Attach Photo #3 Here

(Do Not Staple)





YFU EVALUATION & RECOMMENDATION

TO BE COMPLETED BY A YFU EVALUATOR

- These notes are CONFIDENTIAL. Under no circumstances should this form be given to the student, host family or school.
- Please type or print legibly in **black ink**.

Student's Name: _____
Last *First* *Middle*

1. What impresses you about the student's personality?

2. What are the student's distinguishing characteristics? Give examples of special positive qualities the student would bring to the exchange experience.

3. Describe any particular interests, needs or attitudes that might have an impact on placement or adjustment (health, diet or activity):



4. PLACEMENT RECOMMENDATIONS: YFU students are expected to be flexible concerning the variety of possible placement locations (region, size and environment) and type of host family (size, children or not, siblings, ages, etc.). In your opinion, is there any possibility which would absolutely *not* be suitable for this student, and why?

LOCATION:

TYPE OF HOST FAMILY:

5. LANGUAGE ABILITIES: If you have any first-hand knowledge of the applicant's foreign language abilities, please comment:

6. Do you have any additional comments for the placement staff overseas?

Name of Evaluator

Signature

Date



3. Research indicates that the factors listed below are important for successful intercultural adjustment:

- Curiosity
- Self-motivation
- Sense of humor
- Open mindedness
- Ability to tolerate failure
- Ability to communicate
- Tolerance for differences
- Adaptability/flexibility
- Positive regard for others
- Strong sense of self
- Positive and realistic expectations

Please assess the student's strengths and weaknesses with respect to these factors. When possible, please provide specific examples.

4. In what context and for what length of time have you known this student?

5. Do you know of any physical or emotional difficulties this student might have which may affect his/her participation in an exchange program?

Yes No

6. Check one of the following:

- I strongly recommend this student
- I recommend this student
- I do not recommend this student
- I have some reservations.

(All remarks will be kept confidential.)

Signature: _____ Date: _____

School: _____

School Address: _____ Telephone: (_____) _____
Area/City Code

City/Town

State/Province

Zip Code/Postal Code

Name (Please print): _____ Title: _____





REQUEST FOR TRANSCRIPT

Students: Please give to your school administrator to complete

School Administrator Instructions:

To be accepted by YFU, the student is required to submit an official transcript reporting his/her grades for the two most recent years (past four complete semesters).

- Please include information about how the number grades are translated into letter grades at your school. For example: 93-100=A; 85-92=B, etc.
- Please attach the transcript(s) to this form and return both to the student (in a sealed envelope) at your earliest convenience. Thank you for your prompt attention.

- Please indicate how many years, excluding preschool/kindergarten, of pre-university study exist in your country's school system? _____
- How many of these years will the student have completed before traveling to his/her host country. _____

E2 - TRANSLATION OF TRANSCRIPT

In order for US high schools to better understand the student's grades, we ask that an official complete this form using the scores below. Please include all academic courses for the last 2 years.

A = Excellent B = Good C = Fair D = Poor F = Failure

Name of Student: _____
 Name of School: _____
 Address of School: _____

SUBJECT	Date: Year: Grade:	Date: Year: Grade:	Date: Year: Grade:	Date: Year: Grade:
English:				
Math:				
History:				
Science:				
Foreign Language: <i>(Please specify)</i>				
Foreign Language: <i>(Please specify)</i>				

Continued on the next page



SUBJECT	Date: Year: Grade:	Date: Year: Grade:	Date: Year: Grade:	Date: Year: Grade:
Other: _____ <i>(Please specify)</i>				
Other: _____ <i>(Please specify subject)</i>				
Other: _____ <i>(Please specify subject)</i>				
Other: _____ <i>(Please specify subject)</i>				
Other: _____ <i>(Please specify subject)</i>				
Other: _____ <i>(Please specify subject)</i>				
Other: _____ <i>(Please specify subject)</i>				
Other: _____ <i>(Please specify subject)</i>				
Other: _____ <i>(Please specify subject)</i>				
Other: _____ <i>(Please specify subject)</i>				
Other: _____ <i>(Please specify subject)</i>				
Other: _____ <i>(Please specify subject)</i>				

(Attach additional pages if needed)

Authorized signature: _____ Date: _____

Printed Name: _____ Title: _____



YFU*IS*E2/2