



ZOZNAM POTREBNÝCH DOKUMENTOV

Tento zoznam slúži pre Tvoju kontrolu, aby si vedel, či máš skompletizované všetky potrebné dokumenty.

Správne vyplnená prihláška skracaje čas spracovania a umožňuje nám čo najskôr Ti oznámiť termín výberového konania.

Zoznam potrebných dokumentov:

(Prosíme, skontroluj si, či si vypracoval všetky z nasledujúcich dokumentov. Nezabudni formuláre na potrebných miestach podpísať a takisto ich nechať podpísať rodičmi tam, kde sa podpisy vyžadujú. Nutné sú podpisy oboch rodičov!)

- formulár **SK1** – prihláška na študijný pobyt v zahraničí (1 strana)
- formulár **SK2** - krátka esej na tému „Prečo chcem byť výmenným študentom“ (v rozsahu 1 až 2 strany)
- formulár **A1**- informácie o študentovi (2 strany)
- formulár **A2** – informácie o umiestnení (2 strany)
- formulár **A3** – súhlas s YFU USA (1 strana)
- formulár **B2** – potvrdenie o povinnej vakcinácii (2 strany)
- list **C1** - list hostiteľskej rodine (nezabudni ho vlastnoručne podpísať krstným menom!). List nesmie obsahovať žiadne konkrétne priezviská a názvy miest či obcí, nesmie obsahovať telefónne čísla ani mailové adresy. (max. 2 strany)
- vzor **C2** - minimálne 3 fotografie (max.9) v dostatočnej kvalite Teba a Tvojej rodiny, prípadne priateľov alebo osôb, ktoré sú Ti blízke, - nalepené na papieroch formátu A4 spolu s popisom, kto/čo sa na fotke nachádza (tieto fotky budeme posielat' hostiteľskej rodine) (max. 3 strany)
- 7 ks pasových fotografií** (prosíme, na zadnú stranu napíš svoje meno a priezvisko). 6 fotografií zasielame do krajiny, 1 ks zostáva v YFU Slovensko n.o.
- formulár **D2** – hodnotenie učiteľa (2 strany)
- formulár **E1** – prepis známok potvrdený učiteľom al. školou za posledné 3 roky tvojho štúdia (2 strany)
- kópia poslednej dvojstrany pasu (strana s fotografiou a podpisom)
- kópie vysvedčení z posledných 3 rokov

Nezabudni – Tvoja prihláška je Tvojou prvou vizitkou pre hostiteľkú rodinu.

v prípade, že žiadate o štipendium:

- kompletne vyplnená žiadosť o štipendium
- potvrdenie zamestnávateľa o príjme rodičov, v prípade SZČO kópia posledného daňového priznania

Tešíme sa na stretnutie na výberovom konaní!

Termín a miesto Ti oznámime po obdržaní všetkých podkladov.



YFU Slovensko n.o.

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Tel: 02 / 52 49 29 53
Mob: 0918 / 521 589

SK1

PRIHLÁŠKA NA ŠTUDIJNÝ POBYT V ZAHRANIČÍ

Meno: _____ Dátum vyplnenia: _____

Bydlisko: _____ Dátum narodenia: _____

Mám záujem o program:

- letný pobyt (len Nemecko, Fínsko a Grécko)
- ročný výmenný pobyt
- polročný výmenný pobyt: začínajúci v januári
- začínajúci v júli/auguste

do krajiny

- Belgicko
 - valónska (franc.) časť
 - flámska (holand.) časť -> bez špecializácie so špecializáciou: _____
- Nemecko
- Švajčiarsko (len nemecký kantón)
- Grécko (len letný program)
- Holandsko
- Estónsko
- Fínsko
- Nórsko
- Švédsko
- USA
- Argentína
- Čile
 - stredoškolský program
 - vysokoškolský program
- iná krajina: _____

V prípade, ak by som úspešne prešiel výberovým konaním, ale vo vyššie zvolenej krajine by už nebolo voľné študijné miesto, ako alternatívnu krajinu pobytu by som si zvolil (urči podľa poradia):

1. _____

2. _____

Podpis študenta: _____

Súhlasíme s účasťou nášho syna/našej dcéry na študijnom pobyte: _____



Meno: _____ Dátum: _____

Krátka esej na tému
„Prečo chcem byť výmenným študentom“
(v prípade potreby použi prosím dodatočný list papiera)



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

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 (Tdap preferred; Td probably acceptable)	<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)

Notes:

1. Many states have unique specific requirements, which will be communicated to your partner office if we are aware of them in advance or students may be required to obtain vaccinations upon arrival.
2. If student is in need of a Tetanus booster, please recommend they get the Tdap (tetanus/diphtheria/acellular pertussis) if available instead of a Td (tetanus/diphtheria).



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: _____ Email: _____

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

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

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

Relationship to you: _____ Email: _____

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, if requested by your host family?

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*



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STUDENT HEALTH CERTIFICATE

RELEASE

Our son/daughter has our permission to apply for and to 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. We grant YFU and the host family authorization to have our child immunized if necessary to secure or maintain school or host family placement, and agree to pay the cost of such immunization. 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, and we agree to pay for the return travel of our son/daughter. We will not hold YFU or the host parents responsible for any debts incurred by this or any other illness or condition, and agree to pay for any amounts denied by the travel insurance policy. 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* | <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. Malaria | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Asthma | <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Measles (Rubeola) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Appendicitis | <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Mumps (Rabula inflans) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has appendix been removed? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Pneumonia | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Arthritis | <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Rheumatic fever | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Cancer | <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Scarlet fever | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Chicken Pox (Varicella) | <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Serious or persistent cough | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Diabetes | <input type="checkbox"/> Yes <input type="checkbox"/> No | 21. Serious or persistent headaches | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Eating disorder (e.g. anorexia, bulimia) | <input type="checkbox"/> Yes <input type="checkbox"/> No | 22. Frequent or chronic strep throat (Streptoangina) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Emotional difficulties | <input type="checkbox"/> Yes <input type="checkbox"/> No | 23. Tuberculosis | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Enuresis/Bed wetting | <input type="checkbox"/> Yes <input type="checkbox"/> No | 24. Typhoid fever | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Epilepsy | <input type="checkbox"/> Yes <input type="checkbox"/> No | 25. Ulcers | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. German measles (Rubella) | <input type="checkbox"/> Yes <input type="checkbox"/> No | 26. Vertigo, dizziness | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. Hernia | <input type="checkbox"/> Yes <input type="checkbox"/> No | 27. Whooping cough (Pertussis) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
- Has applicant been operated on for hernia Yes No





POTVRDENIE O ZDRAVOTNOM STAVE PREHLÁSENIE

Náš syn/ dcéra má naše povolenie uchádzať sa a zúčastniť sa medzinárodného výmenného programu Mládež pre porozumenie (Youth For Understanding, YFU). Potvrdzujeme, že všetky poskytnuté informácie o zdravotnom stave sú úplné, pravdivé podľa nášho najlepšieho vedomia. Ak sa náš syn/ dcéra zúčastní programu, ako jeho rodičia alebo poručníci súhlasíme a splnomocňujeme YFU Program alebo hosťiteľskú rodinu, aby konali v našom mene v núdzových situáciách, v prípade úrazu alebo choroby. Tento formulár o zdravotnom stave môže byť tiež mojím/ našim písomným súhlasom na poskytnutie dôverných informácií o zdravotnom stave môjho dieťaťa YFU programu alebo hosťiteľskej rodine. Zároveň splnomocňujeme YFU program, aby rozhodol o vrátení nášho syna/ našej dcéry do našej opaterky, ak sa u neho/ nej opätovne objaví choroba, stav alebo ochorenie nadobudnuté pred odchodom z krajiny. Nebudeme brať YFU na zodpovednosť za dlhý spôsobené touto alebo inou chorobou alebo stavom a súhlasíme s platbou za spiatočnú cestu nášho syna/ dcéry. V súlade s podmienkami Zákona o prenosnosti a zúčtovateľnosti zdravotného poistenia z roku 1996 (HIPPA) súhlasíme s poskytnutím informácií o zdravotnom stave študenta zamestnancom a dobrovoľníkom YFU vrátane hosťiteľskej rodiny počas jeho účasti na programe.

Meno študenta _____ Dátum _____
Podpis rodiča alebo poručníka _____ Dátum _____
Podpis študenta _____ Dátum _____

POTVRDENIE ZUBNÉHO LEKÁRA

(Len pre ročných a semestrálnych študentov)

Po prehliadke zubov tohto študenta prehlasujem, že sú v uspokojivom stave.

Podpis zubného lekára: _____ Dátum: _____
Meno zubného lekára (tlačenými písmenami): _____ Tel. č.: (_____) _____
Adresa zubného lekára: _____
Predvolba

POTVRDENIE O CELKOVOM ZDRAVOTNOM STAVE

UPOZORNENIE PRE LEKÁROV:

- Tento študent a zúčastní výmenného programu, ktorého súčasťou je pobytu v hosťiteľskej rodine v zahraničí. Prosíme Vás o poskytnutie podrobných informácií o stave, ktorý by mohol: 1) mať vplyv na domov, resp. rodinu vybranú pre študenta alebo na jeho/ jej prispôsobenie sa inej kultúre; 2) obmedziť jeho/ jej účasť na určitých aktivitách; alebo 3) by mohol vyžadovať liečbu v zahraničí.
- Prosím vyplňte čitateľne ČIERNYM PEROM a v anglickom jazyku. Po vyplnení formulára ho prosím vráťte študentovi. Ďakujeme Vám za Vašu pomoc.

Meno študenta: _____ Dátum narodenia: _____
Adresa: _____

Dátum prehliadky: _____ Vek: _____ Pohlavie: M Ž

Výška: _____ Váha: _____

Krvný tlak: Sys: _____ Dia: _____ Tep: _____ Pravidelný? Yes No

Sú reflexy normálne? Zrenice: Áno Nie Kolená: Áno Nie Iné: _____

1. Bol študent liečený, upozornený lekárom, že mal/má:

- | | | | |
|---|---|--|---|
| 1. Alergie* | <input type="checkbox"/> Áno <input type="checkbox"/> Nie | 14. Maláriu | <input type="checkbox"/> Áno <input type="checkbox"/> Nie |
| 2. Astmu | <input type="checkbox"/> Áno <input type="checkbox"/> Nie | 15. Ružienka (Rubeola) | <input type="checkbox"/> Áno <input type="checkbox"/> Nie |
| 3. Zápal slepého čreva | <input type="checkbox"/> Áno <input type="checkbox"/> Nie | 16. Mumps (Rabula inflans) | <input type="checkbox"/> Áno <input type="checkbox"/> Nie |
| Bolo slepé črevo odstránené? | <input type="checkbox"/> Áno <input type="checkbox"/> Nie | 17. Zápal pľúc | <input type="checkbox"/> Áno <input type="checkbox"/> Nie |
| 4. Artritídu | <input type="checkbox"/> Áno <input type="checkbox"/> Nie | 18. Reumatická horúčka | <input type="checkbox"/> Áno <input type="checkbox"/> Nie |
| 5. Rakovinu | <input type="checkbox"/> Áno <input type="checkbox"/> Nie | 19. Šarlach | <input type="checkbox"/> Áno <input type="checkbox"/> Nie |
| 6. Ovčie kiahne (Varicella) | <input type="checkbox"/> Áno <input type="checkbox"/> Nie | 20. Vážny alebo pretrvávajúci kašeľ | <input type="checkbox"/> Áno <input type="checkbox"/> Nie |
| 7. Cukrovku | <input type="checkbox"/> Áno <input type="checkbox"/> Nie | 21. Vážne alebo pretrvávajúce bolesti hlavy | <input type="checkbox"/> Áno <input type="checkbox"/> Nie |
| 8. Poruchu prijímania jedla (napr. anorexia, bulímia) | <input type="checkbox"/> Áno <input type="checkbox"/> Nie | 22. Časté alebo chronické zápaly hrdla (Streptoangina) | <input type="checkbox"/> Áno <input type="checkbox"/> Nie |
| 9. Citové poruchy | <input type="checkbox"/> Áno <input type="checkbox"/> Nie | 23. Tuberkulózu | <input type="checkbox"/> Áno <input type="checkbox"/> Nie |
| 10. Pomočovanie/Nočné pomočovanie | <input type="checkbox"/> Áno <input type="checkbox"/> Nie | 24. Tyfoídnu horúčku | <input type="checkbox"/> Áno <input type="checkbox"/> Nie |
| 11. Epilepsiu | <input type="checkbox"/> Áno <input type="checkbox"/> Nie | 25. Vredy | <input type="checkbox"/> Áno <input type="checkbox"/> Nie |
| 12. Osýpky (Rubella) | <input type="checkbox"/> Áno <input type="checkbox"/> Nie | 26. Závraty, malátnosť | <input type="checkbox"/> Áno <input type="checkbox"/> Nie |
| 13. Pruh | <input type="checkbox"/> Áno <input type="checkbox"/> Nie | 27. Čierny kašeľ (Pertussis) | <input type="checkbox"/> Áno <input type="checkbox"/> Nie |
| Bol na pruh operovaný? | <input type="checkbox"/> Áno <input type="checkbox"/> Nie | | |

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.* If any conditions are chronic, please provide detailed information regarding management of the condition(s).
(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

2. Choroba, zhoršenie stavu alebo abnormalita:

- a. Krvi al. endokrinného systému Áno Nie
- b. Kostí, kĺbov alebo pohybového aparátu Áno Nie
- c. Mozgu alebo nervového systému Áno Nie
- d. Uší alebo sluchu Áno Nie
- e. Očí Áno Nie
- f. Genitálneho a močového systému Áno Nie
- g. Srdca alebo krvných ciev Áno Nie
- h. Pľúc, dýchacieho systému Áno Nie
- i. Iné brušné orgány Áno Nie

- j. Vaječníkov alebo prsníkov (ženy) Áno Nie
- k. Menštruačné problémy (ženy) Áno Nie
- l. Prostaty al. semenníkov (muži) Áno Nie
- m. Kože Áno Nie
- n. Žalúdka alebo tráviaceho systému Áno Nie
- o. Hrdla Áno Nie
- p. Štítnej žľazy Áno Nie
- q. Mandlí, nosa Áno Nie
- Sú mandle odstránené? Áno Nie

K všetkým otázkam, na ktoré ste v časti 1 ste odpovedali "áno", uveďte prosím detaily: (Prosím píšete čitateľne)

Označenie otázky Povaha a závažnosť choroby alebo ťažkostí, presná diagnóza, výskyt záchvatov a liečba *
(číslo alebo písmeno)

*V prípade alergií, prosíme uviesť typ, alergén, vážnosť prejavov a frekvencia a trvanie ich výskytu, dátum posledného prejavu, liečba (názov, orálna alebo ústna alebo ako injekcia a dávka)

3. Študent:

Ak "áno", prosím vysvetliť.

- a. Mal operácie, ktoré neboli uvedené v predchádzajúcich otázkach alebo bol hospitalizovaný v nemocnici, na klinike alebo diagnostickom ústave alebo sanatóriu na pozorovaní, vyšetrení alebo liečbe? Áno Nie
- b. V predchádzajúcich 6 mesiacov bral predpísané lieky alebo mu bola odporučená diéta alebo doporučené v ykonať obmedzenia v bežnom živote? Áno Nie
- c. Užíval kokain, barbituráty alebo iné návykové látky, s výnimkou liekov predpísaných lekárom? Áno Nie
- d. Liečil sa v súvislosti s užívaním alkoholu, drog s výnimkou zdravotných dôvodov alebo sa liečil v organizácii, ktorá pomáha ľuďom s problémami s alkoholom alebo drogami, prípadne dostal od nej radu? Áno Nie
- e. Mal značný úbytok alebo nárast hmotností? Áno Nie
- f. Zúčastnil sa terapie počas posledných 2 rokov? Áno Nie
- g. Bol niekedy vystavený symptómom alebo bol liečený kvôli stravovacím poruchám? Áno Nie

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____

4. Viete o akýchkoľvek súčasných alebo predchádzajúcich nervových, emocionálnych alebo mentálnych problémoch uchádzača? Napr. depresie, samovražedné sklony, psychózy, výkyvy nálad alebo iné nervové stavy? Áno Nie

Ak áno, prosíme vysvetliť: _____

5. Uvažuje uchádzač o nejakom chirurgickom zákroku alebo plánuje vyhľadať inú lekársku pomoc alebo liečbu? Áno Nie

Ak áno, prosíme vysvetliť: _____

6. Dodatočné poznámky (ak je potrebné, pokračujte na osobitnom hárku papiera): _____

7. Má študent predpísané nejaké lieky, ktoré si bude brať študent so sebou? Áno Nie Ak áno, aké lieky?

(a. Druhový názov, dávka a dôvod) _____

(b. Druhový názov, dávka a dôvod) _____

8. Podľa môjho názoru je celkový zdravotný stav študenta: Výborný Dobrý Uspokojivý Zlý

9. Podľa môjho názoru sa študent môže zúčastňovať stredoškolských aktivít a športovať: Áno Nie

Podpis lekára: _____ Dátum: _____

Meno lekára (veľkými tlačenými písmenami): _____ Tel. č.: (_____) _____

Adresa lekára: _____



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.

REQUIRED	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 (Tdap 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.	____/____/____	____/____/____	____/____/____	

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
	Or		

Continued next page



**ŠTUDENTSKÝ ZÁZNAM O OČKOVANÍ**

Meno studenta: _____

Priezvisko: _____

Meno: _____

Stredné meno: _____

ZÁZNAM O OČKOVANÍ**Poznámka pre študenta:**

Školy v USA požadujú zaočkovanie od každého študenta, ktorý nastupuje do školy. Špecifické požiadavky sa líšia miestom a YFU ťa môže informovať o doplňujúcich očkovacích požiadavkách závisiacich od umiestnenia. Väčšina škôl vyžaduje očkovania na tomto formulári. Odvtedy, čo školy požadujú tieto očkovania, aby boli splnené predtým než povolia vstup do školy, je dôležité, aby si mal urobené všetky požiadavky na očkovania predtým, než prídeš do USA. V prípade, že očkovania môžu byť dokončené až po príchode do USA, môžeš byť požiadaný odložiť tvoj nástup do školy kým nebudeš zaočkovaný. V neposlednom rade, očkovania môžu byť v USA drahé a YFU poistenie tieto výdavky nekryje.

Poznámka pre lekára:

Prosím, uveďte najaktuálnejšie dátumy očkovaní ak je ich viac, než priestor dovoľuje uviesť .

	Dávka 1 (mesiac, deň, rok)	Dávka 2 (mesiac, deň, rok)	Dávka 3 (mesiac, deň, rok)	Dávka 4 (mesiac, deň, rok)
Diphtheria (or DPT or Td) Požadované 4 dávky				
Tetanus (or DPT or Td) Posledná dávka musí byť podaná v rámci 10 rokov do dátumu konca študentovho programu				
Poliomyelitis Vyžadované 3 dávky; 4 ak sú kombinované ústne podanie a injekcie.. Aspoň jedna dávka po dosiahnutí 4 rokov z každého typu podania.	<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 dávky vyžadované. 2.dávka musí byť podaná min. 1 mesiac po 1.dávke. 3.dávka musí byť podaná aspoň 5 mesiacov po 2.dávke.				

Tuberkulóza BCG vakcína nie je uznávaná školami v USA. Študenti musia preukázať negatívny kožný test alebo negatívne výsledky krvného testu na TBC; alebo negatívny výsledok röntgenu hrudníka. Poznámka: Študent musí byť testovaný na tuberkulózu a výsledky musia byť oznámené YFU v priebehu jedného roka pred odchodom študenta do USA. Ak je kožný test na TBC pozitívny, je vyžadovaný röntgen hrudníka.	BCG Vaccine <input type="checkbox"/> Áno dátum _____ Dátum krvného testu na TBC <input type="checkbox"/> Pos <input type="checkbox"/> Neg	Skin Patch Test (mesiac, deň, rok) <input type="checkbox"/> Pos <input type="checkbox"/> Neg	Chest X-Ray (mesiac, deň, rok) <input type="checkbox"/> Pos <input type="checkbox"/> Neg
	alebo		

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
REQUIRED 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.		_ / _ / _	_ / _ / _	Or	_ / _ / _		

IF AVAILABLE, BUT NOT REQUIRED				
Pertussis (or DPT or Tdap) Please specify DPT or Tdap 3 doses required or 4 doses of DPT	_ / _ / _ <input type="checkbox"/> DPT <input type="checkbox"/> Tdap	_ / _ / _ <input type="checkbox"/> DPT <input type="checkbox"/> Tdap	_ / _ / _ <input type="checkbox"/> DPT <input type="checkbox"/> Tdap	_ / _ / _ <input type="checkbox"/> DPT <input type="checkbox"/> Tdap
HIB (Haemophilus Influenza type b) 4 doses required Document doses received as an infant/child	_ / _ / _	_ / _ / _	_ / _ / _	_ / _ / _
H1N1 (Subtype Influenza A) 1 dose (shot) or 2 doses (mist)	_ / _ / _	_ / _ / _		
MCV (Meningococcal vaccine) 1 dose	_ / _ / _			
Hepatitis A 2 doses required; 6 months apart. May be required in some states.	_ / _ / _	_ / _ / _		

Additional comments by physician pertaining to immunization for student (use a separate sheet if needed):

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

Printed Name: _____



Záznam o očkovaní (Continued)

Meno studenta: _____

Priezvisko: _____

Meno: _____

Stredné meno: _____

		Dose 1 (mesiac, deň, rok)	Dose 2 (mesiac, deň, rok)	Or	Date of Disease (mesiac, deň, rok)	Or	Date of Blood Titer
							<input type="checkbox"/> Pos <input type="checkbox"/> Neg
Ružienka, Mumps & Rubella or MMR. 2 dávky pre každé očkovanie alebo 2 dávky kombinovanej MMR	Ružienka						<input type="checkbox"/> Pos <input type="checkbox"/> Neg
	Mumps						<input type="checkbox"/> Pos <input type="checkbox"/> Neg
	Rubella						<input type="checkbox"/> Pos <input type="checkbox"/> Neg
	MMR						<input type="checkbox"/> Pos <input type="checkbox"/> Neg
Varicella 2 dávky požadované							

Ak sú možné, nie sú ale vyžadované:							
Pertussis (or DPT or Td) 3 dávky požadované alebo 4 dávky DPT							
HIB (Haemophilus Influenza type b) Požadované 4 dávky							
MCV (Meningococcal vaccine) 1 dávka							
Hepatitis A 2 dávky požadované; 2.dávka po 6 mesiacoch. Môže byť požadované v niektorých štátoch.							

Doplňujúce poznámky by physician pertaining to immunization for student:

Podpis lekára: _____ **Dátum:** _____

Meno lekára(tlačeným písmom):



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 or nickname only, 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.



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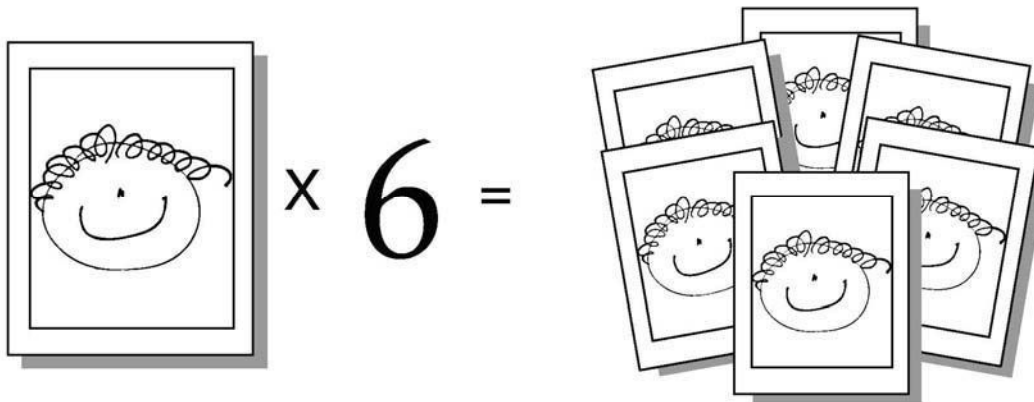
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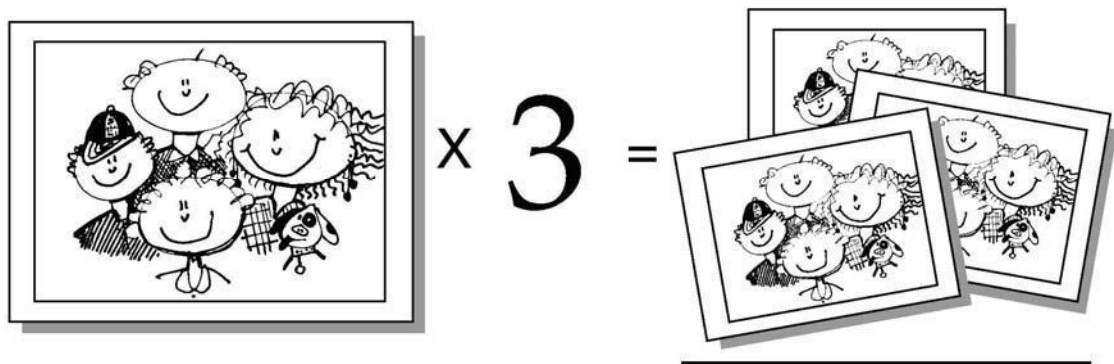


PHOTOS

- “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)



Attach Photo #1 Here

(Do Not Staple)

Attach Photo #2 Here

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Attach Photo #1 Here

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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 of pre-university study exist in your country's school system? _____
- § How many of these years will the student have completed before traveling to U.S. _____

Transcripts:

A = 91 – 100% excellent

B = 81 – 90% very good

C = 71 – 80% good

D = 61 – 70% poor

F = 0 – 60% failed

Authorized signature: _____ Date: _____



YFU*IS*E2/2



REQUEST FOR TRANSCRIPT

Students: Please give to your school administrator to complete

School Administrator Instructions:

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- 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: <hr/> <i>(Please specify)</i>				
Other: <hr/> <i>(Please specify subject)</i>				
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Other: <hr/> <i>(Please specify subject)</i>				
Other: <hr/> <i>(Please specify subject)</i>				

(Attach additional pages if needed)

Authorized signature: _____ Date: _____

Printed Name: _____ Title: _____



YFU*IS*E2/2

PARENT/STUDENT AGREEMENT

A. PURPOSE

Youth for Understanding (YFU) International Exchange (the „Program“) exists to promote respect for cultural diversity, friendship among nations, and opportunities for personal development through international homestay exchange programs. The program provides the opportunity for all who participate to increase their sensitivity to cultural differences and similarities and develop a deepened awareness of shared human values and interests.

YFU, consistent with its commitment to international understanding, does not discriminate on the basis of race, national origin, religion or sex in employment or in making its selections and placements.

B. PARENT AGREEMENT

1. I subscribe to the statement of purpose of the Program and have given my child permission to participate in the Program. I and my child will abide by the policies and procedures set forth in the program description and by the rules of participation .
2. I agree that my child will travel to and from his or her host country in strict accordance with the travel plans made by YFU, and YFU is authorized to hold all tickets to ensure such travel. We won't seek to prolong the exchange program of our child or to any changes of program dates. I will not encourage or permit my child to travel outside the host community during his or her participation in the Program except in strict accordance with the following requirements:
 - a) Where my child desires to travel outside the host community with and under the supervision of his or her host parent(s), school official or other responsible adult, my child must first obtain approval for such travel from YFU.
 - b) Where my child desires to travel outside the host community unaccompanied by his or her host parent(s), school official or other responsible adult, my child must obtain written approval for such travel from YFU and me. This requirement applies even where the purpose of my child's travel is to visit relatives or close friends.
3. I will not arrange for my child nor encourage my child to arrange personal travel while abroad, whether to visit friends, family or others who may live or be traveling abroad or for any other purposes, where such personal travel will cause my child to be absent for any period of time from his or her designated school or host family.
4. I will not visit my child during his or her participation in the Program without making arrangements with, and obtaining approval from, the host family and YFU.
5. I agree that YFU has the right to dismiss my child from the Program for behavior that YFU, in its discretion, considers detrimental to my child or the Program.
6. I agree that if I violate any provision of this Agreement, or if my child, during his or her stay abroad,
 - a) engages in any unauthorized travel,
 - b) is absent without YFU authorization from the host school or the place of residence designated for my child by YFU, or
 - c) violated any provision of this agreement,

YFU may, in its sole discretion, find that my son or daughter has voluntarily withdrawn from the Program.

7. If my child voluntarily withdraws, or is dismissed, from the Program at any time after commencement of the Program, I understand that I am not entitled to any reimbursement.
8. I affirm that the information stated in the Student Health Certificate (which must be submitted before my child joins the Program) is accurate and contains no material omissions of which I am aware. I affirm that my child has no chronic physical or emotional condition or disability that has not been set forth in such Certificate or which would make participation in the Program inadvisable or unreasonably risky. I will immediately inform YFU of any change in this representation. If YFU receives new information, I recognize YFU may use this information to reconsider acceptance of my child.
9. I understand that limited insurance coverage for health and hospitalization is included in the YFU Program. I agree to assume responsibility for and to pay all bills that come about in connection with medical, optical, pharmaceutical or similar treatments, (a) which our child requires while abroad and (b) which are not covered by the insurance. If YFU covers such bills because of an emergency or for reasons of simplification I agree to pay the necessary sum to YFU.
10. I authorize YFU and its employees and representatives to change the place of residence or school designated for my child by YFU where YFU believes such change to be in the best interest of my child. I understand YFU will notify me of any changes.
11. I recognize that schools abroad may impose academic standards or other requirements in determining grade level placement that differ from those imposed in the school my child now attends. I acknowledge and accept that participation in the YFU Program does not guarantee credit or graduation from the school my child now attends or from the school which he or she will attend while participating in the Program. I understand that it is my responsibility to arrange with the school my child now attends for such credit or graduation upon completion of the Program.
12. As the applicant's parent or guardian, I agree to and do hereby authorize YFU, its personnel and representatives and the adult members of the host family to act for us in any emergency or accident or illness.
13. I agree to release and discharge YFU and the foregoing individuals from any liability, claims, or demands that may be asserted in connection with:
 - (i) any emergency, accident, illness, injury or other consequences or event arising from the actions or participation of my child in the Program, or
 - (ii) any cause, event or occurrence beyond the control of YFU, including, but not limited to, natural disasters, war, civil disturbances, and the negligence of parties not subject to the control of YFU.
14. I have discussed the Program and this Agreement with my child, and each of us fully understands the obligations imposed upon us.

Signature of Parent or Guardian: _____ Date: _____

Print Name: _____

C. STUDENT AGREEMENT

I have read this Agreement and discussed with my parent(s) the terms and conditions imposed upon us. I agree with the purpose of the Program and fully accept all terms and conditions of this Agreement, and all other rules, regulations and conditions set forth by YFU concerning the Program. In particular I will make every effort to become an integral part of my host family, school and community; will travel only in accordance with the Paragraphs B-5 and 6 of the Agreement; and will attend the school designated for me on a regular basis and complete all work to the best of my ability.

Signature of YFU Participant: _____ Date: _____

Print Name: _____

ZMLUVA MEDZI RODIČMI, ŠTUDENTMI A YOUTH FOR UNDERSTANDING**A. CIEĽ PROGRAMU**

Youth for Understanding (YFU) Medzinárodná výmena („Program“) existuje, aby propagovala rešpekt pre kultúrnu rôznorodosť, priateľstvo medzi národmi a možnosti osobného rozvoja pomocou medzinárodných výmenných programov v hostiteľských rodinách. Cieľom programu je sprostredkovať mladým ľuďom pobyt v rodine a škole v zahraničí a rozšíriť si tak myšlienky, poznatky, obzor, zvýšiť citlivosť pre kultúrne rozdiely a pospolitosť a podporiť tak hlboké porozumenie pre spoločné ľudské hodnoty a záujmy.

YFU, v súlade s jeho prispievaním k medzinárodnému porozumeniu, nediskriminuje na základe rasy, pôvodu, náboženstva alebo pohlavia v zamestnaní alebo pri realizovaní výberov a umiestnení.

B. SÚHLAS RODIČOV

1. Chápeme význam Programu, podporujeme ho a súhlasíme, aby sa naše dieťa tohto Programu zúčastnilo. My a naše dieťa budeme dodržiavať pravidlá a postupy uvedené v popise Programu a vo "YFU- pravidlá účasti".
2. Naše dieťa vycestuje do a z hostiteľskej krajiny presne podľa cestovného plánu stanoveného YFU a YFU je oprávnené uschovať na túto cestu všetky cestovné lístky. Nebudeme sa usilovať o predĺženie zahraničného pobytu nášho dieťaťa alebo o akékoľvek zmeny dátumov programu. Počas Programu nášmu dieťaťu nedovolíme a ani ho nebudeme podporovať v tom, aby vycestovalo mimo hostiteľského miesta pobytu, pokiaľ nie sú splnené nasledujúce požiadavky:
 - a) V prípade, že si naše dieťa praje cestovať mimo miesta pobytu v sprievode alebo pod dohľadom svojich hostiteľských rodičov (alebo jedného z rodičov), pracovníka školy alebo iného dospelého, musí si naše dieťa dopredu vyžiadať ústne povolenie na cestu od YFU.
 - b) V prípade, že si naše dieťa praje cestovať mimo miesta pobytu bez sprievodu svojich hostiteľských rodičov (alebo jedného z rodičov), pracovníka školy alebo iného zodpovedného dospelého, musí dopredu oznámiť plán cesty svojmu tútorovi a vyžiadať si písomný súhlas pre túto cestu od príslušnej regionálnej YFU kancelárie a nás. Toto pravidlo platí aj v prípade, že cieľom cesty je návšteva príbuzných alebo blízkych priateľov.
3. Pokiaľ bude naše dieťa v hostiteľskej krajine, nebudeme mu organizovať súkromné cesty ani ho podporovať v tom, aby si podobné cesty organizovalo, hoci by šlo o návštevu priateľov, rodinných príslušníkov alebo iných osôb žijúcich v hostiteľskej krajine alebo tam cestujúcich, pokiaľ podobná súkromná cesta spôsobí absenciu dieťaťa v škole alebo hostiteľskej rodine.
4. Počas účasti nášho dieťaťa na Programe ho nebudeme navštevovať bez dohody s hostiteľskou rodinou a YFU a bez obdržania súhlasu oboch strán.
5. Sme si vedomí toho, že YFU má právo vylúčiť naše dieťa z Programu v prípade, že jeho správanie bude YFU považovať za nevhodné.
1. Súhlasíme, že ak počas pobytu nášho dieťaťa porušíme my alebo naše dieťa niektorý bod tejto dohody, predovšetkým ak naše dieťa
 - a) podnikne dopredu neschválenú cestu,
 - b) opustí bez povolenia YFU pridelenú hostiteľskú rodinu alebo školu alebo

c) poruší niektorý bod tejto dohody,

môže YFU podľa svojho uváženia rozhodnúť, že naše dieťa dobrovoľne opustilo Program.

6. Berieme na vedomie, že ak naše dieťa po odchode do hostiteľskej krajiny dobrovoľne vystúpi z Programu alebo bude z Programu vylúčené, nemáme žiadne právo na vrátenie či už celej alebo pomernej časti nákladov programu.
7. Vyhlasujeme, že údaje v zdravotnom potvrdení, ktoré je predkladané pred nástupom nášho dieťa na Program, sú pravdivé a neboli v ňom vynechané žiadne dôležité informácie. Potvrďujeme, že naše dieťa nemá žiadne chronické fyzické alebo psychické problémy alebo postihnutie, ktoré nie je uvedené v zdravotnom potvrdení alebo také, ktoré predstavujú pre naše dieťa, v prípade jeho účasti na Programe, riziko alebo sú inak nevhodné. Okamžite budeme informovať YFU v prípade akejkoľvek zmeny v tejto veci. Keď YFU dostane novú informáciu, schvaľujem, že YFU môže použiť túto informáciu pri opätovnom zvažovaní prijatia môjho dieťaťa.
8. Je nám známe, že vo YFU Programe je zahrnuté medzinárodné cestovné poistenie liečebných nákladov a úrazové poistenie. Prehlasujeme, že zaplatíme a budeme ručiť za všetky záväzky, ktoré vzniknú na základe zdravotných výkonov a za lieky, (a) ktoré naše dieťa potrebuje v zahraničí a (b) ktoré nebudú preplatené zdravotnou poisťovňou. Ak YFU takéto účty v prípade núdze zaplatí, či už z dôvodu zjednodušenia situácie alebo z iných dôvodov, prehlasujeme, že tieto náklady YFU uhradíme.
9. Oprávňujeme YFU a jeho pracovníkov a reprezentantov zmeniť miesto pobytu nášho dieťaťa alebo školu v prípade, ak YFU uzná, že táto zmena bude v najlepšom záujme nášho dieťaťa. Zároveň berieme na vedomie, že YFU nás bude o takejto zmene a jej dôvode informovať.
10. Sme si vedomí faktu, že požiadavky školy v zahraničí môžu byť pri určení stupňa triedy iné, ako má škola, ktorú momentálne naše dieťa navštevuje. Berieme na vedomie, že účasť na YFU Programe negarantuje, že obdobie strávené na zahraničnej škole počas účasti na Programe bude započítané na škole, ktorú naše dieťa teraz navštevuje. Berieme na vedomie, že je našou zodpovednosťou dohodnúť sa so školou, ktorú naše dieťa navštevuje, na pokračovaní, vystavení vysvedčenia alebo zmaturovaní po ukončení Programu.
11. Ako rodičia alebo zákonní zástupcovia uchádzača súhlasíme a týmto splnomocňujeme YFU, jeho zamestnancov a reprezentantov ako aj dospelých členov hostiteľskej rodiny nášho dieťaťa jednat' v prípade akejkoľvek núdze, úrazu, choroby alebo poranenia nášho dieťaťa v našom mene.
12. Súhlasíme, že nebudeme žiadne z vyššie uvedených osôb brať na zodpovednosť a zriekame sa akýchkoľvek nárokov, ktoré by mohli vzniknúť v súvislosti s:
 - (i) úrazom, nehodou, chorobou, poranením nášho dieťaťa, prípadne ich následkami alebo udalosťou vyplývajúcou z konania nášho dieťaťa počas účasti na Programe alebo
 - (ii) udalosťami mimo vplyvu YFU, zahŕňajúc napríklad prírodné katastrofy, vojny, občianske nepokoje, zanedbanie tretími stranami nespádajúcimi pod YFU, ktoré YFU nemôže ovplyvniť.
13. Program a túto dohodu sme si s našim dieťaťom prečítali a prebrali a rozumieme všetkým povinnostiam, ktoré nám a nášmu dieťaťu na základe tejto zmluvy vznikajú.

Podpis matky: _____

Dátum: _____

Meno tlačným písmom: _____

Podpis otca: _____

Dátum: _____

Meno tlačným písmom: _____

C. SÚHLAS ŠTUDENTA

Túto dohodu som čítal a porozumel a so svojimi rodičmi som prebral ciele a podmienky Programu. S cieľom Programu súhlasím a všetky podmienky tejto dohody, ako aj všetky ostatné pravidlá, predpisy a podmienky, ktoré sa vzťahujú k Programu a budú mi YFU oznámené, akceptujem. Predovšetkým sa budem snažiť, aby som sa stal súčasťou mojej hostiteľskej rodiny, školy a obce. Cestovať budem len v súlade s paragrafom B-5 a 6 tejto dohody. Pravidelne budem navštevovať pre mňa vybratú školu a všetky úlohy si budem svedomito plniť.

Podpis študenta (účastníka YFU programu): _____ Dátum: _____

Meno tlačným písmom: _____

PARENT/STUDENT AGREEMENT

A. PURPOSE

Youth for Understanding (YFU) International Exchange (the „Program“) exists to promote respect for cultural diversity, friendship among nations, and opportunities for personal development through international homestay exchange programs. The program provides the opportunity for all who participate to increase their sensitivity to cultural differences and similarities and develop a deepened awareness of shared human values and interests.

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B. PARENT AGREEMENT

1. I subscribe to the statement of purpose of the Program and have given my child permission to participate in the Program. I and my child will abide by the policies and procedures set forth in the program description and by the rules of participation .
2. I agree that my child will travel to and from his or her host country in strict accordance with the travel plans made by YFU, and YFU is authorized to hold all tickets to ensure such travel. We won't seek to prolong the exchange program of our child or to any changes of program dates. I will not encourage or permit my child to travel outside the host community during his or her participation in the Program except in strict accordance with the following requirements:
 - a) Where my child desires to travel outside the host community with and under the supervision of his or her host parent(s), school official or other responsible adult, my child must first obtain approval for such travel from YFU.
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4. I will not visit my child during his or her participation in the Program without making arrangements with, and obtaining approval from, the host family and YFU.
5. I agree that YFU has the right to dismiss my child from the Program for behavior that YFU, in its discretion, considers detrimental to my child or the Program.
6. I agree that if I violate any provision of this Agreement, or if my child, during his or her stay abroad,
 - a) engages in any unauthorized travel,
 - b) is absent without YFU authorization from the host school or the place of residence designated for my child by YFU, or
 - c) violated any provision of this agreement,

YFU may, in its sole discretion, find that my son or daughter has voluntarily withdrawn from the Program.

7. If my child voluntarily withdraws, or is dismissed, from the Program at any time after commencement of the Program, I understand that I am not entitled to any reimbursement.
8. I affirm that the information stated in the Student Health Certificate (which must be submitted before my child joins the Program) is accurate and contains no material omissions of which I am aware. I affirm that my child has no chronic physical or emotional condition or disability that has not been set forth in such Certificate or which would make participation in the Program inadvisable or unreasonably risky. I will immediately inform YFU of any change in this representation. If YFU receives new information, I recognize YFU may use this information to reconsider acceptance of my child.
9. I understand that limited insurance coverage for health and hospitalization is included in the YFU Program. I agree to assume responsibility for and to pay all bills that come about in connection with medical, optical, pharmaceutical or similar treatments, (a) which our child requires while abroad and (b) which are not covered by the insurance. If YFU covers such bills because of an emergency or for reasons of simplification I agree to pay the necessary sum to YFU.
10. I authorize YFU and its employees and representatives to change the place of residence or school designated for my child by YFU where YFU believes such change to be in the best interest of my child. I understand YFU will notify me of any changes.
11. I recognize that schools abroad may impose academic standards or other requirements in determining grade level placement that differ from those imposed in the school my child now attends. I acknowledge and accept that participation in the YFU Program does not guarantee credit or graduation from the school my child now attends or from the school which he or she will attend while participating in the Program. I understand that it is my responsibility to arrange with the school my child now attends for such credit or graduation upon completion of the Program.
12. As the applicant's parent or guardian, I agree to and do hereby authorize YFU, its personnel and representatives and the adult members of the host family to act for us in any emergency or accident or illness.
13. I agree to release and discharge YFU and the foregoing individuals from any liability, claims, or demands that may be asserted in connection with:
 - (i) any emergency, accident, illness, injury or other consequences or event arising from the actions or participation of my child in the Program, or
 - (ii) any cause, event or occurrence beyond the control of YFU, including, but not limited to, natural disasters, war, civil disturbances, and the negligence of parties not subject to the control of YFU.
14. I have discussed the Program and this Agreement with my child, and each of us fully understands the obligations imposed upon us.

Signature of Parent or Guardian: _____ Date: _____

Print Name: _____

C. STUDENT AGREEMENT

I have read this Agreement and discussed with my parent(s) the terms and conditions imposed upon us. I agree with the purpose of the Program and fully accept all terms and conditions of this Agreement, and all other rules, regulations and conditions set forth by YFU concerning the Program. In particular I will make every effort to become an integral part of my host family, school and community; will travel only in accordance with the Paragraphs B-5 and 6 of the Agreement; and will attend the school designated for me on a regular basis and complete all work to the best of my ability.

Signature of YFU Participant: _____ Date: _____

Print Name: _____

ZMLUVA MEDZI RODIČMI, ŠTUDENTMI A YOUTH FOR UNDERSTANDING**A. CIEĽ PROGRAMU**

Youth for Understanding (YFU) Medzinárodná výmena („Program“) existuje, aby propagovala rešpekt pre kultúrnu rôznorodosť, priateľstvo medzi národmi a možnosti osobného rozvoja pomocou medzinárodných výmenných programov v hostiteľských rodinách. Cieľom programu je sprostredkovať mladým ľuďom pobyt v rodine a škole v zahraničí a rozšíriť si tak myšlienky, poznatky, obzor, zvýšiť citlivosť pre kultúrne rozdiely a pospolitosť a podporiť tak hlboké porozumenie pre spoločné ľudské hodnoty a záujmy.

YFU, v súlade s jeho prispievaním k medzinárodnému porozumeniu, nediskriminuje na základe rasy, pôvodu, náboženstva alebo pohlavia v zamestnaní alebo pri realizovaní výberov a umiestnení.

B. SÚHLAS RODIČOV

1. Chápeme význam Programu, podporujeme ho a súhlasíme, aby sa naše dieťa tohto Programu zúčastnilo. My a naše dieťa budeme dodržiavať pravidlá a postupy uvedené v popise Programu a vo "YFU- pravidlá účasti".
2. Naše dieťa vycestuje do a z hostiteľskej krajiny presne podľa cestovného plánu stanoveného YFU a YFU je oprávnené uschovať na túto cestu všetky cestovné lístky. Nebudeme sa usilovať o predĺženie zahraničného pobytu nášho dieťaťa alebo o akékoľvek zmeny dátumov programu. Počas Programu nášmu dieťaťu nedovolíme a ani ho nebudeme podporovať v tom, aby vycestovalo mimo hostiteľského miesta pobytu, pokiaľ nie sú splnené nasledujúce požiadavky:
 - a) V prípade, že si naše dieťa praje cestovať mimo miesta pobytu v sprievode alebo pod dohľadom svojich hostiteľských rodičov (alebo jedného z rodičov), pracovníka školy alebo iného dospelého, musí si naše dieťa dopredu vyžiadať ústne povolenie na cestu od YFU.
 - b) V prípade, že si naše dieťa praje cestovať mimo miesta pobytu bez sprievodu svojich hostiteľských rodičov (alebo jedného z rodičov), pracovníka školy alebo iného zodpovedného dospelého, musí dopredu oznámiť plán cesty svojmu tútorovi a vyžiadať si písomný súhlas pre túto cestu od príslušnej regionálnej YFU kancelárie a nás. Toto pravidlo platí aj v prípade, že cieľom cesty je návšteva príbuzných alebo blízkych priateľov.
3. Pokiaľ bude naše dieťa v hostiteľskej krajine, nebudeme mu organizovať súkromné cesty ani ho podporovať v tom, aby si podobné cesty organizovalo, hoci by šlo o návštevu priateľov, rodinných príslušníkov alebo iných osôb žijúcich v hostiteľskej krajine alebo tam cestujúcich, pokiaľ podobná súkromná cesta spôsobí absenciu dieťaťa v škole alebo hostiteľskej rodine.
4. Počas účasti nášho dieťaťa na Programe ho nebudeme navštevovať bez dohody s hostiteľskou rodinou a YFU a bez obdržania súhlasu oboch strán.
5. Sme si vedomí toho, že YFU má právo vylúčiť naše dieťa z Programu v prípade, že jeho správanie bude YFU považovať za nevhodné.
1. Súhlasíme, že ak počas pobytu nášho dieťaťa porušíme my alebo naše dieťa niektorý bod tejto dohody, predovšetkým ak naše dieťa
 - a) podnikne dopredu neschválenú cestu,
 - b) opustí bez povolenia YFU pridelenú hostiteľskú rodinu alebo školu alebo

c) poruší niektorý bod tejto dohody,

môže YFU podľa svojho uváženia rozhodnúť, že naše dieťa dobrovoľne opustilo Program.

6. Berieme na vedomie, že ak naše dieťa po odchode do hostiteľskej krajiny dobrovoľne vystúpi z Programu alebo bude z Programu vylúčené, nemáme žiadne právo na vrátenie či už celej alebo pomernej časti nákladov programu.
7. Vyhlasujeme, že údaje v zdravotnom potvrdení, ktoré je predkladané pred nástupom nášho dieťa na Program, sú pravdivé a neboli v ňom vynechané žiadne dôležité informácie. Potvrďujeme, že naše dieťa nemá žiadne chronické fyzické alebo psychické problémy alebo postihnutie, ktoré nie je uvedené v zdravotnom potvrdení alebo také, ktoré predstavujú pre naše dieťa, v prípade jeho účasti na Programe, riziko alebo sú inak nevhodné. Okamžite budeme informovať YFU v prípade akejkoľvek zmeny v tejto veci. Keď YFU dostane novú informáciu, schvaľujem, že YFU môže použiť túto informáciu pri opätovnom zvažovaní prijatia môjho dieťaťa.
8. Je nám známe, že vo YFU Programe je zahrnuté medzinárodné cestovné poistenie liečebných nákladov a úrazové poistenie. Prehlasujeme, že zaplatíme a budeme ručiť za všetky záväzky, ktoré vzniknú na základe zdravotných výkonov a za lieky, (a) ktoré naše dieťa potrebuje v zahraničí a (b) ktoré nebudú preplatené zdravotnou poisťovňou. Ak YFU takéto účty v prípade núdze zaplatí, či už z dôvodu zjednodušenia situácie alebo z iných dôvodov, prehlasujeme, že tieto náklady YFU uhradíme.
9. Oprávňujeme YFU a jeho pracovníkov a reprezentantov zmeniť miesto pobytu nášho dieťaťa alebo školu v prípade, ak YFU uzná, že táto zmena bude v najlepšom záujme nášho dieťaťa. Zároveň berieme na vedomie, že YFU nás bude o takejto zmene a jej dôvode informovať.
10. Sme si vedomí faktu, že požiadavky školy v zahraničí môžu byť pri určení stupňa triedy iné, ako má škola, ktorú momentálne naše dieťa navštevuje. Berieme na vedomie, že účasť na YFU Programe negarantuje, že obdobie strávené na zahraničnej škole počas účasti na Programe bude započítané na škole, ktorú naše dieťa teraz navštevuje. Berieme na vedomie, že je našou zodpovednosťou dohodnúť sa so školou, ktorú naše dieťa navštevuje, na pokračovaní, vystavení vysvedčenia alebo zmaturovaní po ukončení Programu.
11. Ako rodičia alebo zákonní zástupcovia uchádzača súhlasíme a týmto splnomocňujeme YFU, jeho zamestnancov a reprezentantov ako aj dospelých členov hostiteľskej rodiny nášho dieťaťa jednat' v prípade akejkoľvek núdze, úrazu, choroby alebo poranenia nášho dieťaťa v našom mene.
12. Súhlasíme, že nebudeme žiadne z vyššie uvedených osôb brať na zodpovednosť a zriekame sa akýchkoľvek nárokov, ktoré by mohli vzniknúť v súvislosti s:
 - (i) úrazom, nehodou, chorobou, poranením nášho dieťaťa, prípadne ich následkami alebo udalosťou vyplývajúcou z konania nášho dieťaťa počas účasti na Programe alebo
 - (ii) udalosťami mimo vplyvu YFU, zahŕňajúc napríklad prírodné katastrofy, vojny, občianske nepokoje, zanedbanie tretími stranami nespádajúcimi pod YFU, ktoré YFU nemôže ovplyvniť.
13. Program a túto dohodu sme si s našim dieťaťom prečítali a prebrali a rozumieme všetkým povinnostiam, ktoré nám a nášmu dieťaťu na základe tejto zmluvy vznikajú.

Podpis matky: _____

Dátum: _____

Meno tlačným písmom: _____

Podpis otca: _____

Dátum: _____

Meno tlačným písmom: _____

C. SÚHLAS ŠTUDENTA

Túto dohodu som čítal a porozumel a so svojimi rodičmi som prebral ciele a podmienky Programu. S cieľom Programu súhlasím a všetky podmienky tejto dohody, ako aj všetky ostatné pravidlá, predpisy a podmienky, ktoré sa vzťahujú k Programu a budú mi YFU oznámené, akceptujem. Predovšetkým sa budem snažiť, aby som sa stal súčasťou mojej hostiteľskej rodiny, školy a obce. Cestovať budem len v súlade s paragrafom B-5 a 6 tejto dohody. Pravidelne budem navštevovať pre mňa vybranú školu a všetky úlohy si budem svedomito plniť.

Podpis študenta (účastníka YFU programu): _____ Dátum: _____

Meno tlačným písmom: _____