

STUDENT
APPLICATION



ProAmerican Educational And Cultural Exchange

40 Water Street, Suite 700, New Philadelphia, PA 17959

Tel: (570) 277-6621 Fax: (570) 277-0607

Web Site: www.peace-inc.org E-Mail: paz@peace-inc.org



INSTRUCCIONES PARA EL ESTUDIANTE DE CÓMO LLENAR LA APLICACIÓN -

Antes de recibir estas aplicaciones, deberás haber pagado \$100, completado tu aplicación preliminar y copia del último reporte de la escuela, tomado y pasado el examen de Inglés SLEP, y haber sido entrevistado por un representante de PEACE, Revisemos ahora la aplicación principal y veamos cómo completarla. Todas las secciones de esta aplicación, necesitan ser llenadas en el idioma Inglés. **Abajo: Marca con una "x" cada sección después de completarla.**

- ? 1. PERFIL: Primero deberás de hacer tu propio perfil. Esta página es como tu aplicación preliminar, pero ahora deberá ser en Inglés. Esto es porque estas pidiendo vivir en un país donde se habla Inglés. Esta gente en los USA no habla tu idioma, así que ahora deberás de hacer todo en el idioma de ellos.
- ? 2. Un cuestionario que nos indique tu estilo de vida, tus gustos y preferencias, tus actividades favoritas, tus rasgos personales, filosofía y creencias, nos ayudará a encontrar una familia anfitriona apropiada y que podrá entenderte mejor. Esto no garantizará que todos los miembros de la familia serán compatibles contigo, ni que tu encontrarás todo lo que deseas. Muchas familias escogen estudiantes cuyos estilos de vida es muy diferente al de ellos. Y recuerda que tu objetivo es aprender acerca de la gente y sus estilos de vida, aun cuando este sea diferente al que estes acostumbrado
- ? 3. Usa las siguientes respuestas en las preguntas de la sección anterior (2) acerca de lo que mas te molesta o te hace sentir extremadamente incómodo. (5) alérgico o extremadamente incómodo (4) molesta alto (3) molesta moderado (2) molesta muy poco (1) no te molesta para nada.
- ? 4. Debes escribir tu carta sin ayuda. Debe ser una muestra de tu habilidad para escribir además de tu biografía. Revela tus sentimientos hacia tu familia, tus metas, porqué quieres ser un estudiante de intercambio, y porqué crees que serías un buen representante. No dupliques las respuestas del cuestionario dado anteriormente. Firma con tu nombre al final de la carta y pon tu nombre y apellido debajo. Tus padres deben escribir una carta de presentación a la familia anfitriona.
- ? 5. SECCION ACADEMICA: Anexa una copia oficial de notas de tus dos últimos años de escuela, junto con las notas que tengas del año que estás cursando y una traducción en Inglés. Si tu no estás graduado cuando viajes a los U.S.A. y necesitas tus créditos, el director de tu escuela deberá escribir una carta en Inglés especificando qué materias deberás cursar. Si estás graduado para cuando viajes no esperes conseguir de seguro diploma o crédito alguno de tu escuela anfitriona.
- ? 6. Preguntale a tu maestro de inglés, para que te de el examen de Inglés en la Sección Académica.
- ? 7. REFERENCIAS DE COMUNIDAD: Deberás incluir Referencias de adultos o sacerdotes de tu Comunidad (vecino) que no estén emparentados contigo. Para las referencias debes proporcionar sobres con una nota o sello que indiquen su "confidencialidad".
- ? 8. SECCION MEDICA: Si alguna vacuna no se ha subministrado como es requerida en la tabla de la primera página de la sección médica, por favor pide a tu Doctor que la aplique EN EL MOMENTO DE TU EXAMEN. [¡MMR (sarampión, paperas y rubéola; y Td: tétanos y difteria; Hep B deben ser inyectadas cada 10 años!]. No recibirás ningún documento para sacar tu visa o el boleto de tu viaje si los requerimientos médicos no son cumplidos. Las vacunas extras son recomendadas dependiendo de tu destino final. Los gastos por tus exámenes médicos y las vacunas van por tu cuenta. Si usas frenos dentales, adjunta aquí una copia de tu programa dental; además trae contigo un programa actualizado cuando viajes.
- ? 9. TUS 6 FOTOS de pasaporte (sonriendo) se incluirán para tu aplicación, tu escuela, tu familia anfitriona, tu tarjeta identificación, tu representante Americano, y una extra. También deberás incluir fotos a color de tu casa, familia, y de tí mismo para que te conozcan mejor. Escribe tu nombre en cada foto para identificación en la oficina de la programa en USA
- ? 10. COMPROMISOS: Deberán firmar las dos partes del compromiso de los padres y del financiero.
- ? 11. Récord (grabar) en Inglés un video (VHS o VHS-C) de 10 minutos de su casa, familia, amigos, escuela, actividades, y ciudad para presentación en clases de escuela, jóvenes de iglesia, o organizaciones comunidad.
- ? 12. Esta aplicación deberá ser completada y devuelta al representante de PEACE antes de 30 días. No se trabajara en tu aplicación en EUA, hasta que el 50% de tu aplicación sea pagada.

NOTA: Sea individual o en grupo serás citado para una orientación de salida. Esta reunión es **obligatoria** y se revisarán las reglas, expectativas y obligaciones tuyas y de tus padres hacia PEACE. Las Falsas expectativas tuyas pueden causar problemas a todos; así que tu asistencia es **mandatoria**. Preguntarle al representante cuando y donde será.

fecha _____



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Please use black ink only! Blue does not photocopy well.

STUDENT PROFILE

| | | | |
|-------------|-----|----|------|
| Application | day | mo | year |
| Date: ---> | | | |

| NICKNAME (nombre con amigos) | | | LAST NAME(s) (apellido solamente su padre) | | | | FIRST (nombre primero) | | | MIDDLE (nombre segundo) | | | | | | | | | | | | | |
|--|-----|---------------------|---|-------------|------------------------|---|-------------------------------|---|---|--------------------------------|------------------------------------|---|----------|--|--|--|--|--|--|--|--|--|--|
| Sex | Age | Birth day - mo - yr | Street (calle) | | | | Development (colonia) | | | | | | | | | | | | | | | | |
| Attach PHOTO 6 needed: for office master, host & school apps, area rep, student ID, + 1 extra. | | | City(ciudad) | | | State (estado) | | | e-mail | | | | | | | | | | | | | | |
| | | | Country of residence /pais de residencia | | | Postal Code | | City, Country of Birth (ciudad, pais de nacimiento) | | | Citizenship (pais de su pasaporte) | | | | | | | | | | | | |
| | | | Telephone (include country & city code) | | | | | | Church Preference (iglesia) | | | Active <input type="checkbox"/> Average <input type="checkbox"/> Little interest <input type="checkbox"/> | | | | | | | | | | | |
| | | | Height(ft.) | Weight(lbs) | < both > | Height(cm) | Weight(kgs) | Eye (ojos) color | | | Hair (pelos) color | | | | | | | | | | | | |
| CHECK PROGRAM REQUESTED ___ Academic Year (Aug-Jun) 20___ ___ Partial Year (Dec-Jul) 20___ ___ Partial Semester (Aug-Nov) 20___ ___ Fall Semester (Aug-Jan) 20___ ___ Spring Semester (Jan-Jun) 20___ ___ Calendar Year (Jan-Dec) 20___ ___ Winter Quarter (Jan-Mar) 20___ ___ Summer Quarter (Jun-Aug) 20___ | | | | | | LIST BROTHERS & SISTERS (hermanos) <table border="1"> <thead> <tr> <th>Sex</th> <th>Age</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> | | | Sex | Age | | | | | | | | | | | School: Grade Year Now (7-12) <input type="checkbox"/> Point Average <input type="checkbox"/> Year you plan to graduate: _____ Foreign Language Studied: _____ Years of Study: _____ Private <input type="checkbox"/> Public <input type="checkbox"/> | | |
| Sex | Age | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | | | |
| IF DIVORCED, CIRCLE BELOW, WHICH PARENT YOU LIVE WITH | | | | | | | | | | | | Do you smoke or chew tobacco? yes ___ no ___ Do you drink alcoholic beverages? yes ___ no ___ | | | | | | | | | | | |
| FATHER STATUS ---> | | Living | Deceased | Married | Divorced | Guardian | MOTHER STATUS ---> | | Living | Deceased | Married | Divorced | Guardian | | | | | | | | | | |
| Name (nombre de padre) | | | | Age | Name (nombre de madre) | | | | Age | | | | | | | | | | | | | | |
| Home Telephone (telefono a la casa) | | | Email | | | Home Telephone (telefono a la casa) | | | Email | | | | | | | | | | | | | | |
| Employer (compania) | | | Country of Birth | | | Employer (compania) | | | County of birth | | | | | | | | | | | | | | |
| Occupation (ocupado) | | | Self-employed? Y / N Sp/Eng Bilingual? Y / N | | | Occupation (ocupado) | | | Self-employed? Y / N Sp/Eng Bilingual? Y / N | | | | | | | | | | | | | | |
| Work Telephone (telefono a la oficina) | | | Fax Telephone | | | Work Telephone (telefono a la oficina) | | | Fax Telephone | | | | | | | | | | | | | | |
| List name(s), address, telephone, and email of relatives living in the United States <i>and their relationship to you.</i> | | | | | | Pets you own | | | | | | | | | | | | | | | | | |
| Name _____ Relation _____ Addr _____ City _____ State _____ PC _____ Tel _____ Email _____ | | | | | | Organizations you belong to: | | | | | | | | | | | | | | | | | |
| Name _____ Relation _____ Addr _____ City _____ State _____ PC _____ Tel _____ Email _____ | | | | | | Awards received for scholastic, artistic, achievement | | | | | | | | | | | | | | | | | |
| Name _____ Relation _____ Addr _____ City _____ State _____ PC _____ Tel _____ Email _____ | | | | | | Awards received for athletic achievement | | | | | | | | | | | | | | | | | |
| Signature of Student and Parent (Firme de el estudiante y de los padres) | | | | | | Places you have visited outside of your country | | | | | | | | | | | | | | | | | |
| | | | | | | Things your family does together: | | | | | | | | | | | | | | | | | |

PERSONAL ATTITUDES QUESTIONNAIRE

The purpose of this survey is to allow us to better know the desires of our participants. If we know what you hope to get from you with a family more able to help you achieve some of your priorities. So, tell us what is most and least important to you. But keep in mind that this is a tool to help the family choose a student, not a guarantee.

El propósito de este cuestionario es dar al programa un mejor punto de vista de tus perspectivas. Así sabremos que es lo que esperas o piensas ganar de esta experiencia y también entender tu temperamento y filosofía. Nosotros quizá podremos adaptarte a una familia compatible que te pueda ayudar a lograr tus actividades de interés. Explícanos lo más y menos importante para tí, contestando las 12 preguntas encerrando en un círculo el # más cercano a tus expectativas.

EXPECTATIONS, DREAMS, GOALS, NEEDS, AND DESIRES

(EXPECTATIVAS, SUEÑOS, DESEOS, NECESIDADES, Y ANHELOS)

Circle best numbered answer; "X" blank lines # 7 & 10 Fill in parentheses () # 12, 13 Circle las preguntas mejor; "X" en líneas # 7 & 14; vacías, () # 12, 13

5 = absolute YES, (absolutamente SI) 4 = much, (bastante) 3 = maybe / somewhat, (quizas/algunas) 2 = little, (poco) 1 = absolute NO (absolutamente NO)

| | | |
|--|-----------|---|
| 1. To travel and see cultural & historical areas | 5 4 3 2 1 | Viajar y aprender la cultura Americana y visitar áreas históricas |
| 2. To do a lot of shopping and eat out frequently | 5 4 3 2 1 | Hacer bastantes compras o comer en restaurantes con frecuencia |
| 3. To go out to parties and dances at night with friends | 5 4 3 2 1 | Salir a fiestas o ir a bailar en la noche con amigos..... |
| 4. To talk & play games at home with family & relatives | 5 4 3 2 1 | Charlar y jugar en casa con familiares o parientes..... |
| 5. To attend church regularly | 5 4 3 2 1 | Ir al iglesia regularmente |
| 6. To attend professional concerts, plays, & art exhibits | 5 4 3 2 1 | Ir a conciertos musicales, juegos, exhibiciones de arte..... |
| 7. To have pets: ___dogs ___cats other:(_____) | 5 4 3 2 1 | Tener ___perros ___gatos ___otro |
| 8. To live in a very large family | 5 4 3 2 1 | Vivir con una familia grande |
| 9. To be an only child | 5 4 3 2 1 | Ser hijo único |
| 10. To have ___brother my age, ___sister my age be my best friend. | 5 4 3 2 1 | ___un hermano___ o una hermana de mi edad, y ser los mejores amigos |
| 11. To teach my host family and others about my country & language.. | 5 4 3 2 1 | Enseñar a mi familia anfitriona y mi escuela acerca de mi país y idioma |
| 12. To study a new subject(s): | 5 4 3 2 1 | Aprender un nuevo o (Menciona cual sería... ___) |

PHILOSOPHY, BELIEFS, PERSONAL HABITS & MANNERISMS (x) Check best answers

FILOSOFIA, BENEFICIOS, HABITOS PERSONALES Y COSTUMBRES (X) Checa la mejor resp.

- Are you: ___Christian; ___Jew; ___Muslim; ___Other (_____); ___Agnostic (unsure); ___Atheist
Eres: (Cristiano) (Judío) (Muslim) (Otro) (Agnóstico) (Atea)
- Do you attend church: ___Weekly; ___Monthly; ___Only Holy Days; ___never
Vas la iglesia: (semanalmente) (mensualmente) (solamente en días festivos) (nunca)
- Do you talk with God: ___Hourly; ___Daily; ___Weekly; ___rarely; ___never
Platicas con Dios: (c/hora) (diariamente) (semanalmente) (rara vez) (nunca)
- Do you prefer to talk about: ___people & feelings; -or- ___ideas & events?
Prefieres hablar acerca: (de personas y sentimientos) -ó- (ideas y eventos)
- Are you: ___mostly an optimist; -or- are you ___mostly a pessimist?
Eres: (mas optimista) -ó- eres (mas pesimista)
- Do you: ___express yourself easily [extroverted]; -or- do you ___keep feelings inside? [introverted]
Te: (expresas fácilmente de ti) [extrovertida] -ó- te (guardas tus propios sentimientos) [introvertida]
- Are you usually: ___a serious person; -or- are you ___a carefree person?
Usualmente eres: (una persona seria y responsable) -ó- eres (eres despreocupado)
- Do you look for: ___a challenge; -or- do you look for ___the path of least resistance?
Prefieres un (desafío) -ó- prefieres (el sendero de menos resistencia)
- Are you usually: ___organized, punctual, and deliberate -or- ___disorganized, late, and impulsive?
Usualmente eres: (organizado, puntual, y deliberado) -ó- (desorganizado, tarde, y impulsivo)
- Are you: ___a morning person; -or- are you ___a night person?
Eres: (persona madrugadora); -ó- eres (persona nocturna)
- Do you prefer to: ___lead; ___follow; -or- ___observe?
Prefieres: (tomar la delantera) (seguir) -ó- (observar)
- Do you prefer: ___mental exercise; ___physical exercise; -or- ___both, equally?
Prefieres hacer: (ejercicios mentales) (ejercicios físicos) -ó- (los dos, iguales)
- Are you extremely uncomfortable or bothered by: ___cigarette smoke; ___animal hair; ___dust & dirt?
Me molesta demasiado: (el olor al cigarro) (pelo de animales) (polvo y la suciedad)
- Are you very uncomfortable with: ___disorder or sloppiness; ___sickly or handicapped people; ___little kids?
Me molesta demasiado: (desorden o descuido) (personas discapacitadas o enfermas) (niños)
- Do you enjoy the company of: ___elderly adults; ___very young children?
Disfrutas la compañía de: (ancianos) (niños pequeños)
- Are most of your friends: ___older than you; ___the same age; ___younger?
La mayoría de tus amigos son: (mayores que tu) (de la misma edad) (menores) sss



STUDENT APPLICATION: ACTIVITY INTEREST FORM

Check (X) in the first box, labeled NOW, the activities below in which you have recently or are currently participating. In the Competitive Sport category, on the line after the sport checked, if you played on a school team print "schl", if you played on a community league team print "club", or if you play that sport just for fun and not on any team, print "fun".
If you played a sport on a school team that competed against other schools, you must bring a letter from your school director certifying which sport(s) you played and which years from grades 9-12 to determine your eligibility as an exchange student.
 If you received recognition or awards for your skills or talents, note it with a * aside the box. Add comments in the margin.
Check (X) in the second box labeled ES the activities below in which you would like to participate as an exchange student. Fill in the NOW box black , instead of an X, if you do this activity very often now and it is one of your favorite activities. Fill in the ES box black instead of an X, for the activities you want to do the most as an exchange student.

Academic Societies & Clubs

- NOW ES
- History or Political Club
 - Mathematics Club
 - Business/ Economics Club
 - Foreign Language Club
 - Science Club or Project
 - Astronomy Club
 - Chess Club
 - Computer Club
 - School Newspaper
 - Yearbook Staff
 - Debating Society
 - Jr. Council on World Affairs
 - Student Government
 - Other _____

Competitive Sports

- NOW ES (note if schl team, area club, or fun)
- Baseball/Softball _____
 - American Football _____
 - Basketball _____
 - Track & Field Athletics _____
 - Soccer (Futbol) _____
 - Field or Ice Hockey _____
 - Volleyball _____
 - Swimming /Diving _____
 - Tennis _____
 - Bowling _____
 - Golf _____
 - Gymnastics _____
 - Snow Skiing _____
 - Other _____

Performing & Other Creative Arts

- NOW ES NOW ES
- Marching Band Rock Band
 - Orchestra Ensemble
 - Your Instruments: _____
 - Acoustic Guitar Piano
 - School Chorus or Church Choir
 - Drama Club: _____
 - Stage Dance: specialty _____
 - Variety/Talent Show: _____
 - Modeling
 - Cheerleading baton or flags
 - Drawing, Painting
 - Ceramics, Sculpture, Crafts
 - Photography Cameraman
 - Other _____

Favorites: Subject:

Food:

Pets:

Special Interest Activities or Clubs

- NOW ES
- Hunting Fishing
 - Target Shooting (Gun or Bow?)
 - Cooking
 - Auto Mechanics
 - Woodworking / Carpentry
 - Electronics
 - Equestrian (Horseback riding)
 - Junior ROTC (military)
 - 4-H Club (farming, ranching)
 - YMCA/YWCA
 - Weightlifting & Nautilus
 - Aerobic Dance/Exercise
 - Team __Med.Asst __Equip.Mgr
 - Other _____

Church & Community Service Orgs

- NOW ES
- Church Affiliation _____
 - Bible Study Club
 - Church Youth Group
 - Church Choir
 - Homeless Shelter Volunteer
 - Ecology Conservation Group
 - Hospital, Nursing Home volunteer
 - Animal Shelter Volunteer
 - Boy Scouts or Girl Scouts
 - Key Club (Community Service)
 - Emergency Medical or Fire Asst.
 - Tutoring __HS __Children
 - Nursery or Pre-School Volunteer
 - Other _____

Personal Non-organized Activity

- NOW ES
- Roller Skating Ice Skating
 - Bicycling
 - Hiking, Walking, Jogging
 - Camping
 - Extreme Water sports
 - Casual Water sports
 - Motorcycle, ATV, etc.
 - Racquetball & Handball
 - Collecting (stamps, coins, etc.)
 - Video & Computer Games
 - Museums, Natl. Parks, Exhibits
 - Reading Writing
 - Gardening Babysitting
 - Other _____

This information will be used to help host families determine if you fit their lifestyle and available activities in their school and community. It is, therefore, important to be accurate when describing what you do and what you think you want to try when you get here or you will disappoint both yourself and your hosts after you arrive.

When you arrive, we want you to write and tell us what you are doing here, so that we can recognize you in our newsletter. In March we will mail you a form similar to this to see what you have done as an exchange student, because on our Spring Trip Awards Banquet, trophies & medals are given to top students in academics, athletics, arts, public speaking, & Christian service, and ribbons are given to all for their participation in those categories. So, if you want recognition you must tell us.

STUDENT SIGNATURE

DATE

PRINT STUDENT NAME

COUNTRY

STUDENT ESSAY * * * * *

Typing or print in black ink, in the language of your HOST country (they don't read yours). This is a very important part of your application. It must reflect your feelings and attitudes and demonstrate your foreign language skills - not someone else's.

Families choose their student based on the kind of person they perceive you to be. We want to know your serious thoughts as much as what you do for fun. Describe yourself as a person and your relationship with your family. Don't repeat data from the first page. Describe your typical routine. Share some of your personal goals, why you wanted to be an exchange student and why you'd be a good ambassador of your country.





Contrato do estudantes

STUDENT AGREEMENT

Se eu fôr aceito como um participante do programa do P.E.A.C.E. eu concordo em obedecer os seguintes regulamentos e outros requerimentos estabelecidos e publicados no programa.

Desde que eu residirei com uma família não como um hóspede, mas como um membro participante, eu concordo respeitar os pais dessa residência como se fossem os meus, seguir os regulamentos da casa, participar dos costumes da família, conservar o meu dormitório limpo e arrumado, respeitar a privacidade de todos os membros da família e dividir responsabilidades e deveres que forem pedidos.

Eu não usarei nenhum produto de fumo, bebidas alcoólicas ou drogas narcóticas. Não usarei vocabulário sem respeito ou participarei de alguma atividade imoral ou ilegal. Eu honrarei a Deus, meus pais e minha família em tudo que eu fizer ou disser.

Eu não dirigirei nenhum veículo motorizado o qual precisará de carteira de motorista durante a minha permanência. Também não pedirei carona a ninguém que esteja drogado. Eu não viajarei fora de minha comunidade local sem uma aprovação, companhia adulta.

Eu telefonarei para o meu orientador do P.E.A.C.E., representante de área, ou para o diretor do programa com qualquer problema que eu tenha. Eu não levarei meus problemas para minha escola ou fora de minha família anfitriã.

Eu farei o melhor para me adaptar na minha família e comunidade, esperando muitas diferenças de que eu estou acostumado a fazer. Eu não esperarei que o programa me transfira a não ser que aconselhamento intensivo tenha falhado para resolver problemas sérios com a minha família anfitriã.

Como um bom embaixador de meu país eu tentarei aprender e praticar os costumes locais e também ensinar aos anfitriões alguns dos meus.

Eu entendo que o P.E.A.C.E. proíba visitas de algum garoto ou garota, amigos ou primos, e eu não deverei viajar para casa no meio do ano por nenhuma razão a não ser por morte de um membro da família. Eu sei que o contato com outros estudantes estrangeiros deverá ser limitado por cartas somente. Telefonemas e visitas frequentes são proibidas.

Eu entendo que minha família anfitriã paga por minha hospedagem e minha alimentação, mas eu deverei pagar por todos as contas de telefone, vestuário e divertimento. Eu não pedirei ou emprestarei dinheiro a minha família ou amigos.

Eu concordo em fazer sempre o melhor na escola, mesmo que eu já tenha graduado e não precise de crédito. Se um boletim negativo for dado por minha escola, os meus pais serão informados imediatamente.

A família anfitriã poderá cancelar a participação no programa devido a motivo superior e não deverá ser por causa de infração minha no regulamento da família. No caso de sérias violações de minha parte, eu deverei ser desligado do programa e enviado imediatamente para casa, por conta própria.

Eu concordo em me preparar para essa experiência, familiarizando-me com a política, economia, religião, e estrutura cultural do meu país; adquirindo uma facilidade de conversação básica na língua do país anfitrião; atendendo as orientações do P.E.A.C.E.

No espírito de bom embaixador eu concordo em ajudar o P.E.A.C.E. promovendo a missão de troca de intercultural falando para estudantes e grupos adultos durante a minha permanência no país anfitrião.

If I am accepted as a participant in the P.E.A.C.E. Program I agree to obey the following rules and any other requirements as may be established and published by the program.

Since I will be residing in the home of another family not as a guest, but as a participating member, I agree to respect the parents in that home as my own, to follow their house rules, to participate in family customs, to keep my room clean and neat, to respect the personal property of all family members, and to share in family responsibilities and chores as are asked of me.

I will not use tobacco products, alcoholic beverages, or narcotic drugs; nor will I use foul or disrespectful language or engage in immorality, violent acts, or other illegal activities. I will honor my God, my country, and my family in all that I do or say. I have never been expelled from my school for any of the above.

I will not drive any motorized vehicle for which an operator's license is required during my stay. Nor will I hitchhike or ride in any car with an intoxicated driver. I will not travel outside of my local community without an approved, adult chaperone.

I will call my P.E.A.C.E. counselor, area representative, or the program director with any problem that I have. I will not take my problems into my school or outside of my host family.

I will try my best to adjust to my host family and community, expecting many differences from what I am used to. I will not expect the program to move me, unless extensive counseling has failed to resolve serious problems with my host family.

As a good ambassador of my country I will try to learn and practice local customs and also teach my hosts some of mine.

I understand that P.E.A.C.E. prohibits visits from any boy/girl friends or cousins, and that I may not travel home in mid-year for any reason except death of a family member. I am aware that contact with other exchange students is to be limited to letters, only. Frequent phone calls and visit are forbidden.

I am aware that my hosts pay for my room & meals, but I must pay all my own phone bills, clothing, & entertainment. I will not borrow or lend money with my host family or friends.

I agree to make my best academic effort at all times, even if I have graduated and don't need credit.

I understand that if a host family or school should ask me to leave due to my breaking family trust, violating school rules, academic failure, or disregarding program rules or local laws, I may be deprived of freedoms, activities, or field trips, required to perform community service, fined, and/or be dismissed from the program and sent home immediately at my own expense. The punishment shall be at the PEACE director's discretion.

I agree to prepare for this experience by familiarizing myself with the political, economic, religious, and cultural structure of my country; by acquiring a basic conversational facility in the host country's language; by attending P.E.A.C.E. orientations.

In the spirit of a good ambassador I agree to help P.E.A.C.E. promote the mission of intercultural exchange by speaking to student and adult groups during my stay in my host country.

ProAmerican Educational And Cultural Exchange

WORLD HEADQUARTERS * 40 WATER STREET, SUITE 700 * NEW PHILADELPHIA, PENNSYLVANIA *17959*USA



Academic Reference

SCHOOL: _____
 PRINCIPAL: _____
 COUNSELOR: _____
 ADDRESS: _____
 CITY, STATE, ZIP: _____
 TELEPHONE: _____

_____ HAS APPLIED TO BE A FOREIGN EXCHANGE STUDENT. PLEASE COMPARE THIS STUDENT TO OTHERS YOU HAVE KNOWN BY ANSWERING THE BELOW LISTED QUESTIONS AND RETURN THIS FORM IN THE ENCLOSED ENVELOPE.

A = ABOVE AVERAGE; B = AVERAGE; C = BELOW AVERAGE; U = UNKNOWN TO YOU

| | | A | B | C | U |
|--------------------------------|---|---|---|---|---|
| Intellectual Capacity | (Capacidad Intelectual)..... | — | — | — | — |
| Knowledge of current events | (Sabe algo del mundo actual)..... | — | — | — | — |
| Artistic / Creative talents | (Creatividad / talentos artisticos)..... | — | — | — | — |
| Sense of humor | (Sentido del humor)..... | — | — | — | — |
| Sense of adventure / Curiosity | (Sentido de aventura / curiosidad)..... | — | — | — | — |
| Maturity / Emotional stability | (Estabilidad emocional / madurez)..... | — | — | — | — |
| Independence / Self-reliance | (Independiente/Puede valerse por si mismo)..... | — | — | — | — |
| Ability to express oneself | (Abilidad de expresarse de uno mismo)..... | — | — | — | — |
| Open-mindedness / Flexibility | (Mente abierta / flexibilidad)..... | — | — | — | — |
| Effectiveness with peers | (Efectividad en mantener relaciones)..... | — | — | — | — |
| Effectiveness with adults | (Que tan bueno es con adultos)..... | — | — | — | — |
| Relationship with family | (Relaciones con su familia)..... | — | — | — | — |
| Assertiveness | (Modales)..... | — | — | — | — |
| Appreciativeness/Social graces | (Apreciación / Gracia social)..... | — | — | — | — |
| Honesty / Integrity | (Honestidad / Integridad)..... | — | — | — | — |
| Reliability / Responsibility | (Confiable / Responsable)..... | — | — | — | — |
| Concern for others / Charity | (Preocupación por otros / caridad)..... | — | — | — | — |
| Church / Community service | (Iglesia / Servicio a la comunidad)..... | — | — | — | — |
| Leadership ability | (Habilidad para ser guía)..... | — | — | — | — |
| Ability to accept failure | (Habilidad para aceptar sus fallos)..... | — | — | — | — |
| Realistic goals & expectations | (Metas y expectativas verdaderas)..... | — | — | — | — |

Please add any comments that you think would be helpful in the evaluation of this applicant as to whether he/she would make a positive or negative impression abroad. (ENGLISH ONLY, PLEASE)

ACADEMIC HISTORY

STUDENT NAME: _____

[x] Check the box above your grading scale from those listed on the left

| | | | | | | | |
|---------------|---------|----|----|-----|-----|----------------|-------|
| Superior | 98-100% | A+ | 20 | 10 | 5.0 | superior | _____ |
| Outstanding | 94-97 % | A | 19 | 9.5 | 4.7 | alto excelante | _____ |
| Excellent | 90-93 % | A- | 18 | 9.0 | 4.3 | excelante | _____ |
| Very Good | 88-89 % | B+ | 17 | 8.8 | 4.0 | muy bien | _____ |
| Good | 84-87 % | B | 16 | 8.5 | 3.7 | bien | _____ |
| Above Average | 80-83 % | B- | 15 | 8.0 | 3.3 | alto regular | _____ |
| Fair | 78-79 % | C+ | 14 | 7.8 | 3.0 | mediano | _____ |
| Average | 74-77 % | C | 13 | 7.5 | 2.7 | regular | _____ |

Translate below, courses taken from 9th grade to present / Traducir abajo los cursos desde el 9th grado hasta el presente
 Attach original copy of corresponding school transcript / Incluye la copia original de la transcripcion escolar

| Year _____ to _____ | | | |
|---------------------|--------------|--------------|-------------|
| 9th year courses | 1st semester | 2nd semester | final grade |
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| 9 | | | |
| 10 | | | |
| 11 | | | |
| 12 | | | |

| Year _____ to _____ | | | |
|---------------------|--------------|--------------|-------------|
| 10th year courses | 1st semester | 2nd semester | final grade |
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| 9 | | | |
| 10 | | | |
| 11 | | | |
| 12 | | | |

| Year _____ to _____ | | | |
|---------------------|--------------|--------------|-------------|
| 11th year courses | 1st semester | 2nd semester | final grade |
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| 9 | | | |
| 10 | | | |
| 11 | | | |
| 12 | | | |

| Year _____ to _____ | | | |
|---------------------|--------------|--------------|-------------|
| 12th year courses | 1st semester | 2nd semester | final grade |
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| 9 | | | |
| 10 | | | |
| 11 | | | |
| 12 | | | |

signature of translator / firma de traductor

title of translator / titulo de traductor

date / fecha

THIS FORM MUST BE FILLED OUT BY STUDENT'S ENGLISH TEACHER



(for students entering United States)

Applicant: Last Name: _____ First Name: _____

Applicant has studied English _____ years _____ months

Directions to the interviewer: The purpose of this form is to determine the participant's English ability. It is an important which helps us place students in high schools with appropriate instructional programs. Therefore, it is important that you be frank and accurate in your rating. Some American high schools offer "English as a Second Language" programs which, when taken in conjunction with standard curriculum, are highly beneficial ton the student with weaker English skills. However, not all schools provide such programs. Rating a student higher than he or her actual ability could result in severe problems for the student, school, and family. So please, take great care to interview carefully, and fill out the form accurately.

Reading: Given an American newspaper or magazine article of at least five paragraphs (pronunciation may be odd, as long as the the student's understanding of the meaning is correct), the student is able to:

- Excellent Read it aloud with few errors and explain it's meaning clearly and completely (understands at least 9 out of 10 words).
Good Read it aloud except for difficult terms or place names, and explain most of it's meaning (understands at least 7-8 out of 10 words).
Fair Read most of the basic vocabulary and explain the basic idea of the article (understands at least 5-6 out of every words).
Poor Read and understand only the simplest words (understands 1-4 of every 10 words), and can explain little or none, of the articles meaning.

Writing: Ask to write a short essay stating an opinion about his or her school, town political views, sports interests, etc.

- Excellent Writes with near fluency using lengthy sentences, abstract terms, and strong vocabulary. Uses English grammar rather than composing the grammar of the native language in English.
Good Uses good vocabulary, Sentences are lengthy and sensible, but grammar is sometimes irregular.
Fair Can make only simple sentences using limited, or basic vocabulary. grammar is extremely irregular, but understandable.
Poor Doesn't make complete sentences or uses short basic ones, with limited vocabulary. It is difficult to understand what the student means at times.

Comments: _____

STUDENT NAME: _____

Speaking and Understanding Conversation: After engaging applicant in **at least** 15 minutes of **active** English conversation, relating my views on current topics (being careful to use both abstract terms and idiomatic phrases), and requesting his or her views, I rate the student's ability to speak and understand English conversation to be:

- excellent 10 Absolute proficiency in English. Student is able to both understand and converse, using sophisticated vocabulary and clear, correct sentence structure. Has no trouble with abstract subjects, or most idiom. Thinks in English.
- 9 Students possesses near fluent. Sentence structures are near perfect. Can understand and respond and respond to difficult questions. English knowledge includes abstract terms. Will have no problem at all communicating when he/she arrives in the U.S.A.
- good 8 English responses, although not perfect come naturally. In other words, student responds evidently in English. Has a good vocabulary and understands almost everything. Can respond intelligently; however, needs practice.
- 7 Student can understand most conversation. Speaking ability is good, but needs practice. Can go beyond basic responses and can elaborate thoughts, but needs to think before responding.
- 6 Student understands the basic English. Vocabulary includes most common terms. Thinks quickly;however, it is evident that he/she is translating. Gets lost when conversation involves abstract terms. Makes mistakes, but is understandable. Can carry on a basic conversation.
- fair 5 Student can understand much more the he/she can communicate; however, tries. Can respond sentence form even if grammar and structure are not perfect. Student is understandable.
- 4 Student is evidently understanding the basic English sentences and is able to respond even if only in words or phrases. Grammar and sentence construction is poor, but understandable. (a few weeks of total immersion in English will improve his/her abilities rapidly.)
- poor 3 Student understands words, or phrases but not sentence thoughts. Speaking ability is limited to a few words and may even refuse to use English initially.
- 2 Student understands a few words and phrases, but has little or no ability to communicate beyond this.
- 1 Student cannot understand any conversation and knows little or no English.

It is apparent that regardless of the level of English language proficiency of the student, there will be periods of difficulty and frustration for any foreign student who function in English full-time during a five or ten month stay in the United States. In the space provided below, please share your insights into the applicant's English language ability and aptitude, his motivation, and his study habits. These will be extremely helpful in predicting the applicant's academic success in the program.

I _____, am
English Teacher's Name

- Current Year English Teacher
- Past Year English Teacher

Location where interview was held

Date

Interviewers Signature

Title or Capacity

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Personal Reference from Community

| |
|---|
| for STUDENT _____ ADDRESS: _____ CITY, STATE _____ |
|---|

THE ABOVE NAMED PERSON HAS APPLIED TO BE A FOREIGN EXCHANGE STUDENT. PLEASE COMPARE THIS STUDENT TO OTHERS YOU HAVE KNOWN BY ANSWERING THE BELOW LISTED QUESTIONS AND RETURNING THIS FORM IN THE ENCLOSED ENVELOPE. YOU SHOULD BE AN ADULT OVER AGE 30 AND NOT A RELATIVE OF THIS APPLICANT.

A = ABOVE AVERAGE; (superior) B = AVERAGE; (regular) C = BELOW AVERAGE; (menos) U = UNKNOWN TO YOU (no se sabe)

| | | A | B | C | U |
|----------------------------------|--|---|---|---|---|
| Intellectual Capacity | (Capacidad Intelectual)..... | — | — | — | — |
| Knowledge of current events | (Sabe algo del mundo actual)..... | — | — | — | — |
| Artistic / Creative talents | (Creatividad / talentos artisticos)..... | — | — | — | — |
| Sense of humor | (Sentido del humor)..... | — | — | — | — |
| Sense of adventure / Curiosity | (Sentido de aventura / curiosidad)..... | — | — | — | — |
| Maturity / Emotional stability | (Estabilidad emocional / madurez)..... | — | — | — | — |
| Independence / Self-reliance | (Independiente /Puede valerse por si mismo)..... | — | — | — | — |
| Ability to express oneself | (Habilidad de expresarse de uno mismo)..... | — | — | — | — |
| Open-mindedness / Flexibility | (Mente abierta / flexibilidad)..... | — | — | — | — |
| Effectiveness with peers | (Efectividad en mantener relaciones)..... | — | — | — | — |
| Effectiveness with adults | (Que tan bueno es con adultos)..... | — | — | — | — |
| Relationship with family | (Relaciones con su familia)..... | — | — | — | — |
| Assertiveness | (Modales)..... | — | — | — | — |
| Appreciativeness / Social graces | (Apreciación / Gracia social)..... | — | — | — | — |
| Honesty / Integrity | (Honestidad / Integridad)..... | — | — | — | — |
| Reliability / Responsibility | (Confiable / Responsable)..... | — | — | — | — |

Please add any comments that you think would be helpful in the evaluation of this appliant as to whether he/she would make a positive or negative impression abroad. (ENGLISH ONLY PLEASE)

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Immunization Record (Archivo de Inmunización)



Student (Estudiante) _____ Birthdate (fecha de nacimiento) _____

Address (dirección) _____


City (Ciudad) _____ State (Estado) _____

Country (país) _____ Telephone (telefono) _____

ATTN: DOCTOR: Pupils enrolled in grades k-12 are required by law to have on file at their school that they have been immunized against DTP (diphtheria, tetanus, & pertussis); poliomyelitis; MMR (measles, mumps, & rubella) and also be tested for Tuberculosis. Failure to do so will result in exclusion from school. If the dates of vaccinations are not current according to the RECOMMENDED IMMUNIZATIONS schedule below, please reimmunize the student at this time.

Es necesario que todo estudiante de preparatoria presente su historial de vacunas aplicadas durante todas su vida, ya que todas las escuelas verifican cuidadosamente la parte medica. Deberan de tener las inmunizaciones contra DTP (vacuna triple); poliometitis; varicela, sarampión y rubeola. Si no cumplen con este requisito no seran aceptados en la escuela. Por favor, si al estudiante le falta alguna vacuna, apliquela antes de que salga de su país nativo.

Immunizations Required for School Admittance (Inmunizaciones Requeridas para Admision en la Escuela)

|  DIVISION OF COMMUNICABLE DISEASE CONTROL P.O. BOX 90 HARRISBURG, PA 17108 | ENTER DATE ONLY IF DISEASE CONTRACTED (Señalar abajo fechas Solo si ha penido la enfermedad) | ENTER BELOW THE DATES OF ALL VACCINATIONS IN THE PAST (Señalar abajo fechas de aplicación de las vacunas en años pasados) | ONLY TODAY'S VACCINATION (Señalar abajo vacunas de hoy) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|--|-----|----|-------|--|-----|-------|-----|-----|----|-------|----------|--|--|--|--|--|--|----------|---|---|--|--|--|--|----------|---|---|--|--|--|--|-----------|---|--|--|--|--|--|-----------|---|---|---|--|--|--|--------------|--|--|--|---|--|--|---------------------------|---|--|---|--|--|--|---|--|--|
| REQUIRED IMMUNIZATIONS (INMUNIZACIONES REQUERIDAS) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">AGE</th> <th colspan="6">VACCINES</th> </tr> <tr> <th>DTP</th> <th>POLIO</th> <th>MMR</th> <th>HIB</th> <th>Td</th> <th>Hep B</th> </tr> </thead> <tbody> <tr> <td>2 months</td> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>4 months</td> <td>X</td><td>X</td><td></td><td></td><td></td><td></td> </tr> <tr> <td>6 months</td> <td>X</td><td>X</td><td></td><td></td><td></td><td></td> </tr> <tr> <td>15 months</td> <td>X</td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>24 months</td> <td>X</td><td>X</td><td>X</td><td></td><td></td><td></td> </tr> <tr> <td>4 to 6 years</td> <td></td><td></td><td></td><td>X</td><td></td><td></td> </tr> <tr> <td>Every 10 years thereafter</td> <td>X</td><td></td><td>X</td><td></td><td></td><td></td> </tr> </tbody> </table> | AGE | VACCINES | | | | | | DTP | POLIO | MMR | HIB | Td | Hep B | 2 months | | | | | | | 4 months | X | X | | | | | 6 months | X | X | | | | | 15 months | X | | | | | | 24 months | X | X | X | | | | 4 to 6 years | | | | X | | | Every 10 years thereafter | X | | X | | | | DTP _____ TOPV _____ HEP B _____ Measles _____ Mumps _____ Rubella _____ | | |
| AGE | | VACCINES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | DTP | POLIO | MMR | HIB | Td | Hep B | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 months | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 months | X | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 months | X | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 months | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 months | X | X | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 to 6 years | | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Every 10 years thereafter | X | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| KEY DTP Combined diphtheria, tetanus and pertussis MMR Combined measles, mumps and rubella Td Combined tetanus & diphtheria given after six years of age + every ten years thereafter for life HIB Haemophilus Influenzae b HEP B Hepatitis B | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Tuberculosis TINE [] or PPD [] Date _____ Pos.[] or Neg.[] **TB Vaccine:** (opcional) No[] Yes[] Date _____

Chest X-ray: (not necessary if Tine or PPD is negative/ no necesario, si negativo Tine o PPD) Date _____ Positive [] or Negative []

Type Name of Physician: _____ Signature: _____

Address: _____ Tel: _____

We certify that we have reviewed the Health Questionnaire and information supplied by us, and that it is true and complete to the best of our knowledge. We authorize any of the doctors, hospitals, or clinics mentioned above to furnish a complete transcript of medical records for the purpose of processing this application.



Clinical Examination by family physician

STUDENT: _____

| Normal | Check Each Item | Abnormal |
|--------|------------------------------|----------|
| _____ | Head, Face, Neck, Scalp | _____ |
| _____ | Nose | _____ |
| _____ | Sinuses | _____ |
| _____ | Mouth and Throat | _____ |
| _____ | Ears - General (int. & ext.) | _____ |
| _____ | Drums (perforated) | _____ |
| _____ | Eyes | _____ |
| _____ | Ophthalmoscopic | _____ |
| _____ | Pupils | _____ |
| _____ | Ocular Motility | _____ |
| _____ | Lungs and Chest | _____ |
| _____ | Heart | _____ |
| _____ | Vascular System | _____ |
| _____ | Abdomen and Viscera | _____ |

| Normal | Check Each Item | Abnormal |
|--------|-------------------------------|----------|
| _____ | Obesity, Bulimia, or Anorexia | _____ |
| _____ | Anus and Rectum | _____ |
| _____ | Endocrine System | _____ |
| _____ | G - U System | _____ |
| _____ | Upper Extremities | _____ |
| _____ | Feet | _____ |
| _____ | Lower Extremities | _____ |
| _____ | Spine, other Musculoskeletal | _____ |
| _____ | Body Marks, Scars, Tattoos | _____ |
| _____ | Skin, Lymphatics | _____ |
| _____ | Neurologic | _____ |
| _____ | Psychiatric | _____ |
| _____ | Pelvic (female only) | _____ |
| _____ | Check how done: | _____ |

Measurements and Other Findings

Height: _____ft. _____in. Weight: _____pounds Color Hair: _____ Color Eyes: _____ Build: thin _____ medium _____ heavy _____

Blood Pressure

Sitting: _____ Recumbent: _____ Standing: _____

Pulse (arm at heart level)

Sitting: _____ After Exercise: _____ 2 Min. After: _____ Recumbent: _____ After Standing 3 Minutes: _____

Laboratory Findings

Urinalysis (A. Specific Gravity): Albumin _____ Sugar _____ Serology (Specify Test): _____ Blood Type & RH Factor: _____

I certify that I examined the above named student and have reimmunized for school entrance according to the attached Required Immunizations chart.

Type Name of Physician: _____ Signature: _____

Address: _____ Date of Exam: _____

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|-------------------------|-----------------|------------------------|------------------------|---|---|--|--|--|---|---|--|--|--|---|---|-------------------------|--|-------------------------|---|---|--|--|--|--|
| DENTAL RECORDS | ODONTOLOGY | <p>Please attach details of any ongoing orthodontic plan in order to assure continuation while in the States.</p> <p>Por Favor, incluido programa ortodontico para continuacion del estudiante en los Estados Unidos.</p> | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Place appropriate symbols, showing in examples: (o) Restorable teeth; (*) Non-restorable; (-) Missing teeth; (+) Replaced by dentures; (@) fixed) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <table style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 5px;">R</td> <td style="padding: 5px;">1 2 3 4 5 6 7 8</td> <td style="padding: 5px;"> </td> <td style="padding: 5px;">9 10 11 12 13 14 15 16</td> <td style="padding: 5px;">L</td> </tr> <tr> <td style="padding: 5px;">I</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;">E</td> </tr> <tr> <td style="padding: 5px;">G</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;">F</td> </tr> <tr> <td style="padding: 5px;">H</td> <td style="padding: 5px;">32 31 30 29 28 27 26 25</td> <td style="padding: 5px;"> </td> <td style="padding: 5px;">24 23 22 21 20 19 18 17</td> <td style="padding: 5px;">T</td> </tr> <tr> <td style="padding: 5px;">T</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> </table> | | R | 1 2 3 4 5 6 7 8 | | 9 10 11 12 13 14 15 16 | L | I | | | | E | G | | | | F | H | 32 31 30 29 28 27 26 25 | | 24 23 22 21 20 19 18 17 | T | T | | | | |
| | R | | 1 2 3 4 5 6 7 8 | | 9 10 11 12 13 14 15 16 | L | | | | | | | | | | | | | | | | | | | | | |
| I | | | | E | | | | | | | | | | | | | | | | | | | | | | | |
| G | | | | F | | | | | | | | | | | | | | | | | | | | | | | |
| H | 32 31 30 29 28 27 26 25 | | 24 23 22 21 20 19 18 17 | T | | | | | | | | | | | | | | | | | | | | | | | |
| T | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Remarks and additional dental defects and diseases | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Name of Dentist | | | | | | | | | | | | | | | | | | | | | | | | | | |

ProAmerican Educational And Cultural Exchange

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Health Questionnaire



Student's Name: _____
 Date of Birth: _____
 Parent's Name: _____
 Address: _____
 City & State: _____
 Country: _____
 Telephone: _____

Past Medical History:

| | | | | | | | | |
|-----------------|----|-----|---|----|-----|---------------------|----|-----|
| Measles..... | No | Yes | Venereal Disease..... | No | Yes | Bulimia or Anorexia | No | Yes |
| Mumps..... | No | Yes | Concussion or Head Injuries..... | No | Yes | Strokes..... | No | Yes |
| Chickenpox..... | No | Yes | Rheumatic Fever or Heart Disease..... | No | Yes | Tuberculosis..... | No | Yes |
| Epilepsy..... | No | Yes | Have you had any other serious illness..... | No | Yes | Broken bones..... | No | Yes |
| Diabetes..... | No | Yes | If yes, what? _____ | | | Cancer..... | No | Yes |

Have you ever been hospitalized, had surgery, or been under extended medical care?.....No Yes If yes, for what reason? _____

Systemic Review:

Eyes-Ears-Nose-Throat:

Eye disease or injury..... No Yes
 Do you wear glasses..... No Yes
 Double vision..... No Yes
 Headaches..... No Yes
 Glaucoma..... No Yes
 Nosebleeds..... No Yes
 Chronic sinus trouble..... No Yes
 Ear disease..... No Yes
 Impaired hearing..... No Yes
 Do you wear hearing aids..... No Yes
 Dizziness..... No Yes
 Episodes of unconsciousness..... No Yes

Skin:

Skin disease, hives, eczema..... No Yes
 Jaundice..... No Yes
 Frequent infection or boils..... No Yes
 Abnormal pigmentation..... No Yes

Neck:

Stiffness..... No Yes
 Thyroid trouble..... No Yes
 Enlarged glands..... No Yes

Respiratory:

Spitting up blood..... No Yes
 Chronic or frequent cough..... No Yes

Have you been in good health most of your life?.....No Yes If not, please explain? _____

Allergies and Sensitivities:

| | | | | | |
|--|----|-----|-------------------------------------|----|-----|
| Penicillin or other antibiotics..... | No | Yes | Novocaine or other anesthetics..... | No | Yes |
| Morphine, Codeine, Demerol, other narcotics..... | No | Yes | Sulfa Drugs..... | No | Yes |
| Aspirin, empirin or other pain remedies..... | No | Yes | Adhesive tape..... | No | Yes |
| Tetanus antitoxin or other serums..... | No | Yes | Iodine or merthiolate..... | No | Yes |
| Any foods, such as egg, milk or chocolate..... | No | Yes | Any other drug or medication..... | No | Yes |

Any other allergies?.....No Yes If yes, please list? _____

Por favor mencionar unicamente las alergias, las que deban ser observadas y no el hecho que no les guste algo.

Neuro-Psychiatric:

Have you ever had psychiatric counseling or therapy?..... No Yes Please explain if yes _____
 Have you even been advised to see a psychologist or psychiatrist?... No Yes _____
 Have you ever had fainting spells?..... No Yes _____

ProAmerican Educational And Cultural Exchange

WORLD HEADQUARTERS * 40 WATER STREET, SUITE 700 * NEW PHILADELPHIA, PENNSYLVANIA * 17959*USA



AUTHORIZATION TO TREAT A MINOR (Autorizacion del Trato a Menores)

(student's name)

I (we) the undersigned parent(s) or legal guardian(s) of a minor dependant, do authorize and consent to

any x-ray, EKG, MRI, CAT or other examination, anesthetic, medical or surgical diagnosis rendered under the general or specific supervision of any member of the medical staff and emergency room staff licensed under the provisions of the U.S. Medicine Practice Act (or it's foreign counter part if for a USA student abroad) or a dentist licensed under the provisions of the U.S. Dental Practice Act (or it's foreign counterpart if for a USA student abroad) and on the staff of any acute care facility or general hospital holding a current license to operate as the same. I (we) understood this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgement may be deemed advisable. I/we understand that reasonable effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. Furthermore, I/we assure that I/we have read the PEACE group accident/medical insurance policy provisions and understand that there are deductibles, co-payments, and non-covered items, and that I/we will reimburse any expenditures not covered by the policy. I/We absolve members of PEACE, the host family, school, or other person(s) who may take our child to any licenced medical provider, of any responsibilities that said guardians may inadvertently assume by way of signing our child into the care of such provider(s).

Yo (nosotros) el(los) abajo firmante(s) padre(s) o custodio(s) legal(es) de un menor dependiente, autorizo(autorizamos) y consiento(consentimos) que mi(nuestro) representado sea examinado con rayos-X, EKG, MRI, CAT o cualquier otro examen, se le aplique anestesia o se le someta a diagnóstico médico o quirúrgico, específico o general, bajo la supervisión de algún miembro del cuerpo médico y/o de la sala de emergencias, acreditado bajo el Estatuto de la Práctica Médica de los EE.UU (o su contraparte en el extranjero, si el estudiante se encuentra fuera del país) o un dentista acreditado bajo el Estatuto de la Práctica Dental de los EE.UU (o su contraparte en el extranjero, si el estudiante se encuentra fuera del país) y por el personal de cualquier centro de cuidado intensivo u hospital general que posea licencia vigente para operar como tal. Yo (nosotros) entiendo (entendemos) que esta autorización es otorgada con antelación a cualquier diagnóstico, tratamiento, o cuidado hospitalario que se requiera; pero esto se hace para otorgar autoridad y poder de decisión a los médicos, al escoger el tratamiento que a su juicio estimen aconsejable. Yo (nosotros) entiendo(entendemos) que un esfuerzo razonable deberi hacerse para localizar a el(los) abajo firmante(s) antes de aplicar el tratamiento al paciente; pero que ninguno de estos tratamientos serí detenido si los abajo firmantes no son localizados. Además, yo (nosotros) confirmo(confirmamos) que he (hemos) leído los estatutos del seguro médico y de accidentes de PEACE y entiendo(entendemos) que existen deducibles, pagos adicionales, y renglones no cubiertos, y que yo(nosotros) reembolsaremos cualquier gasto no cubierto por la póliza del seguro. Yo (Nosotros) libero (liberamos), a los miembros de P.E.A.C.E, la familia anfitriona, el colegio u otra(s) persona(s) que debe(n) trasladar a mi/nuestro(a) hijo(a) a un proveedor acreditado de servicios médicos, de toda responsabilidad que inadvertidamente puedan asumir al autorizar que mi/nuestro(a) hijo(a) quede bajo el cuidado de dicho proveedor.

Physical restrictions (Enlista cualquier restricción): _____

Allergies to drugs or food (Alergias a drogas y comidas): _____

Medications taken regularly (Medicinas que tome regularmente): _____

Other special needs (otras necesidades especiales): _____

Date of last tetanus toxide booster (fecha de la ultima vacuna contra tetanos): _____

Family physician (doctor de familia): _____ Phone (telefono): _____

Address (direccion): _____ City (ciudad): _____

State (estado): _____ Country (nacion): _____ Zip (postal) code: _____

Signature of both parents or guardians: _____ Date: _____

(firma de ambos padres o tutor(es) _____ (fecha)

Family Address: _____

(direccion de familia) _____

Telephone where parents may be reached (business) _____ (home) _____

(telefono de padres) _____ (negocio) _____ (casa)



Letter of Greetings from Parents of

A large, empty rectangular box with a double-line border, intended for writing a letter of greetings.





PARENTAL AGREEMENT

Contrato do pais

Nosso filho/a tem a nossa permissão de aplicar e fazer parte do (P.E.A.C.E., Inc.) Programa de Estudante Embaixador.

Nós Entendemos que este programa é designado para aumentar o conhecimento entre os países do mundo e não é usado somente com o propósito de treinar uma língua estrangeira.

Nós entendemos que a família anfitriã não receberá nenhuma remuneração para fornecer dormitório e hospedagem e abrir a residência e vida deles para o nosso filho ou Filha. Nós esperamos um dia receber os anfitriões em nossa casa como hóspedes para conservar o laço de amizade forte entre nós.

Nós entendemos que o contato frequente com a família e amigos aumenta a saudade e enfraquece a adaptação e nós concordamos em limitar os telefonemas para nosso filho/filha do 1 a 2 por mês. Nós também concordamos em não pedir para ele/ela para vir para casa ou nos encontrar longe da família anfitriã em nenhum momento durante o ano escolar; também nós não visitaremos ele/ela sem ser convidado por sua família anfitriã até o fim da participação dele/dela no programa.

Nós entendemos que o P.E.A.C.E. não poderá nos garantir que nosso filho ficará numa residênciá com um adolescente da mesma idade ou algum filho Ou mesmo com o casal. A estrutura da diferença familiar deverá ser aceita como parte da experiência cultural.

Nós entendemos que os regulamentos e rotina da família sejam talvez diferentes daqueles que estamos acostumados, mas nós aceitaremos com boa fé como for apropriado.

Nós evitaremos interferência e tẽntaremos apoiar os pais anfitriões.

Nós entendemos que a escola anfitriã não cobra nenhuma taxa de matrícula ou de mensalidade, os créditos escolares e graduação não poderão serem garantidos.

Nós entendemos de que no caso sério de infração das leis do P.E.A.C.E. ou leis locais, saudades prolongadas, baixa adaptação ou serios problemas mentais, se for necessário, com muita discricção dos dirigentes do P.E.A.C.E. nosso tilho/filha regresses mais cedo.

Nós assumiremos os custos de uma volta antecipada e não prejudicaremos o P.E.A.C.E. legalmente ou financeiramente.

Nós concordamos que nosso filho/filha complete o exame médico e dentário por nossa conta como parte desse formulário. Nós também concordamos em pagar alguma despesa de acidente ou despesa médica ocorrido com nosso filho/filha que não esteja coberto pelo o programa de seguro.

Nós entendemos que o P.E.A.C.E. não pode garantir o tempo que encontrarão uma família anfitriã dependendo de quanto tempo ainda resta desde que a família é quem escolhe o estudante que eles desejam. Nós também concordamos que se perdermos outras inscrições e outros programas enquanto esperamos por uma família nós faremos por nossa total responsabilidade. Se decidirmos desistir de participar, nós concordamos em não prejudicar P.E.A.C.E. e seus agentes e não pedirei mais do que o reembolso nõs termos do Contrato do P.E.A.C.E. Pagamentos e Cancelamentos.

Our son/daughter has our permission to apply for and take part in the (P.E.A.C.E.) Student Ambassador Program.

We understand that this program is designed to increase understanding among countries of the world and it is not to be used solely for the purpose of foreign language training.

We understand that the host family will receive no compensation for providing room and board and for opening their home and family life to our son/daughter. We hope to welcome the host family as guests in our home following the exchange, in order to preserve stronger friendship ties among us.

We understand that frequent contact with family and friends hightens homesickness and weakens adaptation and so agree to limit phone calls to our son/daughter to 1 or 2 a month. We also agree not to ask him/her to come home or to meet us away from the host family at any time during the school year; nor will we visit him/her without an invitation from the host family until the end of his/her participation in the program.

We understand that P.E.A.C.E. cannot guarantee that our child will be placed in a home with a teenager of a like age or any children at all, or even with two parents. A different family structure will be accepted as part of the cultural experience.

We understand that the host family's rules and routine may be different that those which our children are accustomed to, but will be accepted by us in good faith as appropriate. We will avoid interference and try to be supportive of the host parents.

We understand that since host schools usually waive tuition and admission requirements in the interest of international good will, academic credit & graduation cannot be guaranteed.

We understand that in case of serious infraction of P.E.A.C.E. rules or local laws, prolonged homesickness, poor adjustment, or severe mental problems, it may be necessary, at the sole discretion of P.E.A.C.E. officials, for our son/daughter to return early. We will assume all costs of such early return and will hold P.E.A.C.E. legally and financially harmless.

We agree for our son/daughter to have complete medical and dental examinations at our expense, as part of this application. We also agree to pay for any deductibles, co-payments, or incidental accident or medical expense incurred by our son/daughter that is not covered by the program's insurance policy.

We understand that PEACE cannot guarantee how soon they will find a host family, regardless of how much time is allowed, since host families choose the student they want. We also agree that if we miss deadlines for other opportunities while waiting for a host family we do so at our own risk. If we decide to withdraw participation, we agree to hold PEACE and its agents harmless, and will ask for no more than a refund as per the terms of the PEACE Payments/Cancellations Policy.

SIGNATURES OF BOTH PARENTS OR GUARDIANS

DATE



AIRLINE TICKETING, TRAVEL, & FINAL DEPARTURE PLAN

- ? I understand that student tickets are electronic, which means there is no paper ticket to lose, but that travelers need to provide two forms of ID to board the aircraft, at least one of which contains a photo.
- ? I understand that the PEACE flight itinerary is not an official contract and is subject to printing errors and also to the airline's own schedule changes and cancellations. Therefore, I agree to call the airlines to confirm all flight numbers, cities, times, and dates before departure (both arriving in country and returning home).
- ? I understand that tickets are purchased by PEACE at group discounts and are subject to financial penalty for any date changes and that this cost is a student's responsibility, except when PEACE changes dates to extend a student's school term.
- ? I understand that PEACE "averages" costs regionally when pricing air travel as part of the student contract; so if parents prefer an airport for departure more convenient than the one selected by PEACE that they are responsible for the difference in cost.
- ? I understand that airlines allow two pieces of luggage checked in storage plus one carry-on bag; and that they charge penalties for each extra bag and for bags too heavy or too large. I will call the airline in advance for exact terms and to obtain an estimate of costs.
- ? I understand that once an itinerary has begun (the arrival half is flown) the airline will *not* change the return departure city for *any reason*. (only time and day)
- ? I understand that if parents wish to visit students and wish to travel home together on the same aircraft, expecting no extra cost to their child's ticket, that they need to coordinate with PEACE headquarters to make their flight itinerary the same as the one already purchased for their child by PEACE. *For the above reason, if parents wish to change their child's return departure city, it is understood that parents must buy a new one way ticket for their child, solely at their own expense.*
- ? I understand that the date on a J-visa application (plus 30 extra days "grace" granted by Immigration & Naturalization Service (I.N.S.) for travel within the USA) is the latest that students may stay legally in the U.S. There is no paperwork to use this grace period. *BUT, If I leave the U.S. *during the grace period* I will not be left back in.
- ? I understand that a J-visa cannot be renewed/ extended for any reason; that students must return to their country, even if they have an F-1 visa to return here for college.
- ? I understand that medical insurance paid by PEACE expires 10 months after students arrive but *must* be extended at my expense if I wish to stay longer.
- ? I understand that the U.S. Government requires PEACE to know where students are at all times; therefore, students may not change return itineraries without PEACE's permission. PEACE must approve any side trips to visit relatives in the United States while on my way out of the country and must have a letter from *both* natural parents and hosting parents stating names, dates, addresses, and phone numbers of said persons.

ACUERDO DE BOLETAJE AEREO, PLAN DE VIAJE, Y REGRESSO

- ? Entiendo que los tiquetes estudiantiles son electrónicos, lo que significa que no hay documentos que puedan perderse, pero los viajeros deben facilitar dos formas de Identificación al abordar, al menos una de ellas debe tener una foto.
- ? Entiendo que el itinerario de vuelos de PEACE, no es un contrato oficial y está sujeto a errores de impresión y a los cambios y cancelaciones de horarios de las aerolíneas. Por lo tanto, acepto llamar a las aerolíneas para confirmar todos los números de vuelos, ciudades, horas y fechas antes de partir (tanto para el ingreso a este país como para el regreso a casa.)
- ? Entiendo que PEACE adquiere los tiquetes con tarifas de descuento por grupo y están sujetos a penalidades por cambios en las fechas y que este costo es responsabilidad del estudiante, con excepción a cuando PEACE haga el cambio para extender el período escolar del estudiante.
- ? Entiendo que PEACE promedia sus costos regionalmente cuando costea el viaje aéreo como parte del contrato estudiantil; de manera que si algún Padre (Madre) prefiere un aeropuerto de salida más conveniente que el escogido por PEACE, la diferencia en el costo será pagadero por su cuenta.
- ? Entiendo que las aerolíneas autorizan dos piezas al registro de equipaje y un maletín de mano, y que cobran penalidades por cada maleta o equipaje muy pesado o muy grande. Yo llamaré anticipadamente a la aerolínea para términos precisos y estimativos en costos.
- ? Entiendo que una vez que un itinerario ha comenzado (ya que la mitad del vuelo ha sido utilizado.), la aerolínea no cambiará la ciudad de partida de regreso por ningún motivo (solamente hoy)
- ? Entiendo que si los Padres (Madres) desean visitar a los estudiantes y desean viajar de regreso con ellos en el mismo avión con la idea de ningún costo extra al boleto de su hijo(a); ellos deben coordinar con la oficina principal de PEACE para hacer el itinerario del vuelo igual que al ya adquirido para su hijo(a) por PEACE. por la razón anterior, si los Padres desean cambiar la ciudad de partida de regreso deben comprar un boleto de una sola vía para su hijo(a) a sus expensas.
- ? Entiendo que la fecha en la solicitud de la visa J-visa, es la fecha límite que un estudiante puede quedarse legalmente en los EUA (más 30 días de gracia garantizados por el "I.N.S." para viajar dentro de los EUA.) No hay documentación que podamos usar para este período de gracia, PERO, si parto de los EUA durante este período de gracia, no seré autorizado para entrar de nuevo.
- ? Entiendo que una visa J no puede ser renovada ni extendida por ninguna razón, que los estudiantes deben regresar a su país, aun teniendo una visa F-1 para regresar acá para Universidad.
- ? Entiendo que el seguro médico pagado por PEACE se vence 10 meses después de la llegada de los estudiantes, pero puede ser extendido a mis expensas si deseo quedarme un tiempo más.
- ? Entiendo que el gobierno de los EUA requiere que PEACE tenga conocimiento del lugar donde se encuentran los estudiantes durante todo el tiempo, por lo tanto, los estudiantes no pueden cambiar itinerarios de regreso sin el permiso de PEACE. Igualmente, PEACE debe aprobar viajes locales a parientes dentro de los EUA en mi viaje de salida del país y debo tener una carta de ambos padres, los míos propios y mis anfitriones donde conste nombres, fechas, direcciones, y números telefónicos de dichas personas.

ProAmerican Educational And Cultural Exchange, Inc.

IMMUNIZATION & ACCIDENT-MEDICAL INSURANCE DISCLOSURE AND AGREEMENT

IMUNIZACION-SEGURO MÉDICO Y DE ACCIDENTES: Cláusulas y Acuerdos

I understand that immunizations recommended by the American Pediatric Association are required for admission to all U.S. schools. I guarantee that during my child's PEACE medical exam all required by the chart on the PEACE application form will be administered and dated by the examining doctor. I understand that this includes, but is not limited to, a repeat vaccination for M-M-R and Tetanus if my child was not re-immunized within the last ten years.

I understand that I must sign an "Authorization for Treatment of a Minor" on my child's insurance card (that will arrive with his travel papers), because American doctors and hospitals will not render necessary medical treatment without parental permission. My son/daughter understands to carry this card on his/her person at all times.

I understand that PEACE accident-medical insurance does NOT cover all expenses and that I am responsible for all non-covered charges. I have read or have had a translator read to me all exclusions listed in the accident-medical insurance plan brochure.

I understand that American football, skiing, and some other hazardous activities are not insured, and that I am responsible for 100% of medical expenses if my son/ daughter is injured in non-insured activities. If my son/daughter participates in activities not insured by PEACE he/she will apply for special accident insurance offered through the host family's local school.

I understand that sports physicals may cost from \$50 to \$100 and are not insurable, since they are not for diagnosis of injury or illness.

I understand that routine dental cleanings, filling of cavities, and adjustment of braces are not insured and may cost a minimum of \$50 per incident. I have been advised to have preventive dental care administered in my country before student departure and will do so.

I have been advised to provide my son/ daughter, upon arrival, with at least \$300 emergency funds to set aside and use only to pay for sports physicals, insurance deductibles, or medical costs (such as prescription drugs) that must be paid first in cash and only later reimbursed by insurance.

I have been advised that doctor visits cost at least \$50+ and hospital emergency rooms at least \$100+ and that this level of initial expenses is a deductible not covered by standard insurance. I understand that over-the-counter medicine or first aid for minor illness or injury is a readily available alternative to treatment by a doctor or hospital.

I understand that a claim form signed by the student is needed to claim reimbursement or authorize direct payment for medical care (provided by PEACE and available for reprinting on their website).

_____ I accept the Standard Plan (included in program fees), understanding that I must pay the first \$50 each incident plus an additional \$100 if use of the hospital emergency room for outpatient care is elected plus all charges in excess of the plan maximum of \$100,000.

_____ I prefer to pay \$30 extra/month to enroll my son/ daughter in the "No Deductible Plan" and understand I must pay all charges above the plan maximum of \$500,000. I agree to pay in advance for the entire length of this extra plan (10, 7, 5, or 3 months).

INITIAL

↓
↓

OR

Entiendo que las inmunizaciones recomendadas por la Asociación Americana de Pediatría son las requeridas para la admisión en las escuelas de E.E.U.U. Garantizo que todo lo solicitado en la planilla de aplicación de PEACE; que esté relacionado con el examen médico de mi hijo menor, sea administrado y fechado por el médico examinador. Entiendo que ello incluye, pero no limita, la aplicación de refuerzo de la vacuna M.R.R. y/o tétano en caso de que mi hijo no hubiese sido re-immunizado en los últimos diez años.

Entiendo que debo firmar la "Autorización para trato de menor" que aparece en la tarjeta del seguro de mi hijo/a (que le llegará con sus papeles de viaje), porque los médicos Americanos y los hospitales no prestan el servicio médico necesario sin el permiso de los padres. Mi hijo/a entiende que en todos momentos deberá llevar consigo la tarjeta del seguro.

Entiendo que el seguro Médico y de Accidentes de PEACE, no cubre todos los gastos y que yo soy responsable por todo los gastos no cubiertos. He leído (o me han traducido) todas las exclusiones enunciadas en el folleto del Plan de Seguro Médico y de Accidentes.

Entiendo que el fútbol americano, el esquí, y otras actividades riesgosas no están aseguradas, y que yo asumiré el 100% de los gastos médicos si mi hijo/a es lesionado/a realizando actividades no-aseguradas. Si mi hijo/a participa en actividades no aseguradas por PEACE debe aplicar a seguros especiales ofrecidos a través de escuela a la cual asiste y localizada en el área de la familia anfitriona.

Entiendo que los exámenes físicos para deportes pueden costar desde \$50 hasta \$100 y no son cubiertos por el Seguro ya que no son para diagnósticos de lesión de lesión o enfermedad.

Entiendo que la limpieza dental de rutina, caries y ajustes de ortodoncia no están asegurados y pueden costar y puede costar un mínimo de \$50 por visita. He sido aconsejado que mi hijo/a debe hacerse un chequeo dental y el tratamiento adecuado antes de dejar su país.

He sido aconsejado de proporcionar a mi hijo/a \$300 o más antes de viajar para posibles emergencias y/o solamente para pagos de exámenes físicos para deporte, deducibles del Seguro, y otros gastos médicos (medicinas por receta) que deben ser pagados primero por adelantado, aunque solamente pudieran ser reembolsados posteriormente por el Seguro.

He sido informado de que las visitas médicas tienen un costo de \$50 o más y la sala de emergencias en un hospital \$100 o más. Estos costos iniciales no forman parte del deducible de los seguros regulares. Entiendo que las medicinas que no requieren receta médica y los primeros auxilios para enfermedades o lesiones menores están siempre disponibles como alternativa al tratamiento de un médico o de un hospital.

Entiendo que una petición firmada por el estudiante es necesaria para reclamar el reembolso o autorizar el pago directo por cuidados médicos. (Las Planillas están disponibles para su impresión en la Pág. Web de PEACE.

_____ Acepto el Plan Standard (incluido en honorarios del programa) entendiendo que debo pagar los primeros \$50 de cada incidente mas un adicional de \$100 si utilizo la sala de emergencia del hospital cuando el paciente externo lo requiera además todos los cargos en exceso de el plan de un máximo de \$100,000.

_____ Prefiero pagar \$30 extra/mes para incluir a mi hijo/a en el Plan "No Deducible" y estoy de acuerdo en pagar todos los pagos sobre el máximo del plan de un máximo de \$500,000. Estoy de acuerdo de pagar adelantado por el tiempo de duración del Plan (10, 7, o 3 meses).

SIGNATURES OF BOTH PARENTS or GUARDIANS
(Firma de los dos padres o tutores)

SIGNATURE OF STUDENT
(Firma de estudiante)

DATE
(fecha)