



FORTE INTERNATIONAL EXCHANGE ASSOCIATION

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www.ForteExchange.org

FIEA STUDENT APPLICATION

STUDENT ID (FOR OFFICE USE) _____ HOME COUNTRY AGENT _____

* This page contains private information. It is not for public distribution.

APPLICANT PERSONAL INFORMATION

Name _____
Family Given Middle

English Name _____ Gender Male Female

Country of Citizenship _____ Country of Residence _____

Date of Birth _____ Place of Birth _____
(MM/DD/YYYY) City Country

Home Address _____

City _____ State/Province _____ Zip Code _____

Telephone _____ Email _____

PARENT/GUARDIAN 1

Name _____
Family Given Middle

Relation _____ Age _____

Address (if different from student) _____

Occupation _____ Employer _____

City _____ State/Province _____ Zip Code _____ Country _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

PARENT/GUARDIAN 2

Name _____
Family Given Middle

Relation _____ Age _____

Address (if different from student) _____

Occupation _____ Employer _____

City _____ State/Province _____ Zip Code _____ Country _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Applicant lives with _____

If parents divorced, name and relation of person with legal custody _____

SCHOOL INFORMATION

School Name _____ Telephone _____

Address _____ Contact Person _____

City _____ State/ Province _____ Zip _____

If we have to place you in a private school, what is the maximum tuition you can pay? (In US dollars)

- \$4,000 \$6,500 \$9,000 \$15,000 Over \$20,000 Do not accept

Religion

Do you have a religion? Yes No

If yes, please specify _____

Do you accept host family of a different religion? Yes No

How often do you attend religious services? _____

If asked to attend religious activities with your host family, how often would you be willing to participate?

twice a week once a week twice a month monthly on holidays only don't wish to attend

Interests and Hobbies

List any sports in which you have regularly participated _____

List extracurricular activities in which you participate _____

Do you sing or play musical instruments? Yes No If yes, list your favorite ones _____

Host Family Preferences

How do you feel about living with children under six? Dislike 1 2 3 4 Love

Would you like to live in a family with pets or animals? Yes No

What pets do you have (if any)? _____

Are you a vegetarian or vegan? Yes No

If yes, can you live in a non-vegetarian/vegan home? Yes No

Do you accept if someone smokes in the host family? Yes No

Please be aware that FIEA students are not permitted to smoke, drink alcohol or take drugs during their stay in the United States. A violation of this rule may result in dismissal from the program.

Yes, I understand this. Yes No

Can you prepare your own meals while your host family is away from home? Yes No

Self-Placement

If you have a self-placement, please provide host family and school information

School _____ Host Parents' Names _____

Address _____ Address _____


City _____ State _____ Zip _____ City _____ State _____ Zip _____


Phone numbers _____ Phone numbers _____


Is there any other information or request that you would like us to know? (Please understand that we will try to accommodate your needs but we cannot guarantee)

Disclaimer

I declare that the information reported on the application is true and complete. I understand that admission and placement of the applicant will be contingent upon the completeness and accuracy of these statements.

SIGN HERE  Signature of Applicant _____ Date _____

SIGN HERE  Signature of Parent/Guardian 1 _____ Date _____

SIGN HERE  Signature of Parent/Guardian 2 _____ Date _____



TEACHER RECOMMENDATION (MATHEMATICS)

Student's Full Name _____ Grade Level of Above Student _____

Teacher's Full Name _____ Teacher's Phone Number _____

School Name _____

School Address _____

Dear Teacher Please fill out the following items to the best of your knowledge. Thank you!

	BELOW AVERAGE	AVERAGE	GOOD	SUPER
MATHEMATICAL SKILLS				
a. Computational skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Problem-solving skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mathematical reasoning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Mathematical applications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BEHAVIOR AND INTERPERSONAL SKILLS				
a. Follows teacher's directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is able to stay on task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Is able to work in a team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Contributes to group discussions/activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Is able to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Perseveres in spite of difficulty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Enjoys new challenges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Responds positively to constructive criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Shows respect to peers and faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Shows self-esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Is willing to take responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Demonstrates self-control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Exhibits emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Establishes and maintains friendships easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This applicant is

- Highly Recommended (Top 5%)
 Strongly Recommended
 Recommended
 Recommended with Reservation
 Not Recommended

Your general comments on the student _____



Signature _____

Date (month / day / year) _____



Forte International Exchange Association

TEACHER RECOMMENDATION (ENGLISH)

Student's Full Name _____ Grade Level of Above Student _____

Teacher's Full Name _____ Teacher's Phone Number _____

School Name _____

School Address _____

Dear Teacher Please fill out the following items to the best of your knowledge. Thank you!

	BELOW AVERAGE	AVERAGE	GOOD	SUPER
ENGLISH SKILLS				
a. Listening comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Speaking skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Reading comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Writing skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BEHAVIOR AND INTERPERSONAL SKILLS				
a. Follows teacher's directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is able to stay on task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Is able to work in a team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Contributes to group discussions/activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Is able to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Perseveres in spite of difficulty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Enjoys new challenges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Responds positively to constructive criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Shows respect to peers and faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Shows self-esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Is willing to take responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Demonstrates self-control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Exhibits emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Establishes and maintains friendships easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This applicant is

- Highly Recommended (Top 5%) Strongly Recommended Recommended
- Recommended with Reservation Not Recommended

Your general comments on the student _____



Signature _____

Date (month / day / year) _____

Student Name _____

FIEA Number _____

Personal Essay

Suggested ideas

1. Who are you?
2. Your family
3. Your school
4. Your city/town/village
5. Why do you want to go to America? Or why do you choose this program?
6. What are your expectations of the experience?
7. Any other information you would like your host family and school to know about you.

Dear Host Family

Personal Essay (continued)

FIEA Student Family Album (Page 2)

Name _____

FIEA Number _____

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4. <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
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Forte International Exchange Association

APPLICANT MEDICAL RECORD

(Please complete this form with your physician)

Student Name _____ Date of Birth _____ Country _____
 Height (ft/in) _____ Weight _____ Blood Pressure _____
 Pulse _____ Temperature _____ Respiration _____

Please answer all questions below. Any item with an answer of “Yes” requires explanation in details.

Have you had	Yes	No	Have you had	Yes	No
Scarlet Fever	<input type="checkbox"/>	<input type="checkbox"/>	Frequent Depression	<input type="checkbox"/>	<input type="checkbox"/>
Measles	<input type="checkbox"/>	<input type="checkbox"/>	Worry or nervousness	<input type="checkbox"/>	<input type="checkbox"/>
German Measles	<input type="checkbox"/>	<input type="checkbox"/>	Recurrent headaches	<input type="checkbox"/>	<input type="checkbox"/>
Mumps	<input type="checkbox"/>	<input type="checkbox"/>	Recurrent colds	<input type="checkbox"/>	<input type="checkbox"/>
Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>	Head injury/unconsciousness	<input type="checkbox"/>	<input type="checkbox"/>
Malaria	<input type="checkbox"/>	<input type="checkbox"/>	Hay fever, asthma	<input type="checkbox"/>	<input type="checkbox"/>
Gum/Tooth trouble	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
Sinusitis	<input type="checkbox"/>	<input type="checkbox"/>	Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>
Eye trouble	<input type="checkbox"/>	<input type="checkbox"/>	Chest pain/pressure	<input type="checkbox"/>	<input type="checkbox"/>
Ear, nose, or throat trouble	<input type="checkbox"/>	<input type="checkbox"/>	Chronic cough	<input type="checkbox"/>	<input type="checkbox"/>
Skin problems	<input type="checkbox"/>	<input type="checkbox"/>	Heart palpitations	<input type="checkbox"/>	<input type="checkbox"/>
Insomnia	<input type="checkbox"/>	<input type="checkbox"/>	High or low blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
Sleepwalking	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic fever or heart murmur	<input type="checkbox"/>	<input type="checkbox"/>
Frequent Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	Disease or injury of joints	<input type="checkbox"/>	<input type="checkbox"/>
Back problems	<input type="checkbox"/>	<input type="checkbox"/>	Tumor, cancer, cyst	<input type="checkbox"/>	<input type="checkbox"/>
Jaundice	<input type="checkbox"/>	<input type="checkbox"/>	Stomach or intestinal trouble	<input type="checkbox"/>	<input type="checkbox"/>
Gallbladder trouble or gallstones	<input type="checkbox"/>	<input type="checkbox"/>	Dizziness fainting	<input type="checkbox"/>	<input type="checkbox"/>
Weakness paralysis	<input type="checkbox"/>	<input type="checkbox"/>	Venereal disease	<input type="checkbox"/>	<input type="checkbox"/>
Albumin or sugar in urine	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Anemia or blood problem	<input type="checkbox"/>	<input type="checkbox"/>	Recent gain or loss of weight	<input type="checkbox"/>	<input type="checkbox"/>

Are you HIV positive? Yes No
 Do you have any eating disorders? Yes No
 Have you ever been hospitalized for other diseases not listed above? Yes No

If yes, please describe: _____

Are you allergic to any kind of food, medicine, pets etc? _____

Are there any abnormalities of the following systems? If yes, give details.

Abnormalities	Yes	No	Abnormalities	Yes	No
Skin	<input type="checkbox"/>	<input type="checkbox"/>	Gastrointestinal	<input type="checkbox"/>	<input type="checkbox"/>
Head, ears, nose, throat	<input type="checkbox"/>	<input type="checkbox"/>	Genito-Urinary	<input type="checkbox"/>	<input type="checkbox"/>
Eyes	<input type="checkbox"/>	<input type="checkbox"/>	Hernia	<input type="checkbox"/>	<input type="checkbox"/>
Teeth, Gums	<input type="checkbox"/>	<input type="checkbox"/>	Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	Metabolic/endocrine	<input type="checkbox"/>	<input type="checkbox"/>
Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/>	Neurological	<input type="checkbox"/>	<input type="checkbox"/>
Breasts	<input type="checkbox"/>	<input type="checkbox"/>	Pelvic (Optional)	<input type="checkbox"/>	<input type="checkbox"/>
Urinalysis	Sugar	Albumin	WBCS	SPGR	_____
Hemoglobin Normal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	GMS %	_____	_____
Physician's Comments _____					

Record of Immunization

Name	1 st (mm/dd/yyyy)	2 nd (mm/dd/yyyy)	3 rd (mm/dd/yyyy)	4 th (mm/dd/yyyy)	5 th (mm/dd/yyyy)
Polio					
DPT and/or TD (Diph-theria, pertussis, tetanus)					
Hepatitis B					
Hepatitis A					
Measles					
Rubella					
Mumps					
Chicken Pox					

1. All shots should be updated
2. Booster shots may be needed for DPT and Hepatitis B.

TB(Tuberculosis) Skin Test

Date of test given _____

Result: Negative Positive If positive, a negative chest x-ray is required.

Physician's Name _____ Physician's Phone # _____

Physician's Address _____

Signature _____ Date _____

Parent Permission for Medical Treatment

I/We, parent(s)/guardian(s) of the above named applicant, authorize the staff of Forte International Exchange Association, American host parents, and the local representative, for the duration of said student's exchange program in the USA, as agents of the undersigned to consent to any medical or surgical diagnosis of treatment or hospital care which is deemed advisable by, and is rendered under the general supervision of, any licensed physician or surgeon, whether such treatment of diagnosis is tendered at the office of said physician or surgeon or at hospital. In addition, we give permission to the United States immunization for TD or DPT, hepatitis A or B, polio, measles, rubella, or mumps, if such immunization is required by the U.S. high school for enrollment. We also agree that we will cover the costs of these immunizations.



	Parent 1 Name	Parent 1 Signature	Date
	Parent 2 Name	Parent 2 Signature	Date

Photo copy of Passport and/or Birth Certificate

(Documents need to be translated into English if they are in other languages)

Rules and Regulations (For Parents)

(Please be sure to sign where indicated)

1. Parents agree to provide all of the required documents on a timely basis to Forte International Exchange Association to facilitate the placement process of the student exchange program.
2. The parents are responsible for making sure the student goes back to his or her home country after the completion of the exchange program. If the student doesn't go back to his or her home country on time, the parents will be responsible for helping FIEA and the U.S Immigration and Naturalization Services in an investigation into the matter and FIEA will take legal action if necessary. The parents will be responsible for all expenses and legal responsibilities related to their son or daughter.
3. The parents are responsible for making the student abide by all related rules and laws of the United States
4. The parents are responsible for making the student abide by the rules and regulations of the school and meeting the school's academic standards.
5. Parents understand that Forte has zero tolerance for drugs, violence and alcoholic drinking.
6. For the safety of the students, we don't allow the student to drive any vehicles while they are in the U.S. If any injuries are caused by activities related to driving, the parents will be responsible for all incurred expenses, injuries, and/or damages.
7. For the safety of the students, we strongly advise the student not to participate in high- risk activities and sports activities in the U.S. If the parents allow their children to participate in such kind of activities, they must sign on the form below to specify which activities they will permit their son/daughter to participate in. Any injuries related to these specified activities are the responsibility of the parents.
8. Student participation and membership on high school team sports are not guaranteed.
9. FIEA will provide medical insurance for all students for the duration of the FIEA exchange program unless otherwise agreed on by both parties. The U.S. FIEA medical insurance does not cover any pre-existing medical condition (a condition prior to the commencement of the insurance) or any psychiatric care. Any medical expenses not covered by FIEA insurance are the sole responsibility of the parents. Student/Parents shall also pay a co-pay required by the insurance.
10. The student's personal property is neither the responsibility of FIEA nor the Host Family. The natural parents of the student are responsible for any damage, destruction of property, or injury to person(s) inflicted or caused by the student while participating in the program
11. It is highly recommended that students establish a bank account separate from their host family's bank account.
12. The Parents authorize the host family to host their child, provide assistance/guidance for his/her living and studying and sign required documents when there is a medical emergency of the student. Student's parents should keep in touch with the host family to help the host family know and educate the student better.
13. FIEA discourages the parents or guardians from visiting their son/daughter while he or she is studying in the U.S.

SIGN HERE

Student Signature
Guardian 1 Signature
Guardian 2 Signature

14. Students caught breaking the rules established by FIEA, laws of the United States, local state laws, or school rules may be returned to his or her home country. It is the responsibility of the parents to stress the importance of following rules, laws, and regulations.
15. FIEA students participate in the student exchange program to learn about the United States, both culturally and academically, therefore all FIEA students need to be willing to make adjustments accordingly to adapt to their host family, community, and school.

Please note that FIEA insurance does not cover injuries, losses, or medical expenses caused by participation in the following activities motorcycle driving, scuba diving, professional or amateur racing, sky diving, mountain climbing, and piloting any aircraft.

Do you permit your son/daughter to participate in high school sports activities? Yes No

Do you permit your son/daughter to participate in high-risk activities? Yes No

If you checked 'yes', please list below which activities you permit your son/daughter to participate in (for example riding as a passenger in a small private airplane, whitewater rafting, hunting, or other high-risk activities)

We the parents (or legal guardians) of the student have read, understand, and agree to abide by the terms and conditions for parents (and/or legal guardians) set forth by Forte International Exchange Association (FIEA).

SIGN HERE

Signature of Father or Legal Guardian
Print Name
Date

SIGN HERE

Signature of Mother or Legal Guardian
Print Name
Date

Rules and Regulations (For Students)

1. All activities of the student must be approved by his/her Host Parents. The student shall keep the host parents informed about where and with whom the student is at all times and the expected time of his or her return home.
2. According to the U.S. law, it is illegal for any person under twenty-one years old to purchase, possess or consume alcoholic beverages. FORTE students shall not drink any alcoholic beverages including beer and wine while in the United States.
3. Purchase, possession, or use of any illicit drug or association with anyone involved with drugs in any way, shall be cause for any FIEA Student to be returned to his/her country.
4. FIEA students may not drive cars, motorcycles or other motorized vehicles at any time during his or her stay in the U.S. If a student drives any car or motorized vehicle under any circumstances, the student will be returned to his/her home country.
5. School attendance is mandatory. If the student fails to follow school rules, exhibits behavioral problems at school, or fails academically he or she may be sent home.
6. FIEA students are not allowed to travel outside the local area either alone or with other teenagers. The local representative of FIEA will define the local area. Over-night traveling is allowed only with an approved group, such as a school or church-sponsored group approved by FIEA, or with an adult approved by the host family and FIEA.
7. FIEA discourages students from visiting family members living in the United States known by the natural parents and/or the American host family. Written permission from natural parents, permission from the Host Parents and a letter of invitation from the family the student wishes to visit are required. A student found to be in violation of this condition will be returned to his or her home country.
8. FIEA students are not permitted to visit their home country during their stay in the United States, with the exception of a medical emergency within the immediate natural family. Students returning to their home country during an FIEA program MUST obtain permission from the FIEA Office in Falls Church, Virginia.
9. If a student travels outside of the United States with his/her host family, he/she must always check first with U.S. immigration officials to make sure he/she will be allowed to re-enter.
10. Students are forbidden from hitchhiking while in the United States. In many states, hitchhiking is **illegal** and hitchhiking is also considered to be very **dangerous!**
11. Students are not permitted to take a job during their stay in the United States, except intermittent jobs in the neighborhood such as lawn care or baby-sitting.
12. The student may not smoke during his/her stay in the host country.
13. Violation of any local, State or Federal Law in the U.S. will cause the student to be sent home.
14. Students are not allowed to remain in the United States after the FIEA exchange program is completed. All students shall return to their home country. Students who do not leave upon program completion will be reported to Immigration and Naturalization Services as required by law.
15. Students must respect and obey all decisions made by FIEA officials. Failure to abide by these rules and decisions may result in return home without warning or a second chance, and any additional expense that is incurred shall be the responsibility of the student and his or her natural parents and or legal/guardians.
16. FIEA students participate in the student exchange program to learn about the United States, both culturally and academically. Therefore, all FIEA students need to be willing to make adjustments accordingly to adapt to their host family, community, and school.

Affidavit for Exchange Program Participants (FIEA)

I, the student, understand below points

1. I will not be able to graduate or receive a diploma from my assigned school.
2. I may not be allowed to participate in high school sports.
3. I may not be allowed to obtain a driver's license.

I, the student, have read, understand, and agree to abide by the terms and conditions for students set forth by Forte International Exchange Association (FIEA).

**SIGN
HERE**

Signature of Student

Print Name

Date

We, the guardians, have read, understand, and agree to enforce the terms and conditions for our son/daughter set forth by Forte International Exchange Association (FIEA).

**SIGN
HERE**

Signature of Father or Legal Guardian

Print Name

Date

**SIGN
HERE**

Signature of Mother or Legal Guardian

Print Name

Date

Forte International Exchange Association

U.S.A. Inbound Program Agreement

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

A. Admission and Placement

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

B. Living Expenses

Host Family agrees to provide the Student free housing and board. Participants must reimburse the Host Family for all extraordinary expenses incurred on Student's behalf such as personal telephone calls, non-essential school expenses, household damages, lunch money for school, etc.

C. Dissimilarities or Differences Abroad

In addition to learning the host country's language, the Student is expected to adapt to the culture and lifestyle of the Host Family and host country. There may be significant culture, economic, and lifestyle differences between the Student's home country and host country. The host country may have different health care services, living conditions, road and transportation systems, educational approaches and systems, criminal justices systems, civil liberty laws, customs and values. Some host country services, living conditions or systems may be relatively inadequate, unsafe, or unreliable in comparison to the Student's home country. Other host country services, conditions, or systems may be superior to the standards in the Student's home country. Living conditions vary from one Host Family to another even in the same community. The Program offers numerous opportunities for the Student; however, Participants must be aware and accept these differences and risks associated with traveling and living in another country. The Student's level of maturity must be adequate to recognize and cope with these differences and risks. Guardians must take responsibility to educate and prepare the Student for the risks associated with foreign travel and living abroad. Program Representatives are available by telephone to provide assistance on an ongoing basis during the Student's participation in the Program. However, the Program cannot and does not provide constant direct supervision of the Student. As a condition of acceptance into the Program, the Participants agree to hold FIEA harmless for all injuries and /or damages incurred during the Student's participation in the Program resulting from any risks associated with international travel and living abroad, and any negligence and /or intentional acts caused by any third party, including but not limited to any member, employee or agent of the Host Family or other persons in the host country.



Student Signature

Guardian Signature

Guardian Signature

CONSENT AGREEMENT

A. Health Treatment

The Guardian(s) and/or Student consent and authorize FIEA, or any adult Host Family member to obtain any medical, dental, surgical, or hospital care, deemed necessary by any health care provider, for the health, treatment and care of Student during Student's participation in the Program. Any problems arising from inadequate or improper care shall be the responsibility of the health care provider. FIEA shall not be liable for any failure to secure or the adequacy of medical attention. The Guardian(s) and/ or Student authorize the health care provider to release the Student to FIEA, or any adult Host Family member. Further, the Guardian(s) and/ or Student authorize the health care provider to release all health care records relating to the Student to FIEA.



Student Signature

Guardian Signature

Guardian Signature

B. Legal Proceedings

The Guardian(s) and/or Student consent and authorize FIEA or any adult Host Family member to pursue or defend any legal action or proceedings regarding the Student during Student's participation in the program, cost to be reimbursed by Guardian(s). Neither FIEA nor any Host Family member shall be obligated to pursue or defend any such legal action or proceedings. The Guardian(s)and /or Student authorize any court, law enforcement agency, or any other government agency to release the Student to FIEA, or any adult Host Family member in the event that the Student is detained or held by any such entity or government agency.

C. Use of Student's name and likeness

The Guardian(s) and/or Student consent to the use of Student's name, photograph, film or video likeness of Student and any comments or statements of Student in materials, media, or publications utilized to promote the Program.

D. Rules and Regulations for Student

The Rules and Regulations for FIEA Students ("Rules") have been established by FIEA as minimum standards of participant conduct, and any infraction may result in immediate repatriation (return) of the Student to his/her home country. Each Student and his or her Guardian(s) must acknowledge that they understand and have agreed to adhere to the Rules prior to the Student's final program acceptance.

E. Problem Notification and Resolution

As the Student is living as a member of a Host Family and not under continual supervision or control of FIEA staff, it is the responsibility of the Student to advise FIEA of any significant problems, including but not limited to the health, safety, or welfare or the Student, adjustment

to school, culture, language, etc. In addition, the Student must notify FIEA of any misunderstandings or problems with the Host Family. FIEA will intervene and attempt to resolve the problem. If necessary, FIEA may in its sole discretion, seek a replacement Host Family, if possible within the same community. If the Student does not make a good faith and substantial effort to resolve the problem, FIEA may return the Student to his/her home country. If the Student violates any terms of this Agreement, FIEA may, in its sole and absolute discretion, terminate the Student's participation in the Program and immediately repatriate the Student to his/her home country.



Student Signature

Guardian Signature

Guardian Signature

F. Agreement between Participants and Originating Exchange Organization

Participants understand that FIEA is not party to any agreement between Participants and the originating student exchange organization through which the Participants enrolled in the Participants home country ("Originating Exchange Organization"). Participants acknowledge and agree that the laws of their home country shall exclusively govern any dispute or claim arising out of any agreement with the Originating Exchange Organization. Participants acknowledge and agree that the Originating Exchange Organization is solely responsible to the Participants for injury or damage from a violation of any such agreement. FIEA assumes no duties or responsibilities for any acts or omissions of the Originating Exchange Organization

G. General Release, Indemnification and Hold Harmless Provisions

As a condition of Student's participation in the Program, Participants agree to release and hold harmless FIEA for injury, loss, delay, or any other damage and expense incurred by Participants due to (i) any incident beyond FIEA reasonable control, including, without limitation, acts of God, acts of war, or government action and restrictions, (ii) any events directly caused by intentional or negligent act or omissions by any third party, including but not limited to any member, guest, employee or agent of the Host Family or other persons in the host country, (iii) risks associated with foreign travel and living abroad, including but not limited to risks associated with health care services, living conditions, sanitation conditions, road and transportation systems, criminal justice systems, civil liberty laws customs, and values, (iv) any differences in the living conditions and standards between the Participant's home/home country and host family home/host country, and (v) any act or omission of the Originating Exchange Organization. As a further condition of Student's participation in the Program, Participants agree to indemnify and hold harmless FIEA from any liability or expense, including court costs and attorney fees, resulting from any injury, loss or any other damage or expense caused by the Student during his/her participation in the Program.

H. Arbitration and Venue

This Agreement shall be deemed to have been made in Washington, DC, USA and its validity, construction, breach, performance and interpretation shall be governed by the laws of Washington, DC, USA. The parties to the Agreement acknowledge and agree that any dispute or claim arising out of this Agreement, any resulting or related transaction, or the relationship of the parties, shall be decided by neutral, exclusive and binding arbitration in Washington, DC, USA. Either party may appear telephonically at the arbitration hearing. The award of the arbitration may be enforced in any court of party competent jurisdiction located in the United States. In the event that arbitration clause is deemed void or inapplicable, each party expressly consents to and submits to the personal jurisdiction of the federal or state court(s) of Washington, DC, USA. In any action, including arbitration, brought for breach of this Agreement, the prevailing party shall be entitled to recover reasonable attorney's fees and cost, including but not limited to the costs of arbitration.



Student Signature

Guardian Signature

Guardian Signature

I. Authority of Parent/Guardian

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

J. Internet/Computer Use

You should NOT spend all of your free time on the computer or telephone, chatting, writing, and speaking in your native language. You are allowed at maximum one hour per day on the computer to complete any homework assignments or to send and receive email. Excessive use of the computer, with or without permission, is unacceptable behavior and can result in warning or probation. You are not allowed to download material that offends members of the host family. Inappropriate use of the computer can result in a total loss of computer privileges.

K. Ratification of Agreement

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

L. FIEA Program Agreement Control

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

M. Modification

This Agreement shall not be modified except by a writing that is executed by all the parties hereto.

N. Severity

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

We have read and fully understand the program materials and agree to adhere to the FIEA Rules for Students and FIEA Program Agreement and Consent Agreements.



Signature of Father or Legal Guardian

Print Name

Date



Signature of Mother or Legal Guardian

Print Name

Date




FORTE INTERNATIONAL EXCHANGE ASSOCIATION

7115 Leesburg Pike, Suite 217
Falls Church, VA 22043
Phone 888.866.6869 Fax 703.237.0889
Email Forte@ForteExchange.org
www.ForteExchange.org


CONSENT AND RELEASE

I hereby authorize Forte International Exchange Association to edit, publish, duplicate, distribute and/or broadcast for program purpose excerpts from interviews and letters, photographs, video and audio recordings of me taken during the exchange program and to use my name in this connection. I understand that I will not be paid for their use.

Student Name _____ Student age _____
 _____
Student Signature _____ Date _____

If the above individual is a minor

I am the parent or guardian of the minor named above. I consent to the release and warrant that I have the authority to act on his/her behalf..

Guardian Name _____ Relationship _____
 _____
Guardian Signature _____ Date _____



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www.ForteExchange.org

GUARDIANSHIP AUTHORIZATION

To Whom It May Concern:

We, _____ and _____,
the parents/guardians of _____ (student name), certify that the student
above mentioned will participate in Forte International Exchange Association's secondary school student
exchange program in the current school year. During this time, the student will live with
_____ and _____ (host
parents' names) residing at _____
_____ (address). They have our permission to act on our behalf as our child's
guardian for the duration of his/her program.

**SIGN
HERE**

Guardian 1 Signature

Date

**SIGN
HERE**

Guardian 2 Signature

Date

Witnessed by _____

Witness Address

Witness Phone Number

**SIGN
HERE**

Witness Signature

Date