Text

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**INTERNATIONAL LANGUAGE EXCHANGE PROGRAMME FOR VISITING STUDENTS**

APPLICATION

The following documents are required initially:

 a handwritten letter (in English) from the student, providing general information about her (or him), and the reasons for his (or her) coming to the United Kingdom.

 a recent photograph.

 parent or guardian’s consent.

 a letter of recommendation from the English teacher.

 a copy of the student’s most recent school report.

The following documents are required after the student’s application has been approved:

 Enrolment Form completed and signed.

 Parental agreement completed and signed.

 Financial agreement completed and signed.

 Copy of the medical insurance card

FINANCIAL ASPECTS:

 School fees = none.

 Survey land trip (if the student would attend) = NOT INCLUDED.

 Payment for school trips = assumed by host families.

 No visa is required in the UK for a time period shorter than 90 days.

SCHOOL RULES

In the case case of the following unfortunate events, we reserve the right to send the student home before the planned return date:

 social difficulties in school or with the host family;

 discipline problems;

 lack of involvement in class, contributing to poor progress in Spanish.

**ENROLMENT FORM**

INFORMATION ABOUT THE STUDENT

Name and surname:

Gender:

Date of birth:

Address:

Town/City: Post Code: Country:

Email: Home phone:

INFORMATION ABOUT THE FAMILY

Mother’s or Guardian’s name :

Address: Home phone:

Town/City: Post Code: Country:

Email: Work phone:

Father’s or Guardian’s name:

Address (if different from above): Home phone:

Town/City: Post Code: Country:

Email: Work phone:

SIBLINGS

|  |  |  |
| --- | --- | --- |
| Name | Age | School attended |
|  |  |  |
|  |  |  |
|  |  |  |

INFORMATION ABOUT THE SCHOOL

Name of the school:

Address:

Town/City: Post Code:

Exchange coordinator:

Email: Phone: Country:

How long has the student attended this school? Current year:

ITINERARY

Date of arrival in the United Kingdom:

Between which dates will the trip take place? (maximum 2 months)

Please provide a copy of the student’s passport

EMERGENCY INFORMATION

In case of emergency, who should we contact?

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEDICAL INFORMATION

Name of GP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Blood Type\_\_\_\_\_\_\_\_\_\_

Last Tetanus Injection\_\_\_\_\_\_\_\_\_\_\_

Does the student have, or has the student had, any serious illnesses of which Elmfield School should be aware? (Please, be specific)

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

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Do you have any concerns of which Elmfield School should be aware?

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

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Does the student take regularly any prescription or non-prescription medication(s)? (If yes, please specify)

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

Does the student follow a specific diet or have food allergies?\_\_\_\_\_\_

(If yes, please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the student have any other allergies? \_\_\_\_\_\_\_ (If yes, please specify)

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

INSURANCE COVER

Name of the Insurance Company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Insurance Provider\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please include a copy of the insurance policy for the current school year.

AUTHORIZATION, IN CASE OF EMERGENCY

I, as a parent or guardian of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give permission for him/her to be treated by a doctor/hospital in case of illness or injury.

I, as a parent or guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ also authorize Elmfield School, or the host family, to agree and proceed with any operation or treatment stated as necessary by a doctor or hospital.

NAME OF PARENT/GUARDIAN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_

PARENT AGREEMENT

I/we accept the enrolment of our child in the Foreign Exchange Programme at Elmfield School as an exchange student.

I/we agree to host the foreign student (exchange partner) and we are committed to any and all expenses incurred as a result of hosting an exchange student.

I/we agree that our child will be subject to the rules and discipline of Elmfield School.

I/we allow Elmfield School to take any disciplinary action if our child violates Elmfield School rules. The school reserves the right to send the student home before the planned return date in the event of social difficulties in school or with the partner/host family, disciplinary problems, or lack of involvement in class contributing to poor progress in English.

I/we have read and understood the requirements of Elmfield School and the conditions of enrolment.

I/we are aware that our child has a good level of English. If possible, specify as much as possible: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(The student should have a good enough command of English to be able to follow the lessons.)

Name of parent or guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent/guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of parent or guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent/guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STUDENT AGREEMENT

I agree to abide by school rules at all times, and I am aware that the teachers can interrupt my exchange if I break the rules of the school.

Name of student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FINANCIAL AGREEMENT

I/we, as a parent(s) or legal guardian of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree that my/our child will live with\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ during the time of the exchange in accordance with the financial conditions set forth below.

It is agreed that:

 the host family from Elmfield School will be responsible for the child’s housing, supplies, meals and local transportation;

 the exchange student will be responsible for covering his/her personal expenses;

 there are no school fees;

 costs of class trips will be paid by the exchange student or his/her family

(Survey land trip is not included in the Exchange Program)

 transportation costs will be paid by the exchange student or his/her family.

I/we understand and accept this agreement.

Name of parent/guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent/guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of parent/guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent/guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_