

### STUDENT APPLICATION

Directions: **Type** and return all forms together making certain signatures and dates are included. **Attach a photo of yourself** to the application. Handwritten or incomplete applications cannot be processed. Applications are due by **Friday, May 24, 2019**, and should be e-mailed to: **scdbjapan@gmail.com**.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 Street Address City Country Zip Code

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_ Fax #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birthplace: (City, State) \_\_\_\_\_ (Country) \_\_\_\_\_  
 (Month / Day / Year)

Country of Legal Permanent Residence: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Sex: \_\_\_ Male \_\_\_ Female School: \_\_\_\_\_ Grade: \_\_\_\_\_ GPA: \_\_\_\_\_ HPA: \_\_\_\_\_

Date of Application: \_\_\_\_\_  
 (Month/Day/Year)

### FAMILY INFORMATION

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_ Country: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Business phone: \_\_\_\_\_

Employed by: \_\_\_\_\_

Occupation: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_ Country: \_\_\_\_\_

Business phone: \_\_\_\_\_

Employed by: \_\_\_\_\_

Occupation: \_\_\_\_\_

Emergency Contact #: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

#### Brothers and/or Sisters

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Living at Home? \_\_\_ YES \_\_\_ NO

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Living at Home? \_\_\_ YES \_\_\_ NO

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Living at Home? \_\_\_ YES \_\_\_ NO

\_\_\_\_\_ Country: \_\_\_\_\_

**PERSONAL DATA**

Check any activity in which you are interested (**check no more than six**).

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> American Football | <input type="checkbox"/> Cooking           | <input type="checkbox"/> Raising Animals   | <input type="checkbox"/> Theatre                            |
| <input type="checkbox"/> Arts and crafts   | <input type="checkbox"/> Family Activities | <input type="checkbox"/> Racquetball       | <input type="checkbox"/> Track and Field                    |
| <input type="checkbox"/> Art/painting      | <input type="checkbox"/> Fishing           | <input type="checkbox"/> Reading           | <input type="checkbox"/> Travel                             |
| <input type="checkbox"/> Back packing      | <input type="checkbox"/> Golf              | <input type="checkbox"/> Riding Horses     | <input type="checkbox"/> Visiting Relatives                 |
| <input type="checkbox"/> Baseball          | <input type="checkbox"/> Hiking            | <input type="checkbox"/> Sailing/Boating   | <input type="checkbox"/> Walking                            |
| <input type="checkbox"/> Basketball        | <input type="checkbox"/> History           | <input type="checkbox"/> School Activities | <input type="checkbox"/> Watching TV                        |
| <input type="checkbox"/> Biking            | <input type="checkbox"/> Ice Hockey        | <input type="checkbox"/> Sewing            | <input type="checkbox"/> Water Skiing                       |
| <input type="checkbox"/> Bowling           | <input type="checkbox"/> Martial Arts      | <input type="checkbox"/> Shopping          | <input type="checkbox"/> Woodworking                        |
| <input type="checkbox"/> Camping           | <input type="checkbox"/> Movies            | <input type="checkbox"/> Snow Sports       | <input type="checkbox"/> <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Church activities | <input type="checkbox"/> Museums           | <input type="checkbox"/> Soccer            | <input type="checkbox"/> Writing                            |
| <input type="checkbox"/> Collecting        | <input type="checkbox"/> Music             | <input type="checkbox"/> Swimming          | <input type="checkbox"/> Other: _____                       |
| <input type="checkbox"/> Community work    | <input type="checkbox"/> Photography       | <input type="checkbox"/> Table Games       |   |
| <input type="checkbox"/> Computers         | <input type="checkbox"/> Picnics           | <input type="checkbox"/> Tennis            |   |

Are you allergic to animals? \_\_\_\_YES \_\_\_\_NO  
 If yes, what animals? \_\_\_\_\_

If you are allergic, is your allergy controlled  
 by medicine? \_\_\_\_YES \_\_\_\_NO

Are you allergic to medications? \_\_\_\_YES \_\_\_\_NO  
 If yes, what medications: \_\_\_\_\_

Are you allergic to any food(s)? If yes, please list: \_\_\_\_\_  
 \_\_\_\_\_

Do you have any special dietary needs? If yes, please list: \_\_\_\_\_  
 \_\_\_\_\_

Do you take any medication(s)? If yes, please list: \_\_\_\_\_  
 \_\_\_\_\_

Briefly describe your academic or vocational goal: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Student's Name: \_

**STUDENT ESSAY**

In 500 words or less, write an essay that develops a plan to address one of the critical issues we face in today's world (pick one listed below). Be sure to explain how your plan would drive international cooperation/relations and the specific countries your plan would target to provide aid.

Topics:

1. Migration, refugees and immigration policy
2. Climate change and sustainable energy
3. Education opportunities in 3<sup>rd</sup> world countries
4. Wealth sharing between developed and developing countries
5. Human rights and economic sanctions

**AGREEMENT. Please read carefully and sign and date where indicated**

I/We, the undersigned parents of \_\_\_\_\_ my/our son/daughter, and I, the student applicant, agree to the following terms and conditions. The above named student is applying to participate in a cultural exchange program sponsored by the exchange organization and we give our son/daughter our permission to participate in this program.

1. We understand the program is designed to increase understanding among people of the world. We have discussed the importance of good behavior with our son/daughter and he/she understands the significance of acting in a manner, which will reflect well on our family and country.
2. We understand and agree that the program participant will not take any un-prescribed drugs, drink alcoholic beverages, possess false identification, drive any motorized vehicle, or participate in any dangerous sport such as hang gliding, bungee jumping, etc. If the program participant does any of the above, we understand he/she may be immediately returned home at our family's expense, and we accept full responsibility for any situation arising his/hers involvement with the above.
3. We understand that prolonged or inappropriate use of the internet, including emails or chat rooms may result in a first warning and then result in program termination.
4. We understand and agree that the program participant will be subject to all of the laws of the host state and city. In the case of the serious infraction of the rules and requirements governing the conduct of the program participant, or in the case of extreme home sickness, or poor adjustment to the host family or school, the participant may be returned home immediately at the discretion of the exchange organization's Executive Community and at the expense of our family.
5. We understand that as natural parents we are responsible for providing funds to contribute to the expenses of the trip. This amount is up to \$600.00. We are also responsible for the student's spending money on the exchange. The suggested amount for spending money is \$250.00.
6. We agree that the program participant are not allowed to go home during the program unless under emergency conditions and only with prior approval from the exchange organization's main office. Independent travel is not allowed at any time during the program without written approval for the exchange organization.
7. We agree that the program participant is to return home with the rest of the group.
8. We agree to pay the early return of our son/daughter if it is deemed necessary for medical reasons after consultation between ourselves, program personnel and the designated medical authorities.
9. We agree to pay for any medical and dental bills not covered by the accident and sickness insurance. We agree to pay for the insurance premium and any deductible amount due that the insurance policy might not cover.
10. We agree that the program participant is to possess a photo ID. The photo ID is to be carried to the conference by the participant and is to be kept in safe keeping by the participant until time for the participant to return home.
11. We agree to pay for any and all telephone calls made by the program participant.
12. We give the exchange organization the right to use the participant's name and photograph for reproduction in any medium for the purposes of publication, advertising, trade, display, or editorial use.
13. We agree to attend meetings that are schedule to prepare us for the exchange experience.

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Signature of Parent Date

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Signature of Parent Date

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Signature of Student Date

**RELEASE OF LIABILITY**

Student's Name: \_

We hereby release the exchange organization and all of its board members, chaperones and host families from all liability, damages or claims, which I have incurred after the termination of the program.

We understand that the participant will be subject to the authorities and chaperones of the school where he/she may be assigned and that he/she will have to follow the rules given by them. We also understand that the exchange organization reserves the right to terminate the participation in the program of any participant whose conduct maybe considered detrimental or incompatible with the interest and security of the program. If this decision is ever taken, the participant and his/her parents or legal guardians will be formally warned and have no right to any refunds.

We accept the right of the exchange organization to directly or indirectly cancel, change or substitute in emergencies, or whenever normal circumstances change, those part of the program whose alteration may be considered necessary.

We also grant the exchange organization, the school where the participant maybe be assigned, and the chaperones, all necessary permissions to act as legal guardians and "in loco parentis" in any situation especially in emergencies, whether medical or other, including the possibility of permission for surgical operations or any other treatment.

The participant agrees to accept and uphold the standards of conduct set by the exchange organization for the duration of the program. He/she agrees to maintain friendly and respectful relations with his/her fellow program participants.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

**TRAVEL AUTHORIZATION**

We, as Parents of the Undersigned Student, do hereby authorize Sister Cities of Delray Beach, Inc., its board members and chaperones, as agents, to make the determination for student travel for the student's participation in the Program.

It is understood that this authorization is given in advance only when the student is traveling and supervised by a chaperone, exchange program representative, or by a representative of a host school program, or with tours sponsored by the exchange organization. We understand that the student may not travel unsupervised.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_