



HIGH SCHOOL STUDENT APPLICATION

PHOTO

STUDENT INFORMATION:

Male Female

Program Start Date: _____

Name: _____
Last First Middle Preferred (Nickname)

Address: _____
Street City State Zip Code Country

Phone: _____ Email: _____ Skype: _____

Date of Birth: _____ Place of Birth: _____ Citizenship: _____

Height: _____ Weight: _____ Current Grade: _____ Grade Entering VS: _____

CURRENT SCHOOL INFORMATION:

Name: _____ Public Private Principal: _____

Address: _____
Street City State Zip Code

Phone: _____ Email: _____

Number of Students in Class: _____ Favorite Subject: _____ Least Favorite: _____

SLEP: _____ TOEFL: _____ IELTS: _____ SSAT: _____ Other: _____

GPA: _____ Ever Study Abroad before: _____

How long have you studied: English: _____ Religion: _____

FAMILY INFORMATION:

Parent/Guardian 1: _____
Last First Relationship

Address: _____
Street City State Zip Code

Phone: _____ Email: _____

Place of Employment: _____ Occupation: _____

Parent/Guardian 2: _____
Last First Relationship

Address: _____
Street City State Zip Code

Phone: _____ Email: _____

Place of Employment: _____ Occupation: _____

YOU AND YOUR HOST FAMILY:

What quality do you value most in yourself? _____

What quality do you value most in others? _____

What does your family enjoy doing together? _____

What are the rules you must respect in your family? _____

What duties do you perform at home? _____

What time do you usually go to bed? _____

Do you have a specific request regarding the host family arrangements? Please remember that we will take all requests into consideration, but we will not guarantee this request will be met.

How do you plan to make friends in your new environment? _____

Do you have requirements for sports while in the US? if so, are you willing to pay any additional fees if this sport is not available in the school?

Do you have requirements for specific classes while in the US? _____

Can you live in a household with pets? If not, please specify which pets you cannot live with and the reason why not.

SMOKING

- I do not smoke
- I smoke and want to live with a family that also smokes.

WOULD YOU LIVE WITH A FAMILY THAT SMOKES?

- Yes
- No
- Yes, but if they only smoke outside

THINGS WE SHOULD KNOW ABOUT YOUR CHILD: (TO BE COMPLETED BY PARENTS)

Please write the important things that you think we should know about your child like habits, allergies, food preferences, personality, etc.

ATTACHMENTS:

Please attach the following items:

- A) Photos - 5 to 10 photos of you, your family, pets, etc.
- B) Copy of your passport.
- C) Official Transcripts from last 3 years of education.
- D) Official result of Language test
- E) 3 letters of recommendation from your teachers/principals (one must be from a Math teacher, one must be from an English language teacher, and one is of your choice).
- F) Copies of any additional diplomas, certificates, etc.





MAKEUP OF HOST FAMILY

MAKEUP OF A HOST FAMILY:

The average make-up of a host family may vary. A host family could be, for example, a single mother/father with children at home, a single woman with no children at home, a younger couple with no children or a retired couple with no children. Other factors such as race and religion also vary. The types of housing may differ depending on the location the student chooses to attend school. The student may be placed in an apartment building in the city, or a large home in a suburb. Please keep in mind that, although Colibri Boston will do their utmost to place all participants in the ideal host family situation, the placement process becomes more lengthy and difficult for those who have special wishes. If you have special requests, Colibri Boston will take them into consideration, however, we will not guarantee that we will be able to meet that request. We, the participant and the parent or legal guardian, agree to accept the host family, community and school that Colibri Boston approves on our behalf. If we refuse a placement deemed suitable by a Colibri Boston representative, or request a move that is not warranted, we understand that we could be charged an additional fee of USD 1000.

Parent/Guardian 1, Name (type or print) _____

Parent/Guardian 1, Signature _____ Date: _____

Parent/Guardian 2, Name (type or print) _____

Parent/Guardian 2, Signature _____ Date: _____

Student Name (type or print) _____

Student Signature _____ Date: _____



LIABILITY RELEASE AND FINANCIAL RESPONSIBILITY FORM

LIABILITY RELEASE AND FINANCIAL RESPONSIBILITY

The participants, both student and parents, agree to accept and uphold the standards set forth by Colibri Boston, the school, and the host family, for the duration of the program. We understand that the family structure may be very different from our own, however, agree to maintain respectful relationships with all host family members. I, the participant, will accept the rules of conduct in my host family and make every effort to participate in the family as much as possible. If there are any problems that arise, I, the participant, agree to contact the local international Coordinator (IC) first and attempt to resolve the problem on my own. If the results are not considered satisfactory, the I will contact my agent for assistance.

We, the natural parent/guardian and the participant, accept that Colibri Boston has the right to change the host family arrangements without prior notice, if they feel that the participant's safety is compromised. We also understand that Colibri Boston has the right to terminate the program of any participant whose attitude and behavior is deemed incompatible with the interest and security of the program. If the behavior is particularly damaging or if US laws are being violated, the student may be dismissed without probation. If there is damage, as a result of the participant's behavior, any monetary compensation will be paid by us, the natural parents, in full within a reasonable time frame of the Event. Colibri Boston or any persons representing Colibri, the school, or the IC will, in no way at any point, be held liable for any portion of this financial responsibility. If the student is dismissed from the program, any transportation expenses will be paid for in full by us, the natural parents, and we guarantee that the return travel will be booked within the time frame given by Colibri. When the student leaves the program, either by dismissal or by choice, we understand that we will not receive a full refund. The refund will be based on the school policy and administrative costs. The amount will be determined within 30 days of departure from the program, and refunded only after the funds have been received from the school by Colibri. I/We understand there may be additional fees associated with special classes, clubs, or sports that my child wishes to enroll or participate in and assume full responsibility for additional costs. These costs are NOT included in the price of the program.

I/We grant Colibri Boston and the school, the use of any photographic materials in which the participant may appear, for the promotion and publicity of the organization's programs at no charge, now or in the future.

Parent/Guardian 1, Name (type or print) _____

Street Address _____ City _____ State _____ Zip _____

Parent/Guardian 1, Signature _____ Date: _____

Parent/Guardian 2, Name (type or print) _____

Street Address _____ City _____ State _____ Zip _____

Parent/Guardian 2, Signature _____ Date: _____

Student Name (type or print) _____

Student Signature _____ Date: _____

Print Student's Name (First, Last)



PROGRAM RULES

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- 1** There will be house rules in the home the student will be residing, and they are expected to follow the guidelines set forth by the host family.
- 2** Any meals the students are not present in the host family home for, they are responsible for providing themselves. (School lunches, out with friends, home late due to extra-curricular activities)
- 3** The use of any drugs for non-medical reasons by Colibri Boston students under any circumstances is strictly forbidden. Students may not buy, sell, or possess any controlled and/or illegal drug, unless it is prescribed and approved by the student's physician.
- 4** It is against U.S. law for ANY persons under the age of 21 to buy or use alcohol.
- 5** The legal age for buying cigarettes and other tobacco products in the U.S. is 18. If you are 18 you can legally possess and use tobacco products, but **MUST** respect the host family's wishes on the indoor policy.
- 6** Students on the Colibri Boston Program are not permitted to hitchhike under any circumstances.
- 7** Students may not make any life-changing decisions while on the program. This includes marriage, changing religion, body piercing and tattoos.
- 8** All Independent Travel must be approved by the Colibri Boston National Office 30 days in advance by submitting a Travel Release Form with signatures from the host family, student and coordinator. All contact information for the party the student will be staying with is required. The request will then be discussed with the natural parents before approval is granted. Students may not miss school to travel unless they are traveling on a school approved trip, or a Colibri Boston approved trip. Other travel requests that do not require missing school are considered once Colibri Boston receives the Travel Release Form.
- 9** The students have the ability to travel and receive visits, as long as it does not interfere with academics and school attendance. The host family is **NOT** responsible for handling any travel arrangements for the student or the student's visitors. Visitors must find a Hotel/Motel. The student must coordinate with host family and make sure

they know the students location and contact information while the student is traveling or staying with visitors at a location other than host family home.

10 Students must obey the rules and regulations of the high school in which they attend. Attendance at school is mandatory, unless a student is ill or has been approved to travel under the guidelines of #7. Colibri Boston International students are required to enroll in a full course load, including English. Students should maintain a minimum of a "C" average in each class. Failure to do so, and/or repeated complaints from the school regarding poor attitude or behavior, are grounds for dismissal from the program.

11 The natural family and the student must be prepared to accept the host family that has been screened and approved by Colibri Boston International Staff. The U.S. is very diverse, and there could be many scenarios.

12 I acknowledge that I must participate in the insurance policy that all Colibri Boston students will be covered on. I have the option to purchase additional insurance at my own expense if I feel it will be necessary.

13 Colibri Boston students under U.S. Naturalization and Immigration regulations are prohibited from accepting any form of competitive employment.

14 Regulations for obtaining driver's licenses vary from state to state, and this is not promised to Colibri Boston students. IF the student does not have a valid driver's license, the **ONLY** vehicle Colibri Boston students are permitted to drive while on the Colibri Boston program is an authorized driver's educational vehicle and only when the student is taking an accredited driver education class. Under **NO** circumstances can Colibri Boston students drive the host family's vehicle or anyone else's vehicle unless they are covered by a legal US vehicle insurance policy.

15 While in America, Colibri Boston students are under the jurisdiction of local, state, and federal laws.

16 Colibri Boston students must obey the decisions of the Colibri Boston Coordinator and staff members at all times.

Students must respect and obey all decisions made by Colibri Boston officials.

Today's Date (Month/Day/Year)

Signature of Student

Signature of Father or Legal Guardian

Signature of Mother or Legal Guardian

Print Student's Name (First, Last)



NATURAL PARENT CONSENT

NATURAL PARENT CONSENT

I/We understand that while our child, _____ is a participant in the Colibri Boston High School program, he/she may not pilot any aircraft (including hang glider) under any circumstances.

By signing below, I/we accept full responsibility for our child's participation in the Colibri Boston program, fully indemnify and hold harmless both the US high school attended and our child's host family from any and all liability, including liability to third parties, that may arise from our child's participation in the activities specified below.

I/We understand that these activities will NOT be covered under the insurance policy that Colibri Boston will enroll the participant in. I take full responsibility for the additional coverage, or any financial consequences of my child participating.

PLEASE CHECK AND LIST IN WRITING IN THE SPACE PROVIDED BELOW WHICH OF THE FOLLOWING ACTIVITIES YOU PERMIT YOUR SON OR DAUGHTER TO PARTICIPATE IN:

Driving a Snowmobile
(on private land only)

Riding as a Passenger in a
Small Private Airplane

Driving a Tractor
(on private land only)

Driving a vehicle or Motorcycle
(only after acquiring a valid
US driver's license and proper
insurance at your expense)

Whitewater Rafting or Kayaking

Driving a Jet Ski or Motorized
Water Bike

Water Skiing

Snow Skiing or Snow Boarding

Hunting or Shooting Firearms

Other High Risk Activities
(Specify):

If your child wants to participate in high school sports, they may be requested to obtain an additional "sports physical" before they will be allowed to play. I/We understand that this physical is NOT covered under the insurance policy and will be paid for by the student at the time of the exam.

I/We permit our son/daughter to participate in high school sports activities Yes No

Name of Student

Date of Birth (Month/Day/Year)

Name of Parent (Print)

Signature of Natural Parent or Legal Guardian

Date Signed (Month/Day/Year)



MEDICAL RELEASE AND GUARDIANSHIP FORM

MEDICAL RELEASE AND GUARDIANSHIP

We, _____, the legal parent(s) or guardian(s) grant Colibri Boston, its International Coordinators, the school and the host family explicit right in case of an emergency, to authorize medical treatment deemed necessary by a member of the medical profession, in a hospital, medical clinic or doctor's office, including but not limited to any surgical procedures. The host family will be the full guardian for, (student name) _____, and will have the right to authorize treatment from a physician for non-emergent conditions as well. In the case that said medical expenses exceed that of the coverage provided by the insurance policy, all of said expenses will be borne by the undersigned participant and natural parent or guardian. We will pay all outstanding medical bills as soon as they are brought to our attention.

We confirm at the time of signing this document, our child has perfect health and all health documents submitted are complete and true.

We grant Colibri Boston, its International Coordinators, and host family permission to represent our child before local or state authorities. If an attorney is required, we will provide all costs and fees necessary to ensure proper representation.

This document will be valid for the duration of the program, or the student returns home, whichever occurs first.

Parent/Guardian 1, Name (type or print) _____

Street Address _____ City _____ State _____ Zip _____

Parent/Guardian 1, Signature _____ Date: _____

Parent/Guardian 2, Name (type or print) _____

Street Address _____ City _____ State _____ Zip _____

Parent/Guardian 2, Signature _____ Date: _____