

Dear Parents,

Welcome to CIEE's High School USA program!

Founded in 1947, CIEE is the country's oldest and largest nonprofit student abroad and intercultural exchange organization, delivering the highest-quality programs that increase global understanding and intercultural knowledge. We provide participants with skills, competencies, and experiences that elevate their ability to contribute positively to our global community. The long history is one of our greatest assets; it is the foundation of experience and knowledge upon which our high-quality programs are built.

We are thrilled that you have chosen CIEE for your child's cultural exchange experience. In order to ensure that both you and your child are prepared, we request that you carefully review the materials and forms included in this packet. We ask that parents are fully aware of our program policies and expectations and that you spend time discussing them with your son or daughter.

All forms must be completed for your child to participate in the High School USA program. It is essential that all information provided on the forms is accurate and complete. Please also review the enclosed policies regarding homestay placement, driving, and illegal drugs. Your cooperation and support will assist our staff in planning and carrying out this exciting exchange, ensuring everyone involved has the best possible experience during your child's time in the U.S.

Please note that acceptance into the High School USA program does not guarantee placement. Should your child not be placed by August 31, they may not participate in the program and you will be refunded, in U.S. dollars, all program fees paid to CIEE, less nonrefundable fees. This also applies for January Program applicants not placed by January 15.

We look forward to reviewing your child's application materials.

Best regards,



Stephanie Smart
Director, High School Exchange USA

COMMUNITY PROJECT

Dear High School USA Student,

Your time in America will be an intense learning experience: studying in a new school, perfecting your English, and getting a taste of everyday life in the United States. Community service and volunteering is an important aspect of daily life for many Americans. CIEE strongly believes in giving back to your host community through service projects. As part of the CIEE High School Exchange program, you will need to complete and document at least 8 hours of community service per semester.

Below are three suggested categories from which to draw ideas for your project. Think about what interests you, and what you can contribute to your community. Remember, community service can and should be fun! Successful completion of your Community Service Project is necessary to receive your Certificate of Completion for the CIEE High School USA Program.

- Volunteer at your local government offices, town hall, or political headquarters. Keep in mind the beliefs that are important to you when choosing where to volunteer. Work with a state or local agency that applies the laws that the government makes. Contact your local congressperson or check out www.firstgov.gov for more information.
- If you want to use your energy and skills to help improve the natural environment you can join or even create organizations that are dedicated to environmental causes such as conservation, recycling, local cleanup projects, land and air purification, and wildlife preservation. Some local and national organizations that will welcome your help include 4-H, National Wildlife Federation, the Sierra Club, or the National Audubon Society. These are just a few! To find ideas and more organizations to consider, talk to your host family, or visit online websites for your state. You might also want to look at www.webdirectory.com for a long list of volunteer opportunities with environmental organizations.
- Consider your unique qualities, abilities, and interpersonal skills that you can put to use in your community. Do you like to cook? Inquire with a local soup kitchen about serving a special dish from your home country. Do you play soccer? Organize an all-day soccer clinic for local children. Teach community members your native language, or give a workshop about your country. Contact a mentoring or tutoring program to help a child with schoolwork. Help someone learn to read through a literacy program (and practice your English at the same time!). Volunteer your time at a local retirement home helping an elderly person buy groceries or just playing a game.

Virtually any ability you have can be turned into a community service project. To get started, visit local churches or community centers to inquire about organizing a workshop or clinic like the ones mentioned above. Many of them will have bulletin boards where you can advertise your project. These bulletin boards also often have information posted about existing projects, such as literacy or tutoring programs. You can also visit a local retirement home, and ask them what volunteering needs they have. Be creative, and have fun!

Required Materials Checklist

TO BE SUBMITTED ONLINE

- Complete Student Profile
- Grade Transcripts/English Ability: *All course names appearing on the original school transcripts must be translated into English online. Grades must be listed using your country's grading scale, not U.S. conversions. CIEE or your international representative will translate your grades for you.*
- Host Family Letter and Introduction Message: *Located on student profile page*
- Letter of Introduction from Natural Parent(s): *Located on student profile page*
- One smiling headshot uploaded online: *Picture should have a neutral background, and should be from the shoulders up.*
- Family Photo Album: *Include photos of you with your family, friends, and enjoying your favorite activities!*

TO BE SIGNED AND SUBMITTED VIA PAPER APPLICATION

- Fee Acknowledgment form
- English Teacher Recommendation
- ELTiS Test: *Administered and scored by a program representative.*
- Statement of Applicant's Health: *Cannot be completed or signed by a physician related to the applicant.*
- Health Addendum *(as necessary)*
- Vaccination Agreement
- Permission for Medical/Emergency Treatment (HIPAA)
- High School USA Program Rules and Student-Parent Agreement: *Outlines the responsibilities students incur as High School USA participants.*
- Agreement and Release form: *CIEE cannot accept any exceptions or alterations to the outlined conditions.*
- Signed Explanation of Basic Visa Regulations
- Copy of Passport: *Clear copy of Information Personal Data page of passport, usually located in beginning of the passport. This page provides the student's photo, legal name, date, city and country of birth, country of citizenship country of residence, and the passport number.*
- Student Interview form: *Documented interview conducted personally in English by a international representative)*
- Copies of Official School Transcripts: *Three most recent years*

Please Note: The student's application will not be accepted until it is fully complete.

MISSING INFORMATION

- Please check here if there are any materials missing from student's application. Please also provide an explanation below.

Student Profile

Complete and submit online

Last Name:	
First Name:	Middle Name:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (day/month/year):
City of Birth:	Country of Birth:
Country of Citizenship:	Country of Legal Permanent Residence:
Passport Number (optional):	Passport Expiration Date (optional):

PROGRAM START

Month: _____ Year: _____ Five Month Ten Month

CONTACT INFORMATION

Address:	
Post Code:	City:
Country:	Region (optional):
Phone Number (begin with country code):	
Participant's email:	

FAMILY INFORMATION (You must list all family members)

Last Name	First Name	Middle Name (optional)	Age	Occupation	Relationship	Interests

Do all family members live with you? Yes No If not, please explain below:

OTHER VISA INFORMATION

Have you ever received a J-1 visa to enter the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever applied for a visa to immigrate permanently to the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been arrested or convicted of a crime in your home country? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been arrested or convicted of a crime in the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been refused a visa by a U.S. Embassy? <input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered "yes" to any of these questions, please submit explanatory documentation here.

RELIGIOUS INFORMATION

Religion: _____

How often do you attend services? Regularly Occasionally Never

Is it important to you to attend services of your own faith while in the U.S.? Yes No

DIET

Do you follow a special diet (e.g. vegetarian, kosher)? Yes No

If yes, please describe: _____

Could you alter your diet to fit in with the regular eating habits of your host family? Yes No

ENVIRONMENT

Do you smoke? Yes No

Could you live with a family that smokes inside their home? Yes No

Can you live with pets? Yes No If no, please explain: _____

Do you have allergies? Yes No

If yes, please write the allergy, severity (mild, moderate, or severe), the reaction, and any medication needed: _____

INTERESTS

Pick your favorite interests in order of preference with "1" being most preferred. Select up to 5.

Badminton	Basketball	Bicycling	Billiards/pocket pool	Board games/cards
Body building	Bowling	Camping/backpack- ing	Chess/backgam- mon	Cinema/movies
Cooking	Crafts	Dance: ballet	Dance: modern/jazz	Dance: social/ball- room
Discussing ideas	Discussing politics	Drama/theater	Drawing/painting	Field hockey
Fishing	Gardening	Golf	Gymnastics	Hiking
Horseback riding	Hunting	Ice hockey	Ice skating	Inline skating
Martial arts	Museums/galleries	Music: classical	Music: contempo- rary	Photography/video
Racquetball/squash	Reading	Sailing	Scuba diving	Sewing/needlework
Singing	Skateboarding	Snow skiing/board- ing	Soccer	Stamp collecting
Swimming	Tennis	Track/running	U.S. football	Volleyball
Watching sports	Water skiing	Windsurfing	Playing an instrument. If so, which?	

Other (please specify): _____ Other (please specify): _____

PERSONAL QUESTIONS

Do you currently play any team sports? Yes No If yes, what sports do you currently play as a team member?

Do you currently play a musical instrument? Yes No If yes, what instrument(s) do you play?

What are your favorite subjects at school?

Do you have any work or volunteer experience? Yes No If yes, please describe the experience you have had:

Have you decided on a career or course of future study? Yes No If yes, please describe:

Have you ever lived, studied or completed an exchange program abroad? Yes No
If yes, please describe your experience. Specify countries visited, purpose of travel and if you stayed with a host family:

Have you ever hosted a foreigner in your home? Yes No If yes, please describe the circumstances:

List the foreign languages you speak and the number of years you have studied each language:

What languages are spoken in your home?

Student Profile

Complete and submit online

What do you think you can contribute to your community and high school in the United States?

What do you expect to learn from living with an American host family?

What will be the best part of coming to the United States? What will be the hardest part?

Please tell us what you would like to do for your community project and why

Please tell us what the United States could gain from having you as an ambassador.

What is your family like? What are some of your favorite things about your family?

How many years have you studied English?

Extracurricular activities are very popular in U.S. high schools. What activities would you like to join? (Examples: soccer, drama club, student government, etc.)

Grades Transcripts / English Ability

Complete and submit online

SCHOOL INFORMATION

Name of current school:

Courses required to receive credit for school year in U.S. (optional):

Student's current grade level in home country:

Approximate U.S. equivalent grade:

How many years of school, exclusive of kindergarten, will the student have completed prior to this program?:

Date student will graduate (Day/Month/Year):

Does the student intend to return to a U.S. High School next year on the F-1 Visa? Yes No Not sure

ENGLISH ABILITY SCORES

ELTiS test Score:


Native English Speaker

TRANSCRIPTS

Please include original school transcripts with your application. At least three years of final grades must be included. If current year's grades are not yet available, include grades from three previous years (as seen here from Atlas).

Instructions: Enter at least three years of grades into Beacon in the following location:




Grades should be entered as the year the student completed the grade level (not the year they started the school year). For example, grades from the 2021-2022 school year must be labeled as "2022". If the home school has its own grade translation, please provide a copy of the translation on school letterhead. As stated in the program rules, students must be prepared to enroll in the following classes during their exchange program: English (other than English as a second language), an American History course and two other academic courses.

 **ACADEMICS** Edit

Name of Current School * Approximate U.S. equivalent of current grade in home country * Grade level preferred during CIEE program *

TRANSCRIPTS

For each transcript, please enter the year in which each subject was completed. For example, select transcript year 2016 for subjects completed during the 2015-2016 academic year. Enter up to 10 subjects per year and the grade earned in the home country for each subject. Enter subjects in the order they appear on the official school transcript. Three years of transcripts are required for program participation. CIEE and your International Representative will translate your earned subject grade to the U.S. letter.

Transcript Year	Subject	Home Country Grade	U.S. Letter Equivalent	GPA	
<input type="text" value="2020"/>	<input type="text" value="SUBJECT"/>	<input type="text" value="HOME COUNTRY GRA"/>	<input type="text" value="U.S. LETTER EQUIVALENT"/>	<input type="text" value="GPA"/>	
<input type="text" value="2021"/>	<input type="text" value="SUBJECT"/>	<input type="text" value="HOME COUNTRY GRA"/>	<input type="text" value="U.S. LETTER EQUIVALENT"/>	<input type="text" value="GPA"/>	
<input type="text" value="2022"/>	<input type="text" value="SUBJECT"/>	<input type="text" value="HOME COUNTRY GRA"/>	<input type="text" value="U.S. LETTER EQUIVALENT"/>	<input type="text" value="GPA"/>	

Cumulative GPA: 0

Host Family Letter and Introduction Message

Complete and submit online

Please write a 250-1500 character letter to your future host family telling them why they should choose you. What will you bring to their family life? What do you hope to learn? In your letter, tell your family about your day to day life—what you like to do for fun, what makes you unique, and how your family or friends would describe you. This letter is the best way for your future host family to learn about who you are. **Please write a maximum of 1500 characters. It is advisable to provide your agent with a word file of your host family letter.**

Please do not include last name (family name), date of birth, birthplace or home city/town, first or last names of parents/siblings/friends, or contact information, home address, email address, telephone numbers, social media site addresses, etc.

Please provide 3-4 sentences (less than 500 characters) an introduction to your host family. This should include information about your interests, how you like to spend your free time, etc.



MESSAGES TO HOST FAMILY

Edit

INTRODUCTION MESSAGE

Write five to seven sentences that tell prospective host families about you. Be sure to describe:

- Your personality (i.e., are you funny, happy, goofy, active, talkative, social, etc.)
- How you like to spend your free time, including any activities you currently enjoy (sports, music, etc.) Please be specific.
- Potential career interests, if applicable.
- Example: *I love laughing and everybody says that the good thing about me is that I can turn a bad situation into a good. I love to stay busy by participating in a dance and swim club. I also enjoy skating, beach volleyball and skiing. While on my program I would like to join a volleyball or dance team, and volunteer with kids because I love children. I have stayed with a host family in the Netherlands during a school trip, and my family has also hosted a student. I am an only child, but I have a dog at home and I love pets. I am looking forward to cooking and baking traditional Slovak foods for my host family.*

The host families will use this introduction to decide whether you and their family will be a good match.

HOST FAMILY LETTER

Letter of Introduction from Natural Parent(s)

[Complete and submit online](#)

Please write 250-1500 character letter to your child's host family, describing your family and activities you do as a family, your child's interests and study habits, and your child's ability to deal with difficult situations. What are your child's responsibilities (duties, chores, curfews, behavior, etc.)? How do they deal with disappointment? **It is advisable to provide your international representative with a word file of your letter of introduction.**

Please do not include last name (family name), date of birth, birthplace or home city/town, first or last names of parents/siblings/friends, or contact information, home address, email address, telephone numbers, social media site addresses etc.



STUDENT FULL NAME (PLEASE PRINT)

This student is applying to the High School USA Program in order to spend five to ten months living with a U.S. host family and attending classes full time at a local high school. Please answer the following questions to assist us in determining if this student is qualified to become a participant in the High School USA Program.

Please check the answer that most reflects the applicant's academic and social skills

- Overall academic standing [] Excellent [] Good [] Fair [] Poor
Ability to interact well with peers [] Excellent [] Good [] Fair [] Poor
Ability to interact well with teachers [] Excellent [] Good [] Fair [] Poor
Open-mindedness [] Excellent [] Good [] Fair [] Poor
Willingness to cooperate [] Excellent [] Good [] Fair [] Poor
Friendly personality [] Excellent [] Good [] Fair [] Poor
Ability to cope with problems [] Excellent [] Good [] Fair [] Poor
Maturity [] Excellent [] Good [] Fair [] Poor

What are the applicant's strengths and weaknesses? (required)

Do you recommend this applicant for the High School USA Program? [] Yes [] No

Comments:

Please choose a number on the following chart to rate the student's English level on a scale of 1 to 10 by choosing only one number from the following scale (required).

Table with 2 columns: Rating (1-10) and Description of English proficiency level.

Teacher's Name (Please print):

How long have you known the applicant?

Number of years teaching English to the applicant:

Number of hours per week of English course:

School Name:

School Address:

Teacher's Signature:

Date:

STUDENT FULL NAME (PLEASE PRINT):

Must be completed by attending physician. Please answer "yes" or "no". Please do not leave any section blank.

Has the applicant ever had any of the following:						Any disease, impairment, abnormality of:		
Yes	No		Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Allergies to Drugs	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	Blood/Endocrine System
<input type="checkbox"/>	<input type="checkbox"/>	Food Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Hernia	<input type="checkbox"/>	<input type="checkbox"/>	Bones/Joints System
<input type="checkbox"/>	<input type="checkbox"/>	Pet Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Learning or Speech Defect	<input type="checkbox"/>	<input type="checkbox"/>	Brain/Nervous System
<input type="checkbox"/>	<input type="checkbox"/>	Smoke Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Eating Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Digestive System
<input type="checkbox"/>	<input type="checkbox"/>	Hay/Grass/Pollen Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Vertigo, Dizziness	<input type="checkbox"/>	<input type="checkbox"/>	Genito/Urinary System
<input type="checkbox"/>	<input type="checkbox"/>	Appendicitis	<input type="checkbox"/>	<input type="checkbox"/>	Sleepwalking	<input type="checkbox"/>	<input type="checkbox"/>	Heart/Cardiovascular System
<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Seizure Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Lungs/Respiratory System
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Parasites (intestinal, other)	<input type="checkbox"/>	<input type="checkbox"/>	Tonsils, Nose, or Throat
<input type="checkbox"/>	<input type="checkbox"/>	Cough (persistent, recurring)	<input type="checkbox"/>	<input type="checkbox"/>	Scarlet Fever	<input type="checkbox"/>	<input type="checkbox"/>	Ears or Hearing
<input type="checkbox"/>	<input type="checkbox"/>	Headache (persistent, recurring)	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>	Eyes or Vision
<input type="checkbox"/>	<input type="checkbox"/>	Skin (Eczema, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	Wears contact lenses or glasses

Physician must answer each of the following questions:

Height:	Weight:	Blood Type (If known):
If "Yes", was checked for any of the above, physician must provide full details and dates of treatment:		
Has student ever been hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide date and reason:		
Has the applicant ever been had surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide date and reason:		
Has applicant ever been advised to have surgery which has not been done? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide date and reason:		
Has applicant ever consulted a neurologist, psychiatrist, psychologist, or any other specialist in nervous or emotional disorders? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete Health Addendum.		
When and for what reason did the student last consult a physician?		
What diseases, ailments, or injuries has the student had in the last year?		
Allergy:	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	Treatments required:
Allergy:	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	Treatments required:
Allergy:	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	Treatments required:
Should the student be restricted from any type of physical activity? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:		



STUDENT FULL NAME (PLEASE PRINT):

This form must be completed by attending physician. Signing physician cannot be a family relation of the applicant.

Please indicate any medication the student is currently taking and the purpose of using these drugs. (Note: a supply of medication should be taken in clearly labeled containers indicating the drug's generic name.)

Table with 4 columns: Medication, Purpose, Dosage, Student will take in U.S.? (Yes/No). Three rows for medication entry.

If there are any drugs (prescription or nonprescription) that should not be administered, please list them here:

Please indicate any other pertinent medical information that may have been omitted. (Such as abnormal blood pressure, weight problems, etc.)

IMMUNIZATION RECORD

Pupils enrolled in kindergarten through grade 12 are required to have written proof on file at their public or nonpublic school that they have been immunized against DTP (diphtheria, tetanus, pertussis), poliomyelitis, measles, mumps, rubella, and Hepatitis B. Failure to do so is cause for exclusion from school. Additional immunizations requirements vary by state and student may also need to provide written proof of Hepatitis A and Meningococcal vaccinations.

- 1. Polio (Trivalent-Oral-TOPV), three or more doses of trivalent oral polio vaccine (TOPV) (An additional dose is required if last dose was received before the age of four years)
2. Hepatitis B, three doses
3. Diphtheria-tetanus-pertussis (DTP) or diphtheria-tetanus (TD), four or more doses of DPT, DT (pediatric) or TD (adult) vaccine or a combination thereof, including a booster within the past 10 years. Booster within the past 10 years must include Pertussis (TDaP)
4. Measles (rubeola, ten-day measles), two doses, or physician-verified disease
5. Mumps vaccine, two doses, or physician-verified disease
6. Rubella (three-day measles), two doses, or physician-verified disease
7. Chicken Pox (Varicella), two doses
8. COVID-19 vaccine, strongly recommended to be fully vaccinated before traveling to the US
9. Hepatitis A, 2 doses (state dependent)
10. Meningococcal (state dependent)

Vaccine Date each dose was given. Do not use brackets ([]) or quotation marks (") to complete the chart—each vaccination date must be written out in the space provided in month/day/year format.

Table with 6 columns: Vaccine, Dose 1, Dose 2, Dose 3, Dose 4, Most Recent. Rows for Polio, Hepatitis B, DPT, TD, and/or TDaP.

I, the undersigned, certify that the candidate's most recent dose of DPT/TD/TDaP was TDaP (includes Pertussis). [] Yes

Table with 6 columns: Vaccine, Dose 1, Dose 2, Most Recent, OR, Date of Illness. Rows for Measles, Mumps, Rubella, Chicken Pox, COVID-19, Hepatitis A, Meningococcal.

Tuberculin Test: Positive or Negative (circle one) Date of TB Test: If TB test is positive, report of negative X-ray & copy required

Chest X-Ray: Positive or Negative (circle one) Date of X-Ray:

Your opinion of the state of the candidate's health: [] Excellent [] Good [] Fair [] Poor

I, the undersigned, have reviewed the medical history of the applicant and given a thorough physical examination and certify that all important medical information has been noted on this form and that nothing relevant has been omitted

Physician's Signature: Physician Full Name (print):

Address: Date:

STUDENT FULL NAME (PLEASE PRINT):

Please fill out this form **ONLY** if the student has a recent and/or ongoing health condition. Examples: serious allergies, recent surgery, diseases, recent illness, mental conditions, etc. Please detail only one condition per copy of this form.

List name of illness or health conditions:

When was the student diagnosed with the above condition?

What are the specific symptoms of the student's above condition?

How will the condition affect the student's daily life outside of their home country? Does the student monitor their condition independently?

What treatments/medicines are currently prescribed to the student for this condition?

During the exchange program, will the student require ongoing medical treatment for this condition?

Will the student need to take medication for this condition while in the U.S.? If yes, will they bring medication with them or need to acquire a prescription in the U.S.?

What special accommodations would be requested of the host family to ensure student's health and safety?

Please share any additional information you find helpful or pertinent regarding this student's condition.

Student is able to independently monitor their condition: Yes No

Physician's Signature*:

Name (print):

Address:

Phone:

Date:

**Signing physician cannot be a family relation of the applicant.*

By signing this form, I understand that my child may be dismissed from the CIEE High School USA program, should the health condition detailed above pose a health risk to my child. I understand and agree the decision for my child to be dismissed will be determined by CIEE staff and representatives, and I will not dispute the decision to dismiss my child.

Parent/Guardian Name (print):

Signature of Parent/Guardian:

Date:



STUDENT FULL NAME (PLEASE PRINT):

CIEE High School USA students and their natural parents are required to notify CIEE, via their International Representative, of any changes to the student's medical health or records that occurred after the application was submitted to CIEE. Please complete and submit this form for any updates to vaccines or TB tests. This form **MUST** also be signed by an attending physician.

By completing this form, you are indicating that you have received additional vaccines, boosters, or TB tests. The purpose of this form to document those updates to your record with CIEE. **Please choose one of the options below to confirm the status of any changes to your state of health (required):**

Other than new vaccinations, boosters, or TB tests, there are no other changes to my health records or state of health.

There have been changes to my health records or state of health in addition to the new vaccines or tests listed on this form. If you choose this option, you must also complete CIEE's Health Addendum Form with your physician.

IMMUNIZATION RECORD

Pupils enrolled in kindergarten through grade 12 are required to have written proof on file at their public or nonpublic school that they have been immunized against DTP (diphtheria, tetanus, pertussis), poliomyelitis, measles, mumps, rubella, and Hepatitis B. Failure to do so is cause for exclusion from school. Additional immunizations requirements vary by state and student may also need to provide written proof of Hepatitis A and Meningococcal vaccinations. Full vaccination against COVID-19 is a prerequisite to participate on a CIEE exchange program. Please note that a date of COVID-19 illness does not exempt a program participant from this vaccination requirement.

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. Polio, three or more doses of trivalent oral polio vaccine (TOPV) (An additional dose is required if last dose was received before the age of four years) 2. Hepatitis B, three doses 3. Diphtheria-tetanus-pertussis (DTP) or diphtheria-tetanus (TD), four or more doses of DPT, DT (pediatric) or TD (adult) vaccine or a combination thereof, including a booster within the past 10 years.
Booster within the past 10 years must include Pertussis (TDaP) | <ol style="list-style-type: none"> 4. Measles (rubeola, ten-day measles), two doses, or physician-verified disease 5. Mumps vaccine, two doses, or physician-verified disease 6. Rubella (three-day measles), two doses, or physician-verified disease 7. Chicken Pox (Varicella), two doses 8. COVID-19 vaccine, strongly recommended to be fully vaccinated before traveling to the US 9. Hepatitis A, 2 doses (state dependent) 10. Meningococcal (state dependent) |
|--|---|

In the table below, please list any new vaccines you have received since you first submitted your records to CIEE.

Do not list any vaccines you had already submitted to CIEE.

Vaccine Date each dose was given. Do not use brackets ({}), or quotation marks (") to complete the chart—each vaccination date must be written out in the space provided in month/day/year format.

	Dose 1 mm/dd/yyyy	Dose 2 mm/dd/yyyy	Dose 3 mm/dd/yyyy	Dose 4 mm/dd/yyyy	Most Recent mm/dd/yyyy
Polio					
Hepatitis B					
DPT, TD, and/or TDaP					

Vaccine	Dose 1 mm/dd/yyyy	Dose 2 mm/dd/yyyy	Most Recent mm/dd/yyyy	OR	Date of Illness mm/dd/yyyy
Measles (rubeola—10 day, red measles)					
Mumps					
Rubella (German measles—3 day, measles)					
Chicken Pox					
COVID-19					
Hepatitis A (state dependent)					
Meningococcal (state dependent)					

Tuberculin Test: Positive or Negative (circle one) **Date of TB Test:** *If TB test is positive, report of negative X-ray & copy required*

Chest X-Ray: Positive or Negative (circle one) **Date of X-Ray:**

I, the undersigned, have reviewed the medical history of the applicant and given a thorough physical examination and certify that all important medical information has been noted on this form and that nothing relevant has been omitted.

Physician's Signature:	Physician Full Name (print):
Address:	Date:

I, the signing parent/guardian and/or student, certify that the above information is the most updated health information at this time. If any other health changes have occurred, I have completed the Health Addendum and notified CIEE via my International Representative.

Signature of Student:	Date:
Signature of Parent/Guardian:	Date:

STUDENT FULL NAME (PLEASE PRINT):

PERMISSION FOR MEDICAL/EMERGENCY TREATMENT

Emergency Treatment:

On rare occasions, an emergency requiring hospitalization and/or surgery develops. Since minors may not, as a rule, be administered an anesthetic or be operated upon without the written consent of the parent or guardian, we request that parents or guardians sign the following statement. Every effort will be made to contact the parent or guardian before any major treatment. This form is to prevent a dangerous delay in case an emergency does occur and we are unable to contact parents.

Non-emergency Treatment:

In the event of injury or illness or if missing vaccinations and health examinations are needed for our child, we hereby authorize CIEE representatives, their offices, and/or agents, to secure whatever is deemed necessary, including the administration of an anesthetic and surgery.

Please note, this form must be signed as is; no changes to the form will be accepted.

Parent/Guardian Name (print):

Signature of Parent/Guardian:

Date:

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

By completing this form, you give consent to CIEE, your parents or guardian, your physicians, and/or other medical providers to discuss your medical and/or insurance issues with CIEE. You also consent to CIEE utilizing any such material in and as necessary in treating any medical condition which may arise. You also consent that CIEE may notify your emergency contact listed in this application of any situation that we deem to be an emergency. In addition, you consent that CIEE may notify the official CIEE designated agency from whom you purchased this program of any situation that we deem to be an emergency.

This authorization is valid for two years from the date signed.

I give CIEE permission to release any or all of the following information in and as appropriate in the event of a medical condition:

Please review and check each box.

- All financial and claim information related to medical bills or Claimant's Statement and Authorization.
- Provider name, date of service, total charge, total paid and date of payment.
- Insurance ID number and/or social security number.

Under no circumstances can CIEE release medical information from your physician or provider of service to you or anyone. Your medical information has been disclosed to us from your physician or provider of service and we are prohibited by federal law from further disclosure. Please contact your physician or provider of service for your medical information.

Student Name (print):

Signature of Student:

Date:

Parent/Guardian Name (print):

Signature of Parent/Guardian:

Date:

Signing Parent/Guardian Date of Birth (dd/mm/yyyy):

STUDENT FULL NAME (PLEASE PRINT):

CIEE PROGRAM PARTICIPANT CONTRACT, WAIVER, AND ARBITRATION AGREEMENT

This form is important. It includes terms and conditions and releases CIEE from legal liability. All participants and their parent(s)/guardian(s) MUST sign this form.

I understand and agree that this agreement shall constitute a binding contract between the undersigned and "CIEE". "CIEE" is defined to include: the Council on International Educational Exchange, its affiliates, and their owners, directors, officers, and employees.

1. I hereby waive and release CIEE to the maximum extent permitted by law, from any claims, causes of action, and liability for any loss or damage (including, without limitation, damage to property, personal injury, illness, or death) suffered or incurred in connection with the Program, by me (or my dependant), whether based on breach of contract, statutory duty or warranty, negligence, or any other grounds.
2. I will indemnify CIEE for any loss or damage incurred or suffered by it and caused by me (or my dependant) in connection with the Program.
3. CIEE does not own or operate any entity which intends to or does provide goods or services for the Program (except that it employs regional directors and staff and may cover participant with CIEE affiliated travel insurance), including, for example, arrangements for or ownership or control over houses, apartments, or other lodging facilities, airline, vessel, bus, or other transportation companies, local ground operators, visa processing services, providers or organizers of optional excursions, food service, or entertainment pro-viders, etc. All such persons and entities are independent contractors. As a result, CIEE is not liable for any negligent or willful act or failure to act of any such person or entity, or of any other third party. Without limitation, CIEE is not responsible for any injury, loss, or damage to person or property, death, delay, or inconvenience in connection with the provision of any goods or services occasioned by or resulting from, but not limited to, acts of God, force majeure, acts of war or civil unrest, insurrection or revolt, strikes or other labor activities, criminal, terrorist or threatened terrorist activities of any kind, overbooking or downgrading of accommodations, structural or other defective conditions in houses, apartments, or other lodging facilities (or in any heating, plumbing, electrical, or structural problem therein), mechanical or other failure of airplanes or other means of transportation or for any failure of any trans- portation mechanism to arrive or depart timely, dangers associated with animals, sanitation problems, food poisoning, epidemics or the threat thereof, disease, lack of access to or quality of medical care, difficulty in evacuation in case of a medical or other emer- gency, or for any other cause beyond the direct control of CIEE.
4. I understand that perceived or actual epidemics (such as, but not limited to: COVID, H1N1, SARS, or bird flu) can delay, disrupt, interrupt, or cancel programs. I agree to assume all risk of any such problems which could result from any such occurrences.
5. CIEE retains the right, in its sole discretion, to contact participant's school, parents, and/or guardian with regard to health issues or any other matter whatsoever which relates to participant or participant's program. These rights transcend any and all privacy regu- lations that may apply.
6. In the event of a medical emergency, CIEE will attempt to cause appropriate treatment to be administered. However, it makes no warranty that it will be able to cause effective (or any) emergency treatment to be administered.
7. CIEE, in its sole discretion, can approve or disapprove of any participant's housing.
8. CIEE reserves the right to decline, accept, dismiss, or retain any person as a participant in any program at any time before or during the program for any reason. If a participant is removed by CIEE from a program for cause, or if the participant voluntarily leaves the program, there will be no refund of any payments made.
9. I agree that all of the information provided in the application is true to the best of my knowledge and that any falsification of infor- mation may lead to immediate dismissal from the program.
10. All program applications are subject to acceptance by CIEE
11. I give CIEE permission to use any written, photographic, or video images of me (or my dependant) in the course of reporting on and/or promoting CIEE programs.
12. Participant and parent(s)/guardian(s) are responsible for all fees and charges associated with this program. This includes, but is not limited to, any private school tuition, fees, or other associated costs incurred.
13. I give my child permission to travel with their host family, on organized and adult supervised school or organizational functions, or on CIEE organized trips.
14. In the event any part of this "CIEE Program Participant Contract and Waiver" is found to be legally void or unenforceable, then such part will be stricken but the rest of this document will be given full force and effect.
15. **COMPULSORY ARBITRATION:** I agree that any dispute concerning, relating, or referring to this contract, any literature concern- ing this program, or the program itself shall be resolved exclusively by binding arbitration in Portland, Maine, according to the then existing commercial rules of the American Arbitration Association. The arbitrator and not any federal, state, or local court or agency shall have exclusive authority to resolve any dispute relating to the interpretation, applicability, enforceability, conscionability, or for- mation of this contract, including but not limited to any claim that all or any part of this contract is void or voidable. Such proceedings will be governed by substantive Maine law, without reference to its conflict of laws provisions.

Signature of Student:	Date:
Parent/Guardian Name (print):	
Signature of Parent/Guardian:	Date:



STUDENT FULL NAME (PLEASE PRINT):

PROGRAM RULES

- 1. Obey the regulations of the J-1 Exchange Visitor Visa and the U.S. State Department.
2. Abide by the federal, state, and local laws of the United States and host town.
3. Attend an arrival orientation as assigned by CIEE, including In Community Orientation (ICO) as needed.
... 26. Acknowledge that CIEE is not acting in the capacity of in loco parentis with respect to you, and that your natural parents still retain all of their rights and obligations...

STUDENT-PARENT AGREEMENT

Conditions of Participation

I am aware that my participation in the CIEE High School USA Program is contingent upon the following:

- acceptance into the school according to the established selection procedure
completion of all necessary forms as indicated on the Application Checklist
my agreement to uphold standards of acceptable behavior while abroad, as outlined in the High School USA Program Rules

Signature of Student: Date:

I am aware of, and approve of, my child's decision to apply for participation in High School USA, and I understand the conditions of participation established for this program.

Signature of Parent/Guardian: Date:

STUDENT FULL NAME (PLEASE PRINT):

Dear Parents of CIEE High School USA Program Participant:

Your child is about to depart on an exciting adventure—a five or ten month academic stay in the United States. They will have many challenges facing them as they adapt to a new culture, community and family.

It is important that each participant and their natural families understand the regulations of the U.S. State Department concerning the J-1 visa, which your child will receive in order to enter the United States and participate in the High School Exchange USA Program. CIEE will issue your child a DS2019 form, and this form will be used by the U.S. Consulate in your area to issue a J-1 visa.

The visa that your child receives will allow them to stay in the United States as a participant on the High School USA Program only for the period from August of the program year to January of semester program year, or June of the ten month program year. The CIEE policy is that your child return home to you, their natural parents, within two weeks after the close of the American high school they attends. During the academic year, your child cannot “switch” to another program or leave the program. Both actions would make their visa invalid.

Any student who does not return home before their visa expires will be reported to the United States Immigration and Naturalization Service and the U.S. State Department; department of the U.S. Government. To remain in the country is illegal and a federal offense that may lead to strict repercussions. Participants will not only be deported, and risk prosecution, but may be banned from entering the United States for ten years or more.

While CIEE issues the DS2019 Form, the U.S. government issues the J-1 Visa through its consulates and embassies. CIEE cannot guarantee the issuance of a J-1 Visa, even if a student has been fully accepted on the program. CIEE feels that it is important for you to be aware of the United States Government regulations before your child begins their participation in the High School Exchange USA Program. In order to complete your child’s application, we ask that your child and one of their natural parents sign below that you understand the regulations and agree to abide by them and by CIEE policies.

Sincerely,

CIEE High School Exchange USA Team

I, the signing parent/guardian and/or student, have read and acknowledge the information above.

Signature of Student:

Date:

Signature of Parent/Guardian:

Date:

STUDENT FULL NAME (PLEASE PRINT):

IMPORTANT VACCINATION INFORMATION FOR EXCHANGE STUDENTS

This information is intended to clarify the various vaccinations required to attend High School in the United States. To participate in the CIEE High School USA program, students must have the vaccinations listed below completed before they may enter a school. Additional vaccines may be required depending on the state of placement. Please check with your home agency for more details.

Polio (TOPV)

Typically this series of vaccinations is completed at a young age. Three or more doses are required with the final one administered AFTER the age of four years. Otherwise one more booster is necessary.

Hepatitis B

This is a required vaccination administered in a three vaccination series. Most high schools now require this series of vaccinations. The schedule for this vaccination is as follows: first dose at any time, second dose one to two months after first dose, third dose 4-6 months after first dose. This is a three part series and the schedule must be maintained.

DPT and/or TD and/or TDaP (diphtheria, tetanus, and pertussis or whooping cough and/or tetanus and diphtheria only)

Four doses are required, including a booster within the past 10 years. The last booster must be dated within the last 10 years of the program start date and must contain pertussis (TDaP).

MMR (Measles, Mumps, Rubella)

Two doses of MMR vaccination. First dose should be at 12 months or after. If a student needs both vaccinations before arrival in the U.S. the second dose may be administered 28 days after the first dose, according to U.S. regulations. OR Physician certified disease.

Chicken Pox (Varicella)

If student cannot produce dates of chickenpox illness (Varicella), they may be asked to get the Varicella vaccine. Two doses required, one year apart.

COVID-19

Full vaccination against COVID-19 is strongly recommended as a prerequisite to participate on a CIEE exchange program. According to the Centers for Disease Control and Prevention, you are considered fully vaccinated: (a) 2 weeks after completing the second dose in an FDA or WHO approved two-dose series, or (b) 2 weeks after receiving one dose of a single-dose vaccine.

Hepatitis A (state dependent)

Vaccination may be required depending on the state where student is placed. Hepatitis A vaccination occurs in a series of 2 to 3 doses depending on the vaccine brand.

Meningococcal (state dependent)

Vaccination may be required depending on the state where the student is placed. If first dose was administered before age 16, a booster is recommended between the ages of 16 and 18. If the first dose is administered at or after the age of 16 a booster is not necessary.

TB Test

Must be administered within one year of program start date. If the test is positive, a negative chest x-ray must be on file.

Any student who arrives in the United States without one or more of the necessary vaccinations will be required to obtain the vaccination(s) before starting school. The expense of a vaccination is not covered by the student health insurance and the expense is the responsibility of the student/natural family.

I understand that my child will not be able to participate in this program or attend school in the United States without the above-mentioned vaccination(s). Further, I understand that the health insurance provided in this program does not provide coverage for such vaccination(s) and I will promptly pay the physician or clinic that provides the vaccination(s) to my child. Further, I understand that should my child's high school require any additional vaccination(s) for enrollment beyond those required in the CIEE student application, I am financially responsible for those vaccination(s). This also applies to physical examinations or vaccinations required by the school for elective activities (i.e. - high school sports).

Parent/Guardian Name (print):

Parent/Guardian Signature:

Date:

U.S. Department of State Exchange Visitor Program - Secondary School Students

22 CFR Section 62.25
(November 26, 2010)

(a) Purpose. This section governs Department of State designated exchange visitor programs under which foreign secondary school students are afforded the opportunity to study in the United States at accredited public or private secondary schools for an academic semester or an academic year, while living with American host families or residing at accredited U.S. boarding schools.

(b) Program sponsor eligibility. Eligibility for designation as a secondary school student exchange visitor program sponsor is limited to organizations:

- (1) With tax-exempt status as conferred by the Internal Revenue Service pursuant to section 501(c)(3) of the Internal Revenue Code; and
- (2) Which are United States citizens as such term is defined in § 62.2.

(c) Program eligibility. Secondary school student exchange visitor programs designated by the Department of State must:

- (1) Require all exchange students to be enrolled and participating in a full course of study at an accredited academic institution;
- (2) Allow entry of exchange students for not less than one academic semester (or quarter equivalency) and not more than two academic semesters (or quarter equivalency) duration; and
- (3) Ensure that the program is conducted on a U.S. academic calendar year basis, except for students from countries whose academic year is opposite that of the United States. Exchange students may begin an exchange program in the second semester of a U.S. academic year only if specifically permitted to do so, in writing, by the school in which the exchange student is enrolled. In all cases, sponsors must notify both the host family and school prior to the exchange student's arrival in the United States whether the placement is for an academic semester, an academic year, or a calendar year.

(d) Program administration. Sponsors must ensure that all organizational officers, employees, representatives, agents, and volunteers acting on their behalf:

- (1) Are adequately trained. Sponsors must administer training for local coordinators that specifically includes, at a minimum, instruction in: Conflict resolution; procedures for handling and reporting emergency situations; awareness or knowledge of child safety standards; information on sexual conduct codes; procedures for handling and reporting allegations of sexual misconduct or any other allegations of abuse or neglect; and the criteria to be used to screen potential host families and exercise good judgment when identifying what constitutes suitable host

family placements. In addition to their own training, sponsors must ensure that all local coordinators complete the Department of State mandated training module prior to their appointment as a local coordinator or assumption of duties. The Department of State training module will include instruction designed to provide a comprehensive understanding of the Exchange Visitor Program; its public diplomacy objectives; and the Secondary School Student category rules and regulations. Sponsors must demonstrate the individual's successful completion of all initial training requirements and that annual refresher training is also successfully completed.

- (2) Are adequately supervised. Sponsors must create and implement organization-specific standard operating procedures for the supervision of local coordinators designed to prevent or deter fraud, abuse, or misconduct in the performance of the duties of these employees/agents/volunteers. They must also have sufficient internal controls to ensure that such employees/agents/volunteers comply with such standard operating procedures.

- (3) Have been vetted annually through a criminal background check (which must include a search of the Department of Justice's National Sex Offender Public Registry);

- (4) Place no exchange student with their relatives;

- (5) Make no exchange student placement beyond 120 miles of the home of the local coordinator authorized to act on the sponsor's behalf in both routine and emergency matters arising from that exchange student's participation in the Exchange Visitor Program;

- (6) Make no monetary payments or other incentives to host families;

- (7) Provide exchange students with reasonable access to their natural parents and family by telephone and email;

- (8) Make certain that the exchange student's government issued documents (i.e., passports, Forms DS-2019) are not removed from their possession;

- (9) Conduct the host family orientation after the host family has been fully vetted and accepted;

- (10) Refrain, without exception, from acting as:

- (11) Both a host family and a local coordinator or area supervisor for an exchange student;

- (12) A host family for one sponsor and a local coordinator for another sponsor; or

- (13) A local coordinator for any exchange student over whom they have a position

of trust or authority such as the student's teacher or principal. This requirement is not applicable to a boarding school placement.

- (11) Maintain, at minimum, a monthly schedule of personal contact with the exchange student. The first monthly contact between the local coordinator and the exchange student must be in person. All other contacts may take place in-person, on the phone, or via electronic mail and must be properly documented. The sponsor is responsible for ensuring that issues raised through such contacts are promptly and appropriately addressed.

- (12) That a sponsor representative other than the local coordinator who recruited, screened and selected the host family visit the exchange student/ host family home within the first or second month following the student's placement in the home.

- (13) Maintain, at a minimum, a monthly schedule of personal contact with the host family. At least once during the fall semester and at least once during the spring semester, (i.e., twice during the academic year) the contact by the local coordinator with the host family must be in person. All other contacts may take place in person, on the phone, or via electronic mail and must be properly documented. The sponsor is responsible for ensuring the issues raised through such contacts are promptly and appropriately addressed.

- (14) That host schools are provided contact information for the local organizational representative (including name, direct phone number, and e-mail address), the program sponsor, and the Department's Office of Designation; and

- (15) Adhere to all regulatory provisions set forth in this Part and all additional terms and conditions governing program administration that the Department may impose.

(e) Student selection. In addition to satisfying the requirements of § 62.10(a), sponsors must ensure that all participants in a designated secondary school student exchange visitor program:

- (1) Are secondary school students in their home countries who have not completed more than 11 years of primary and secondary study, exclusive of kindergarten; or are at least 15 years of age, but not more than 18 years and six months of age as of the program start date;

- (2) Demonstrate maturity, good character, and scholastic aptitude; and

- (3) Have not previously participated in an academic year or semester secondary school student exchange program in the

Program Criteria

United States or attended school in the United States in either F-1 or J-1 visa status.

(f) Student enrollment.

(1) Sponsors must secure prior written acceptance for the enrollment of any exchange student in a United States public or private secondary school. Such prior acceptance must:

(i) Be secured from the school principal or other authorized school administrator of the school or school system that the exchange student will attend; and

(ii) Include written arrangements concerning the payment of tuition or waiver thereof if applicable.

(2) Under no circumstance may a sponsor facilitate the entry into the United States of an exchange student for whom a written school placement has not been secured.

(3) Under no circumstance may a sponsor charge a student private school tuition if such arrangements are not finalized in writing prior to the issuance of Form DS-2019.

(4) Sponsors must maintain copies of all written acceptances for a minimum of three years and make such documents available for Department of State inspection upon request.

(5) Sponsors must provide the school with a translated "written English language summary" of the exchange student's complete academic course work prior to commencement of school, in addition to any additional documents the school may require. Sponsors must inform the prospective host school of any student who has completed secondary school in their home country.

(6) Sponsors may not facilitate the enrollment of more than five exchange students in one school unless the school itself has requested, in writing, the placement of more than five students from the sponsor.

(7) Upon issuance of a Form DS-2019 to a prospective participant, the sponsor accepts full responsibility for securing a school and host family placement for the student, except in cases of voluntary student withdrawal or visa denial.

(g) Student orientation. In addition to the orientation requirements set forth at § 62.10, all sponsors must provide exchange students, prior to their departure from their home countries, with the following information:

(1) A summary of all operating procedures, rules, and regulations governing student participation in the exchange visitor program along with a detailed summary of travel arrangements;

(2) A copy of the Department's welcome letter to exchange students;

(3) Age and language appropriate information on how to identify and report sexual abuse or exploitation;

(4) A detailed profile of the host family with whom the exchange student will be placed. The profile must state whether the host family is either a permanent placement or a temporary arrival family;

(5) A detailed profile of the school and community in which the exchange student will be placed. The profile must state whether the student will pay tuition; and

(6) An identification card, that lists the exchange student's name, United States host family placement address and telephone numbers (landline and cellular), sponsor name and main office and emergency telephone numbers, name and telephone numbers (landline and cellular) of the local coordinator and area representative, the telephone number of Department's Office of Designation, and the Secondary School Student program toll free emergency telephone number. The identification card must also contain the name of the health insurance provider and policy number. Such cards must be corrected, reprinted, and reissued to the student if changes in contact information occur due to a change in the student's placement.

(h) Student extra-curricular activities.

Exchange students may participate in school sanctioned and sponsored extracurricular activities, including athletics, if such participation is:

(1) Authorized by the local school district in which the student is enrolled; and

(2) Authorized by the state authority responsible for determination of athletic eligibility, if applicable. Sponsors shall not knowingly be party to a placement (inclusive of direct placements) based on athletic abilities, whether initiated by a student, a natural or host family, a school, or any other interested party.

(3) Any placement in which either the student or the sending organization in the foreign country is party to an arrangement with any other party, including receiving school personnel, whereby the student will attend a particular school or live with a particular host family must be reported to the particular school and the National Federation of State High School Associations prior to the first day of classes.

(i) Student employment. Exchange students may not be employed on either a full or part-time basis but may accept sporadic or intermittent employment such as babysitting or yard work.

(j) Host family application and selection. Sponsors must adequately screen and select all potential host families and at a minimum must:

(1) Provide potential host families with a detailed summary of the Exchange Visitor Program and of their requirements, obligations and commitment to host;

(2) Utilize a standard application form developed by the sponsor that includes, at a minimum, all data fields provided in Appendix F, "Information to be Collected on Secondary School Student Host Family Applications".

The form must include a statement stating that: "The income data collected will be used solely for the purposes of determining that

the basic needs of the exchange student can be met, including three quality meals and transportation to and from school activities." Such application form must be signed and dated at the time of application by all potential host family applicants. The host family application must be designed to provide a detailed summary and profile of the host family, the physical home environment (to include photographs of the host family home's exterior and grounds, kitchen, student's bedroom, bathroom, and family or living room), family composition, and community environment. Exchange students are not permitted to reside with their relatives.

(3) Conduct an in-person interview with all family members residing in the home where the student will be living;

(4) Ensure that the host family is capable of providing a comfortable and nurturing home environment and that the home is clean and sanitary; that the exchange student's bedroom contains a separate bed for the student that is neither convertible nor inflatable in nature; and that the student has adequate storage space for clothes and personal belongings, reasonable access to bathroom facilities, study space if not otherwise available in the house and reasonable, unimpeded access to the outside of the house in the event of a fire or similar emergency. An exchange student may share a bedroom, but with no more than one other individual of the same sex.

(5) Ensure that the host family has a good reputation and character by securing two personal references from within the community from individuals who are not relatives of the potential host family or representatives of the sponsor (i.e., field staff or volunteers), attesting to the host family's good reputation and character;

(6) Ensure that the host family has adequate financial resources to undertake hosting obligations and is not receiving needs-based government subsidies for food or housing;

(7) Verify that each member of the host family household 18 years of age and older, as well as any new adult member added to the household, or any member of the host family household who will turn eighteen years of age during the exchange student's stay in that household, has undergone a criminal background check (which must include a search of the Department of Justice's National Sex Offender Public Registry);

(8) Maintain a record of all documentation on a student's exchange program, including but not limited to application forms, background checks, evaluations, and interviews, for all selected host families for a period of three years following program completion; and

(9) Ensure that a potential single adult host parent without a child in the home undergoes a secondary level review by an organizational representative other than the individual who recruited and selected the applicant. Such secondary review should include demonstrated evidence of the individual's friends or family who can provide an additional support network for the exchange student and evidence of the individual's ties to their community. Both the exchange student and their natural parents must agree in writing in advance of the student's placement with a single adult host parent without a child in the home.

(k) Host family orientation. In addition to the orientation requirements set forth in § 62.10, sponsors must:

- (1) Inform all host families of the philosophy, rules, and regulations governing the sponsor's exchange visitor program, including examples of "best practices" developed by the exchange community;
- (2) Provide all selected host families with a copy of the Department's letter of appreciation to host families;
- (3) Provide all selected host families with a copy of Department of State promulgated Exchange Visitor Program regulations;
- (4) Advise all selected host families of strategies for cross-cultural interaction and conduct workshops to familiarize host families with cultural differences and practices; and
- (5) Advise host families of their responsibility to inform the sponsor of any and all material changes in the status of the host family or student, including, but not limited to, changes in address, finances, employment and criminal arrests.

(l) Host family placement.

- (1) Sponsors must secure, prior to the student's departure from their home country, a permanent or arrival host family placement for each exchange student participant. Sponsors may not:
 - (i) Facilitate the entry into the United States of an exchange student for whom a host family placement has not been secured;
 - (ii) Place more than one exchange student with a host family without the express prior written consent of the host family, the natural parents, and the students being placed. Under no circumstance may more than two exchange students be placed with a host family, or in the home of a local coordinator, regional coordinator, or volunteer.

Sponsors may not place students from the same countries or with the same native languages in a single home.

(2) Prior to the student's departure from their home country, sponsors must advise both the exchange student and host family, in writing, of the respective family compositions and backgrounds of each, whether the host family placement is a permanent or arrival placement, and facilitate and encourage the exchange of correspondence between the two.

(3) In the event of unforeseen circumstances that necessitate a change of host family placement, the sponsor must document the reason(s) necessitating such change and provide the Department of State with an annual statistical summary reflecting the number and reason(s) for such change in host family placement in the program's annual report.

(m) Advertising and Marketing for the recruitment of host families.

In addition to the requirements set forth in § 62.9 in advertising and promoting for host family recruiting, sponsors must:

- (1) Utilize only promotional materials that professionally, ethically, and accurately reflect the sponsor's purposes, activities, and sponsorship;
- (2) Not publicize the need for host families via any public media with announcements, notices, advertisements, etc. that are not sufficiently in advance of the exchange student's arrival, appeal to public pity or guilt, imply in any way that an exchange student will be denied participation if a host family is not found immediately, or identify photos of individual exchange students and include an appeal for an immediate family;
- (3) Not promote or recruit for their programs in any way that compromises the privacy, safety or security of participants, families, or schools. Specifically, sponsors shall not include personal student data or contact information (including addresses, phone numbers or email addresses) or photographs of the student on Web sites or in other promotional materials; and
- (4) Ensure that access to exchange student photographs and personally identifying information, either online or in print form, is only made available to potential host families who have been fully vetted and selected for program participation. Such information, if available online, must also be password protected.

(n) Reporting requirements. Along with the annual report required by regulations set forth at § 62.15, sponsors must file with the Department of State the following information:

- (1) Sponsors must immediately report to the Department any incident or allegation involving the actual or alleged sexual exploitation or any other allegations of

abuse or neglect of an exchange student. Sponsors must also report such allegations as required by local or state statute or regulation. Failure to report such incidents to the Department and, as required by state law or regulation, to local law enforcement authorities shall be grounds for the suspension and revocation of the sponsor's Exchange Visitor Program designation;

(2) A report of all final academic year and semester program participant placements by August 31 for the upcoming academic year or January 15 for the Spring semester and calendar year. The report must be in the format directed by the Department and must include at a minimum, the exchange student's full name, Form DS-2019 number (SEVIS ID #), host family placement (current U.S. address), school (site of activity) address, the local coordinator's name and zip code, and other information the Department may request; and

(3) A report of all situations which resulted in the placement of an exchange student with more than one host family or in more than one school. The report must be in a format directed by the Department and include, at a minimum, the exchange student's full name, Form DS-2019 number (SEVIS ID #), host family placements (current U.S. address), schools (site of activity address), the reason for the change in placement, and the date of the move. This report is due by July 31 for the previous academic school year.

Visa Regulations as Stated on DS2019 Form

I understand that the following conditions are applicable to exchange visitors:

TWO-YEAR HOME-COUNTRY PHYSICAL PRESENCE REQUIREMENT (SECTION 212(E) OF THE IMMIGRATION AND NATIONALITY ACT AND PL 94-484, AS AMENDED): RULE: Exchange visitors whose programs are financed in whole or in part, directly or indirectly by either their government or by the U.S. Government, are required to reside in their home-country for two years following completion of their program before they are eligible for immigrant status, temporary worker (H) status, or intracompany transferee (L) status. Likewise, if exchange visitors are acquiring a skill that is in short supply in their home country (these skills appear on the "Exchange Visitor Skills List") they will be subject to the same two-year home-country residence requirement. The requirement also is applicable to alien physicians entering the United States to receive graduate medical education or training. The U.S. Department of State reserves the right to make the final determination regarding 212(e). **NOTE: MARRIAGE TO A U.S. CITIZEN OR LEGAL PERMANENT RESIDENT, OR BIRTH OF A CHILD IN THE UNITED STATES, DOES NOT REMOVE THIS REQUIREMENT.**

Extension of Stay/Program transfers: A completed Form DS 2019 is required in order to apply for a program extension or program transfer, and must be obtained from or with assistance of the sponsor.

Limitation of Stay: STUDENTS - as long as they pursue a full course of study towards a degree, or if engaged full-time in a non-degree program, up to 24 months. Students for whom the sponsor recommends academic training may be permitted to remain for an additional period of up to 18 months after receiving their degree or certificate; post-doctoral academic training may be approved by the sponsor for a period not to exceed 36 months; **SECONDARY STUDENTS** - up to 1 academic year; **TRAINEES** - 18 months; **TEACHERS** - 3 years; **PROFESSORS** and **RESEARCH SCHOLARS** - 5 years; **SHORT-TERM SCHOLARS** - 6 months; **SPECIALISTS** - 1 year; **INTERNATIONAL VISITORS** - 1 year; **ALIEN PHYSICIAN** - the time typically required to complete the medical specialty involved but limited to 7 years with the possibility of extension if approved by U.S. Department of State; **GOVERNMENT VISITOR** - up to 18 months; **CAMP COUNSELOR**- up to 4 months; **SUMMER WORK/TRAVEL** - up to 4 months; **AU PAIR** - 1 year; **INTERN** -up to 12 months.

Documentation Required for Admission/Readmission as an Exchange Visitor: To be eligible for admission to the United States, an exchange visitor must present the following at the port of entry: (1) a valid nonimmigrant visa, unless exempt from nonimmigrant visa requirements; (2) a passport valid for 6 months beyond the anticipated period of admission, unless exempt from passport requirements; (3) a properly executed Form DS 2019 (with 2-D barcode), which must be retained by the exchange visitor for readmission within the period of previously authorized stay. Exchange visitors are permitted to travel abroad and maintain status (e.g., obtain a new visa) under duration of the program as indicated by the dates on form DS-2019 (see item 3 on page one of DS-2019 form).

Change of Status: Exchange visitors (and dependents) are expected to leave the U.S. upon completing their program objective. Exchange visitors who are subject to the two-year home-country physical presence requirements are not eligible to change their status while in the United States to any other nonimmigrant category except, if applicable, that of official or employee of a foreign government (A) or an international organization (G) or member of the family or attendant of either of these types of officials or employees.

Insurance: Exchange visitors are required to have medical insurance in effect for themselves and any accompanying spouse and minor children on J visas the duration of their exchange program. At a minimum, insurance coverage shall include: (1) medical benefits of at least U.S. \$50,000 per person per accident or illness; (2) repatriation of remains in the amount of U.S. \$7,500; and (3) expenses associated with medical evacuation in the amount of U.S. \$10,000. A policy secured to fulfill the insurance requirements shall not have a deductible that exceeds U.S. \$500 per accident or illness, and must meet other standards specified in the Exchange Visitor Program regulations, 22 CFR Part 62.14. For details, consult your program's Responsible Officer or Alternate Responsible Officer (see item 7 on the front side of the DS-2019).

EXCHANGE VISITOR CERTIFICATION: I have read and understand the foregoing, including the two-year Home-Country Physical Presence Requirement, and agree to comply with the Exchange Visitor Program regulations, as amended (22 CFR Part 62). I certify that all the information on the Form DS2019 is true and correct to the best of my knowledge. I agree that I will maintain compliance with the insurance regulations as specified in 22 CFR 62.14, including maintaining health insurance coverage for myself and my J-2 dependents throughout my J-1 program. I understand that it is my responsibility to maintain my exchange visitor status. For the purpose of 20 U.S.C. 1232g and 22 CFR 62, I authorize the U.S. Department of State-designated sponsor and any educational institution named on the Form DS 2019 to release information to the U.S. Department of State relating to compliance with Exchange Visitor Program regulations.
