



ACADEMIC YEAR PROGRAM STUDENT APPLICATION

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Tel: (651) 686-0080 • Fax: (651) 686-9601
host@nacelopendoor.org

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK.

Student Name _____
 Family Name _____ First Name _____ Middle Name _____
 Country _____ Partner Organization Abroad _____

INSTRUCTIONS

1. Your application is a reflection of who you are and, therefore, extremely important to your placement with a host family in the United States. This checklist is provided for you to verify the completion of all necessary information and documentation.
2. Your application should be typed or printed clearly in black ink.
3. Your responses to the questions should be thoughtful, truthful and detailed.
4. Your letter written to the host family is a very important part of the application. Take time to compose it and to write clearly. Families often make their decision to host a particular student based on this letter.
5. Photographs are another very important part of your application. Host families will see your passport photo as part of your profile. Passport photos of a happy, smiling face can encourage a host family to select a particular student. Personal photographs of you with your family, relatives, friends, pets, etc. will also tell a great deal about who you are.

CHECKLIST: Please make sure all of the following items are included with your application.

<input type="checkbox"/> A smiling, passport-type photo attached to your application	page
<input type="checkbox"/> Student profile	1
<input type="checkbox"/> Student questionnaire	4
<input type="checkbox"/> Student letter to the host family	6
<input type="checkbox"/> Parent comments	9
<input type="checkbox"/> Student’s academic and educational information	11
<input type="checkbox"/> Academic transcripts	12
Courses and grades from the past three (3) years with ENGLISH TRANSLATION and an explanation of grading scale; copies of official transcripts for the three (3) years listed on page 12	
<input type="checkbox"/> School and English teacher recommendations	13
<input type="checkbox"/> Interviewer’s report & conclusion.	15
<input type="checkbox"/> Medical information and inoculation record	17
<input type="checkbox"/> Nacel Open Door Academic Year and Semester Program Rules & Standards of Conduct	19
<input type="checkbox"/> Medical Care, Liability & Promotional release	22
<input type="checkbox"/> Authorization for release of protected health information	23
<input type="checkbox"/> Nacel Open Door - USA Inbound Program Parent and Student Agreement	24
<input type="checkbox"/> English Proficiency Test answer sheet	
<input type="checkbox"/> Please provide six (6) or more personal photographs which show you and your family, friends, relatives, pets, interests, etc. (Many students put together several pages to create a photo album for the host family).	



STUDENT PROFILE

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK.

PERSONAL DATA Country _____

PROGRAM

- Academic Year (January to January) Semester 1 (August to January)
- Academic Year (August to June) Semester 2 (January to June)

Legal Name: _____
as on passport Family Name First Name Middle Name

Name you are commonly called, or "nickname": _____

Date of Birth: ____/____/____ Male Female Height ____ Weight ____
Month Day Year

Birthplace: _____ Citizenship: _____

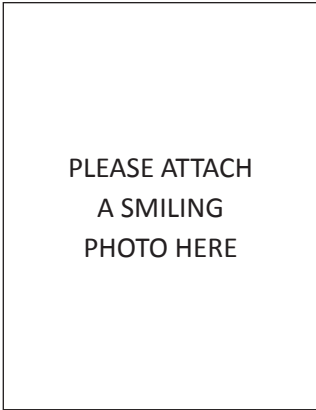
Student E-mail: _____

Address: _____

Street _____

City _____ State/Province _____ Postal Code _____

Country _____ Country Code _____ City Code _____ Number _____



FAMILY INFORMATION

- MOTHER Living Deceased
- FATHER Living Deceased

PARENT MARITAL STATUS: Married/In a relationship Separated Divorced Single

RIGHT OF CUSTODY: Both parents Mother Father Step-mother Step-father

I CURRENTLY LIVE WITH: Both parents Mother Father Step-mother Step-father

Other _____
(Please give name, relation)

PLEASE LIST THE MEMBERS OF YOUR IMMEDIATE FAMILY:	AGE	GENDER	AT HOME?
FATHER _____	_____	M	<input type="checkbox"/> Yes <input type="checkbox"/> No
MOTHER _____	_____	F	<input type="checkbox"/> Yes <input type="checkbox"/> No
NAME _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
NAME _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
NAME _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
NAME _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No



STUDENT PROFILE

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK.

INTERESTS/HOBBIES: Place an "X" next to any interests which you have. Circle the 5 that interest you most.

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Acting (Drama/Theater) | <input type="checkbox"/> Crafts | <input type="checkbox"/> Music (Pop) | <input type="checkbox"/> Singing (in choir) |
| <input type="checkbox"/> Art | <input type="checkbox"/> Current Events | <input type="checkbox"/> Musical Instruments | <input type="checkbox"/> Social Activities |
| <input type="checkbox"/> Astronomy | <input type="checkbox"/> Environmental Issues | <input type="checkbox"/> Opera | <input type="checkbox"/> Sporting Events |
| <input type="checkbox"/> Automotives | <input type="checkbox"/> Fishing | <input type="checkbox"/> Painting/Drawing | <input type="checkbox"/> Television/Video |
| <input type="checkbox"/> Board games/cards | <input type="checkbox"/> Forestry | <input type="checkbox"/> Pets | <input type="checkbox"/> Theater |
| <input type="checkbox"/> Camping | <input type="checkbox"/> Gardening | <input type="checkbox"/> Photography | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Ceramics/Pottery | <input type="checkbox"/> Indoor Plants/Flowers | <input type="checkbox"/> Political Activities | <input type="checkbox"/> Video Games |
| <input type="checkbox"/> Chess | <input type="checkbox"/> Knitting/Sewing | <input type="checkbox"/> Reading | <input type="checkbox"/> Volunteering |
| <input type="checkbox"/> Concerts | <input type="checkbox"/> Movies | <input type="checkbox"/> Religious Activities | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Community Affairs | <input type="checkbox"/> Museums | <input type="checkbox"/> School Clubs | <input type="checkbox"/> |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Music (Classical) | <input type="checkbox"/> Scouting | |
| <input type="checkbox"/> Other _____ | | | |

LIST YOUR MUSICAL SKILLS (INSTRUMENT(S), VOICE) AND RATE THEM (E = EXCELLENT; G = GOOD; F = FAIR; P = POOR):

Instrument/Voice	Years studied	Years in Orchestra/Band/Choir	Rating
_____	_____	_____	_____
_____	_____	_____	_____

SPORTS: Place an "X" next to any interests which you have. Circle the 5 that interest you most.

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Aerobics | <input type="checkbox"/> Dancing _____
<small>type of dancing</small> | <input type="checkbox"/> Judo | <input type="checkbox"/> Squash |
| <input type="checkbox"/> Badminton | <input type="checkbox"/> Diving | <input type="checkbox"/> LaCrosse | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Ballet | <input type="checkbox"/> Football (American) | <input type="checkbox"/> Martial Arts | <input type="checkbox"/> Surfing |
| <input type="checkbox"/> Ballroom Dancing | <input type="checkbox"/> Golf | <input type="checkbox"/> Mountain Climbing | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Baseball/Softball | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Racquetball | <input type="checkbox"/> Table Tennis |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Handball | <input type="checkbox"/> Rugby | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Bicycling | <input type="checkbox"/> Hiking/Backpacking | <input type="checkbox"/> Sailing | <input type="checkbox"/> Track (Running) |
| <input type="checkbox"/> Boating | <input type="checkbox"/> Hockey (Ice) | <input type="checkbox"/> Skateboarding | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Body Building | <input type="checkbox"/> Hockey (Field) | <input type="checkbox"/> Skiing (Cross-Country) | <input type="checkbox"/> Water Polo |
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Horseback Riding | <input type="checkbox"/> Skiing (Downhill) | <input type="checkbox"/> Water Skiing |
| <input type="checkbox"/> Canoeing | <input type="checkbox"/> Ice Skating | <input type="checkbox"/> Snowboarding | <input type="checkbox"/> Windsurfing |
| <input type="checkbox"/> Cross Country Running | <input type="checkbox"/> Inline Skating | <input type="checkbox"/> Soccer | <input type="checkbox"/> Wrestling |

Other(s) _____

LIST THE SPORTS WHICH YOU PRACTICE REGULARLY AND RATE YOUR PERFORMANCE (E = EXCELLENT; G = GOOD; F = FAIR; P = POOR):

Sport(s)	Years practiced	Frequency of Practice	Rating
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



STUDENT PROFILE

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK.

1. GIVEN THE OPPORTUNITY, WHAT ACTIVITIES DO YOU WANT TO PARTICIPATE IN WHILE ABROAD (I.E., SPORTS, MUSIC)?

2. WHAT IS THE SINGLE MOST IMPORTANT INTEREST OR ACTIVITY IN WHICH YOU PARTICIPATE?

3. HOW COMFORTABLE WOULD YOU BE LIVING WITH A FAMILY WITH SMALL CHILDREN?

- Very comfortable Somewhat comfortable Not comfortable Not sure, but willing to try

4. WOULD YOU BE WILLING TO LIVE WITH A SINGLE HOST PARENT OF YOUR SAME GENDER?

- Yes No

5. WOULD YOU AGREE TO LIVE IN A DOUBLE PLACEMENT?
(SHARING YOUR HOST FAMILY WITH A STUDENT FROM ANOTHER COUNTRY)

- Yes No

6. DO YOU HAVE ANY PETS AT HOME?

- Yes No

If yes, what kind? _____

If not, are there any pets you can't live with? (specify) _____

7. DO YOU HAVE ANY SPECIAL DIETARY REQUIREMENTS OR ALLERGIES?

- Yes No

If yes, please specify _____

8. WHAT IS YOUR RELIGIOUS AFFILIATION? _____

Is it important for you to attend your own religious services during your stay? Yes No

Would you be willing to participate in the religious activities of your host family if they are of a different faith? Yes No

How often are you willing to attend religious services with your host family?

- More than once a week Weekly Occasionally Rarely

9. DO YOU UNDERSTAND THAT NACEL OPEN DOOR DOES NOT ALLOW SMOKING DURING YOUR EXCHANGE EXPERIENCE?

- Yes No

10. DO YOU UNDERSTAND THAT NACEL OPEN DOOR DOES NOT ALLOW PARTICIPATION IN DRIVER'S EDUCATION COURSES?

- Yes No



STUDENT QUESTIONNAIRE

(CONTINUED)

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK.

1. DESCRIBE YOUR EXPECTATIONS OF AMERICAN CULTURE. HOW WILL LIFE BE SIMILAR/DIFFERENT FROM LIFE IN YOUR COUNTRY?

2. DESCRIBE YOUR RELATIONSHIP WITH YOUR IMMEDIATE FAMILY.

3. DESCRIBE THE ACTIVITIES YOU TAKE PART IN WITH YOUR FAMILY.

4. WHAT HOUSEHOLD CHORES/RESPONSIBILITIES DO YOU HAVE IN YOUR HOME?



STUDENT QUESTIONNAIRE
(CONTINUED)
PLEASE TYPE OR PRINT CLEARLY IN BLACK INK.

5. DO YOU LIKE BEING WITH YOUNGER CHILDREN? WHAT EXPERIENCE DO YOU HAVE BEING WITH THEM?

6. WHAT POSITIVE CONTRIBUTIONS CAN YOU BRING TO YOUR HOST FAMILY AND YOUR SCHOOL?

7. DESCRIBE ANY DIETARY REQUIREMENTS THAT YOU MIGHT HAVE FOR RELIGIOUS OR ANY OTHER REASONS.

8. WHAT ARE YOUR ACADEMIC AND CAREER GOALS? IF UNDECIDED, DISCUSS THE POSSIBILITIES YOU ARE CONSIDERING.



PARENT INFORMATION AND COMMENTS

TO BE COMPLETED BY THE PARTICIPANT'S PARENTS.
PLEASE TYPE OR PRINT CLEARLY IN BLACK INK.

Mother's Name

Address

Street

City

State/Province

Postal Code

Country

Home Telephone Number

Occupation/Title

Type of Business

Work Telephone Number

Work Fax Number

Primary E-mail Address

Do you speak English? Yes No

Father's Name

Address

Street

City

State/Province

Postal Code

Country

Home Telephone Number

Occupation/Title

Type of Business

Work Telephone Number

Work Fax Number

Primary E-mail Address

Do you speak English? Yes No

IMPORTANT NOTE REGARDING PRIVATE SCHOOL TUITION:

Most students will attend public high school, where there is no tuition fee. However, each year we have some host families whose own children attend a private school. Many of these families like their exchange student to attend the same school. Sometimes families are found who are willing to host, but only the private school in their area is willing to allow enrollment of foreign students. Would you be willing to consider paying the tuition fee for having your son or daughter attend a private school? (An affirmative answer does not obligate you to accept placement in a private school. Additionally, choosing "yes" does not guarantee private school placement. Any placement requiring tuition will be presented to you for your approval through our partner office.)

- Yes, we will consider paying tuition
- No, we will not consider paying tuition

Tuition Range:

- \$500 to \$1,999 U.S.
- \$2,000 to \$3,999 U.S.
- \$4,000 to \$5,999 U.S.
- Over \$6,000 U.S.



PARENT COMMENTS

TO BE COMPLETED BY PARTICIPANT'S PARENTS.
PLEASE TYPE OR PRINT CLEARLY IN BLACK INK.

1. WHO IN THE FAMILY INITIATED THE IDEA OF YOUR DAUGHTER'S/SON'S PARTICIPATION IN A HIGH SCHOOL EXCHANGE PROGRAM?

2. DESCRIBE YOUR DAUGHTER'S/SON'S PERSONAL QUALITIES AND CHARACTERISTICS.

3. DESCRIBE YOUR RELATIONSHIP WITH YOUR DAUGHTER/SON.

4. WHAT RESPONSIBILITIES (CHORES, CURFEW, DUTIES, ETC.) DOES YOUR DAUGHTER/SON HAVE AS A MEMBER OF YOUR FAMILY?

5. HOW DOES YOUR DAUGHTER/SON TYPICALLY EXPRESS FRUSTRATION OR ANGER? HOW DOES SHE/HE HANDLE PROBLEMS?

6. PROVIDE ANY ADDITIONAL INFORMATION OR DESCRIBE ANY SPECIAL CIRCUMSTANCES REGARDING YOUR DAUGHTER/SON, WHICH MAY ASSIST THE HOST FAMILY IN PREPARING THEMSELVES FOR THIS EXPERIENCE.



STUDENT'S ACADEMIC AND EDUCATIONAL INFORMATION

TO BE COMPLETED BY THE PARTICIPANT.

1. HOW MANY YEARS OF SCHOOL WILL YOU HAVE COMPLETED BEFORE GOING TO THE UNITED STATES? _____
(Do not include kindergarten)
2. WILL YOU HAVE GRADUATED HIGH SCHOOL BEFORE GOING TO THE UNITED STATES? Yes No
3. HOW MANY YEARS OF HIGH SCHOOL WILL YOU HAVE TO COMPLETE IN YOUR OWN COUNTRY UPON YOUR RETURN FROM THE UNITED STATES? _____
4. WHAT IS YOUR CURRENT GRADE LEVEL? 9th 10th 11th 12th Other _____
5. HAVE YOU EVER PARTICIPATED IN A SEMESTER OR ACADEMIC YEAR EDUCATION PROGRAM IN THE UNITED STATES? Yes No
6. HAVE YOU EVER ATTENDED SCHOOL IN THE UNITED STATES ON A F-1 OR J-1 VISA? Yes No
7. DO YOU UNDERSTAND THAT RECEIVING AN AMERICAN DIPLOMA IS MADE ONLY AT THE DISCRETION OF YOUR AMERICAN HIGH SCHOOL OR THE DISTRICT OFFICE (NOT NACEL OPEN DOOR)? Yes No
8. WHAT IS YOUR FAVORITE SUBJECT IN SCHOOL? _____
9. WHAT IS YOUR LEAST FAVORITE SUBJECT IN SCHOOL? _____
10. DO YOU INTEND TO GO TO UNIVERSITY? Yes No WHAT DO YOU INTEND TO STUDY? _____
11. LIST BELOW THE FOREIGN LANGUAGES YOU HAVE STUDIED AND RATE YOUR ABILITY: E=EXCELLENT, G=GOOD, F=FAIR, P=POOR

Language	Years Studied	Reading	Writing	Speaking	Listening
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

12. DESCRIBE ANY PAST FOREIGN TRAVEL AND/OR OTHER INTERNATIONAL EXPERIENCES. DID YOU TRAVEL WITH OR WITHOUT YOUR FAMILY?

13. WHAT DO YOU EXPECT TO GAIN FROM YOUR PARTICIPATION IN AN ACADEMIC PROGRAM ABROAD?



ENGLISH TEACHER RECOMMENDATION

TO BE COMPLETED BY ENGLISH TEACHER

A. How many years has the applicant studied English? _____

- This student's comprehension of English is: very good good fair weak very weak
- This student's ability to speak English is: very good good fair weak very weak
- This student's ability to read English is: very good good fair weak very weak
- This student's participation in class is: very good good fair weak very weak

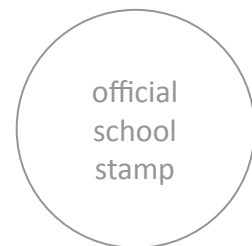
B. Please comment on the student's attitude toward the study of English and toward learning about American culture.

C. Does the student possess enough English skills to function successfully in an American high school and host family?

- Yes
- No

English Teacher's Name _____ Date _____

English Teacher's Signature _____





INTERVIEWER REPORT

TO BE COMPLETED BY A REPRESENTATIVE OF THE PARTNER ORGANIZATION

Student Name _____ Country _____

Interviewer's Name _____ Date _____

THE STUDENT EXPRESSES HIMSELF/HERSELF: very well reasonably well poorly

THE STUDENT SPEAKS ENGLISH: very well reasonably well poorly

THE STUDENT HAS PASSED AN ORAL AND WRITTEN EXAMINATION INDICATING REASONABLE COMPETENCE IN ENGLISH. Yes No

Name of test: _____ Score: _____

THE PERSONALITY OF THE STUDENT SEEMS: very outgoing outgoing quiet shy

THE STUDENT'S PHYSICAL PRESENTATION CAN BE DESCRIBED AS: well groomed average poor inappropriate

if inappropriate, please explain further i.e., hairstyle hair color, piercings, tattoos, etc. _____

THE STUDENT APPEARS: courteous, well mannered acceptably mannered poorly mannered

THE STUDENT'S RELATIONSHIP WITH HIS/HER PARENTS APPEARS: respectful & close respectful but distant disrespectful or hostile

THE STUDENT'S RELATIONSHIP WITH HIS/HER SIBLINGS APPEARS: respectful & close respectful but distant disrespectful or hostile

REGARDING CURRENT AFFAIRS, THE STUDENT APPEARS: well informed informed poorly informed

REGARDING CULTURAL ACTIVITIES (LITERATURE, MUSIC, ART) THE STUDENT APPEARS: very interested interested not interested

THE STUDENT DATES: frequently sometimes has a steady boyfriend / girlfriend not at all

THE STUDENT SMOKES: regularly occasionally not at all

THE STUDENT APPEARS: very mature of average maturity immature

DOES THE STUDENT HAVE ANY SPECIAL PHYSICAL CHARACTERISTICS? Yes No

If yes, please explain further: i.e., sight loss, hearing loss, limp, etc. _____

THE ECONOMIC LEVEL OF THE FAMILY IS: high (upper) comfortable (middle) modest (lower middle) low

THE MARITAL STATUS OF THE PARENTS IS: married separated divorced widowed



MEDICAL INFORMATION AND INOCULATION RECORD

PART 1

TO BE COMPLETED, SIGNED AND DATED BY PARTICIPANT'S PHYSICIAN.

STUDENT NAME _____ COUNTRY _____
Family Name First Middle

The student must have a physical examination by a licensed physician, who is not a family member, within the 12 months preceding his/her arrival abroad. The physician should complete this report on the applicant's medical history, current health, and immunization.

MEDICAL HISTORY

HAS THE APPLICANT EVER HAD A HISTORY OF ANY OF THE FOLLOWING CONDITIONS:

<input type="checkbox"/> Y	<input type="checkbox"/> N		<input type="checkbox"/> Y	<input type="checkbox"/> N		<input type="checkbox"/> Y	<input type="checkbox"/> N		<input type="checkbox"/> Y	<input type="checkbox"/> N	
<input type="checkbox"/>	<input type="checkbox"/>	Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Eating disorder	<input type="checkbox"/>	<input type="checkbox"/>	Mumps (year: _____)	<input type="checkbox"/>	<input type="checkbox"/>	Sleep disorder
<input type="checkbox"/>	<input type="checkbox"/>	Appendicitis	<input type="checkbox"/>	<input type="checkbox"/>	Enuresis	<input type="checkbox"/>	<input type="checkbox"/>	Parasites	<input type="checkbox"/>	<input type="checkbox"/>	Tonsils removed
<input type="checkbox"/>	<input type="checkbox"/>	Appendix removal	<input type="checkbox"/>	<input type="checkbox"/>	Headache	<input type="checkbox"/>	<input type="checkbox"/>	Pertussis (year: _____)	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis
<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	Vertigo
<input type="checkbox"/>	<input type="checkbox"/>	Cancer	<input type="checkbox"/>	<input type="checkbox"/>	Goiter	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic Fever			
<input type="checkbox"/>	<input type="checkbox"/>	Chicken Pox (year: _____)	<input type="checkbox"/>	<input type="checkbox"/>	Hernia	<input type="checkbox"/>	<input type="checkbox"/>	Rubella (year: _____)			
<input type="checkbox"/>	<input type="checkbox"/>	Cough (persistent)	<input type="checkbox"/>	<input type="checkbox"/>	Malaria	<input type="checkbox"/>	<input type="checkbox"/>	Polio (year: _____)			
<input type="checkbox"/>	<input type="checkbox"/>	Depression	<input type="checkbox"/>	<input type="checkbox"/>	Measles (year: _____)	<input type="checkbox"/>	<input type="checkbox"/>	Scarlet fever			
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes Mellitus	<input type="checkbox"/>	<input type="checkbox"/>	Menstrual disorder	<input type="checkbox"/>	<input type="checkbox"/>	Seizure disorder			

HAS THE APPLICANT EVER HAD ANY DISEASE, IMPAIRMENT OR ABNORMALITY OF:

<input type="checkbox"/> Y	<input type="checkbox"/> N		<input type="checkbox"/> Y	<input type="checkbox"/> N		<input type="checkbox"/> Y	<input type="checkbox"/> N		<input type="checkbox"/> Y	<input type="checkbox"/> N	
<input type="checkbox"/>	<input type="checkbox"/>	Blood / endocrine system	<input type="checkbox"/>	<input type="checkbox"/>	Ears / hearing	<input type="checkbox"/>	<input type="checkbox"/>	Locomotor system	<input type="checkbox"/>	<input type="checkbox"/>	Teeth and gums
<input type="checkbox"/>	<input type="checkbox"/>	Bones / joints	<input type="checkbox"/>	<input type="checkbox"/>	Eyes / vision	<input type="checkbox"/>	<input type="checkbox"/>	Lungs	<input type="checkbox"/>	<input type="checkbox"/>	Tonsils, throat, nose
<input type="checkbox"/>	<input type="checkbox"/>	Brain / nervous system	<input type="checkbox"/>	<input type="checkbox"/>	Genito-urinary system	<input type="checkbox"/>	<input type="checkbox"/>	Menstrual cycle	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	Digestive system	<input type="checkbox"/>	<input type="checkbox"/>	Heart / blood vessels	<input type="checkbox"/>	<input type="checkbox"/>	Skin (acne, eczema, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	_____

HAS THE APPLICANT EVER HAD ANY OF THE FOLLOWING:

<input type="checkbox"/> Y	<input type="checkbox"/> N	
<input type="checkbox"/>	<input type="checkbox"/>	Has the applicant ever been hospitalized?
<input type="checkbox"/>	<input type="checkbox"/>	Has the applicant had difficulty with school work or teacher(s)?
<input type="checkbox"/>	<input type="checkbox"/>	Has the applicant had a restriction of physical activity in the past five years?

IF ANY OF THE ABOVE ARE MARKED "YES", PLEASE GIVE A DETAILED EXPLANATION. INCLUDE DATES OF DIAGNOSIS AND MEDICATIONS FOR ANY CURRENT HEALTH ISSUES. ATTACH ADDITIONAL INFORMATION, AS NECESSARY.



MEDICAL INFORMATION AND INOCULATION RECORD

PART 2 - TO BE COMPLETED BY A PHYSICIAN.

INOCULATION DATE MUST INCLUDE MONTH, DAY AND YEAR.

The student must have the following inoculations, prior to arrival, in order to be admitted into a high school. Please note that some schools will not allow students to enroll or attend classes if the student is missing required inoculations. Cost for inoculation or boosters is not covered by Nacel Open Door health insurance. Immunization costs are the responsibility of the student.

Vaccine	M/D/Y	M/D/Y	M/D/Y	M/D/Y	M/D/Y
Polio	/ /	/ /	/ /	/ /	/ /
Diphtheria, Tetanus, Pertussis	/ /	/ /	/ /	/ /	/ /
OR Diphtheria & Tetanus	/ /	/ /	/ /	/ /	/ /
Measles	/ /	/ /	or give year applicant had measles		/ /
Mumps	/ /	/ /	or give year applicant had mumps		/ /
Rubella (3-day Measles)	/ /	/ /	or give year applicant had rubella		/ /
Varicella (Chicken Pox)	/ /	/ /	or give year applicant had chicken pox		/ /
Meningitis	/ /	/ /	or give year applicant had meningitis		/ /
Hepatitis B	/ /	/ /	/ /	/ /	/ /
Bacillus Calmette-Guerin	/ /	/ /	/ /	/ /	/ /
TB Skin test (Mantoux)	/ /	Results: <input type="checkbox"/> Positive <input type="checkbox"/> Negative			
Chest X-Ray*	/ /	Results: _____			

*If TB skin test is positive, the student must have a chest X-ray.

Height: _____ Weight: _____ Blood Pressure: _____

Does the student wear contact lenses? Yes No Does the student wear glasses? Yes No

Applicant's uncorrected vision: R: _____ L: _____ Applicant's corrected vision: R: _____ L: _____

Applicant's uncorrected hearing: R: _____ L: _____ Applicant's corrected hearing: R: _____ L: _____

Has the applicant had counseling or treatment for a character disorder, emotional problems, nervous condition or personality disorder? Yes No

Is the student currently under treatment for any medical or emotional conditions? Yes No

If yes, please explain: _____

Does the student have an eating disorder or a history of an eating disorder? Yes No

If yes, please explain: _____

Is the applicant currently taking any medication? Yes No

If yes, please list medication(s) and reason(s): _____

Recommendation for physical activity: unlimited limited

Your opinion on the state of the student's health: excellent good fair poor

Physician's Full Name	Physician's Signature	Date
Address		Phone



NACEL OPEN DOOR ACADEMIC YEAR AND SEMESTER PROGRAM RULES AND STANDARDS OF CONDUCT

TO BE READ, SIGNED AND DATED BY THE STUDENT AND BOTH PARENTS OR LEGAL GUARDIANS

The purpose of the high school program is to provide opportunities for people of diverse cultures to come together to learn about different points of view and ways of life. Cross-cultural understanding is, we believe, a fundamental step in promoting better friendships and world peace. We expect the highest standards of behavior from program participants at all time and, in turn, assume responsibility for the welfare and safety of the student throughout the program. nacel open door's staff, our overseas partners and local representatives work together to ensure that a student's stay in the United States is as successful, safe, and secure as possible. The following Standards of conduct have been established for that purpose. Violation of these rules will lead to disciplinary actions and possible termination from the program. Violations of American laws or serious misbehavior in the host family or the community will result in an early return to the student's home country at the expense of the student's parents/guardian and with no refund of program fees.

AMERICAN LAWS

If a student is arrested, or if it is reliably confirmed that the student has acted illegally, program sponsorship will be revoked, resulting in an early return as soon as legally possible to the home country at the expense of the student's parents.

1. Drinking of alcoholic beverages, including beer and wine, is not permitted while on the program and is illegal for all persons under 21 years of age.
2. The student must not buy, sell, possess or use illegal drugs of any kind or use any controlled drugs, unless prescribed for him/her by a physician or other health professional. If the student is taking prescription drugs, the name, dosage and duration of use for each drug must be listed on the Medical Information and Inoculation form. The student must not associate with any persons involved in illegal drug taking or drug trafficking.
3. The student must not commit or take part in any act of violence against another person or property.
4. Shoplifting and theft are illegal and may lead to criminal charges.
5. It is illegal for the student to take regular employment while in the United States. The only exceptions are occasional odd jobs, such as yardwork or babysitting. Any such jobs must not interfere with school work and the student must have Host Family permission.

HIGH SCHOOL AND INTERSCHOLASTIC SPORTS PARTICIPATION, SCHOOL FEES

High Schools expect exchange students to maintain high academic standards and to participate actively in school life. American high schools believe the presence of exchange students enhances the learning environment. Therefore, a student who is suspended or expelled from school due to problems with attendance, attitude, discipline, or failing grades will be terminated from the High School Program and returned home immediately.

1. The exchange student is not guaranteed placement in a certain grade level, or that transferable credit will be granted, or that a diploma will be awarded at the end of the academic program. All such decisions are at the discretion of individual high schools and/or districts.
2. No guarantee is made to the student with regard to participation in interscholastic sports. Eligibility is at the discretion of each high school and/or regional/state high school athletic association. Depending upon local regulations, if a student has graduated from high school in their home country or has completed a certain number of years of high school, he/she may be ineligible for interscholastic sports. Students who try out for high school sports teams are not guaranteed a place on the team.
3. The student must obey all school rules, attend classes regularly, and be responsible for assuming a full course load, for making a strong effort in all classes, and for maintaining at least a "C" average, with no "F" (failing) grades at the end of the semester.
4. The student is responsible for all school fees. Such fees may include but are not limited to: registration, books, lockers, laboratories, gym/physical education, yearbook, class ring, letter jacket, student activities, etc.
5. The student will be responsible to pay for his/her school lunch, if they do not bring one from home.
6. The student must be proficient enough in English to be able to communicate with his/her host family and high school teachers. Nacel Open Door reserves the right to terminate the program of any student who is judged by the high school or a Nacel Open Door student advisor to have insufficient English to function successfully on the program.
7. The student may not, under any circumstances, change schools without the express permission of the Nacel Open Door national office.

Rev 5.12



NACEL OPEN DOOR ACADEMIC YEAR AND SEMESTER PROGRAM RULES AND STANDARDS OF CONDUCT

(CONTINUED)

HOST FAMILY PARTICIPATION

Nacel Open Door Host Families are volunteers and generally receive no compensation for hosting exchange students. Host Families participate in the High School Program because of their sincere desire to have a cross-cultural experience and learn about other cultures while sharing the American way of life. Fees paid are used for administrative and supervisory purposes.

1. No guarantee is made with regard to placement in a particular region of the United States, nor in a town of a certain size, nor with a particular kind of Host Family (for example, with a teenager in the home).
2. A private bedroom is not guaranteed. Only a separate bed is guaranteed.
3. The student must comply with all reasonable rules of the Host Family (e.g., curfews, household chores, visitors, phone calls, etc.).
4. Overnight travel with the Host Family, Nacel Open Door Representative, or the high school is permitted if Nacel Open Door, the Host Family, and the Local Representative are informed of all such trips and have a phone contact to reach the student in an emergency.
5. The student must not borrow money from the Host Family or from any other source. Natural parents must supply the student with an adequate amount of spending money at all times, normally \$200-\$300 per month, not to fall below \$150.
6. The student may not, under any circumstances, change host families without the express permission of Nacel Open Door national office.

BIOLOGICAL FAMILY VISITS AND STUDENT TRAVEL WHILE ON THE HIGH SCHOOL PROGRAM

1. Visits by members of the student's biological family or by friends from his/her home country can be very disruptive to the adjustment of the student and an inconvenience to the Host Family. Therefore, visits during the first six months of the program are not permitted. All visits are discouraged until the very end of the program. Any visit during the program must have the prior permission of Nacel Open Door's head office.
2. The student is not permitted to travel outside the local area by him/herself or with peers.
3. The student is not permitted to hitchhike, whether alone or with companions.
4. Overnight travel with the Host Family, another family, a responsible adult (at least 25 years of age), approved groups (e.g., church, school, etc.) is permitted if prior consent is given by the Host Family and Local Representative. The Host Family and Local Representative must be informed of all such trips and have a phone contact to reach the student in an emergency.
5. If a student plans to travel outside the United States, he/she must always obtain prior permission from the national office of Nacel Open Door and get his/her DS-2019 form signed by a U.S. State Department responsible officer of Nacel Open Door.
6. Overnight travel with other parties is not permitted without written permission from natural parents. Nacel Open Door maintains the right to disapprove of any overnight student travel. A student who obtains his/her natural parent's permission to travel independently during the program cannot travel by his/herself by bus or train.

LIFE-CHANGING DECISIONS AND MISCELLANEOUS RULES

1. The student will not be permitted to make life-changing decisions, including but not limited to marriage, religious conversion, body piercing, tattoos or other decision with legal, political, religious, and/or social ramifications.
2. The student is to abstain from sexual behavior and activity. A student found to be sexually active, pregnant, or responsible for a pregnancy will be sent home immediately.
3. The student may not withdraw from or temporarily leave the program at any time without the permission of Nacel Open Door or its Overseas Partner. If the student leaves the program or the United States (without authorized approval from Nacel Open Door) for any reason other than a legitimate emergency (death or serious illness in his/her immediate family), he/she may not return to the program and will not receive a refund.
4. Nacel Open Door reserves the right to repatriate any student who is diagnosed with a psychological or eating disorder. A student who is found to have any history of psychological or emotional disorders, which were not mentioned in his/her application and medical documents, can be terminated from the program for not fully disclosing the condition.
5. The student is not permitted to smoke during his/her exchange experience.

Rev 5.12



NACEL OPEN DOOR ACADEMIC YEAR AND SEMESTER PROGRAM RULES AND STANDARDS OF CONDUCT

(CONTINUED)

HIGH RISK ACTIVITIES

1. Due to the danger and liability involved in operating a motorized vehicle, the student may not drive any car, motorcycle, or other motorized vehicle. Any student that violates our driving policy will be sent home and the student's program will be terminated, pending travel arrangements to their home country.
2. The student is not permitted to handle, possess, or operate firearms or other equipment related to the act of hunting, e.g. bow & arrow, knife, etc.
3. The student may not participate in skydiving, hang gliding, glider riding, parachute jumping, parasailing, jet skiing, hot air ballooning, scuba diving, mountaineering, bungee jumping, and/or any activity that Nacel Open Door defines as a high risk activity.

RETURNING HOME AT THE END OF THE PROGRAM

1. The student must return to the home country by the program end date designated on his/her DS-2019 form unless prior permission has been granted by Nacel Open Door or its Overseas Partners.
2. Unsupervised travel or travel with peers is NOT permitted at the end of the program. Adult-accompanied and supervised travel may be permitted at the end of the program only if permission is granted by the biological parents and Nacel Open Door or its Overseas Partners. The student should be aware that his/her medical insurance will not be extended for such travel.
3. If a student leaves a Host Family or the United States and has any outstanding debts (such as medical bills not covered by insurance or long distance phone calls), the student's biological family will be responsible for payment of these debts in addition to a \$25.00 surcharge to cover the costs of Nacel Open Door or its Overseas Partners' collection and payments.
4. Program extensions are only available to 5-month students requesting to extend to a 10-month program. Program extensions are not guaranteed. Approval to extend is granted at the discretion of Nacel Open Door. Extensions will only be considered for students who remain in the same host family and school for the duration of their program stay.

AGREEMENT TO ABIDE BY THE RULES AND STANDARDS OF CONDUCT

We, the undersigned (student and parents/legal guardians), have read and understood all of the above stated in the Nacel Open Door Academic Year and Semester Program Rules and Standards of Conduct. I, the student agree to obey the Rules and Standards of Conduct and all conditions of participation in the High School Program. We, the parents, agree that our son/daughter will obey the Rules and Standards of Conduct. We understand that violation of these Rules and Standards of Conduct may lead to disciplinary action and possible termination from the Nacel Open Door Program, which may result in an early return to the home country at the parent's expense and with no refund of program fees.

Signature of the father/legal guardian	Print father's/legal guardian's full name	Date
Signature of the mother/legal guardian	Print mother's/legal guardian's full name	Date
Signature of student	Print student's full name	Date

TRAVEL RELEASE/AUTHORIZATION

We, the undersigned (parents/legal guardians), authorize our child to travel within the guidelines as established in the High School Program Standards of Conduct and accept full responsibility for our child's participation in any approved travel activities and agree to indemnify and hold harmless Nacel Open Door and its Overseas Partners and their designated agents/representatives from any claims and/or liability to third parties arising from our child's participation.

It is understood that this Travel Release/Authorization is signed in advance and eliminates the necessity of obtaining our signatures at the time of any High School Program-approved travel for the duration of our child's participation in the High School Program. This includes travel with the student's host family and/or Nacel Open Door representative or coordinator, as well as any school-related chaperoned trip.

Signature of the father/legal guardian	Print father's/legal guardian's full name	Date
Signature of the mother/legal guardian	Print mother's/legal guardian's full name	Date



MEDICAL CARE, LIABILITY, AND PROMOTIONAL RELEASE

TO BE READ, SIGNED AND DATED BY THE STUDENT AND BOTH PARENTS OR LEGAL GUARDIANS

In case of illness, accident or injury, we grant permission to examine and treat our child, whose signature appears below, at an appropriate medical facility and to make referrals to outside physicians and facilities as indicated. We also grant permission for our child to receive any and all immunization(s) required for participation in an academic program. We understand that we must pay for any necessary physical examinations and/or immunizations that are not covered by insurance.

While under the sponsorship of Nacel Open Door or St. Paul Preparatory School, the student may not participate in any high risk activities; including skydiving, hang gliding, glider riding, parachute jumping, para-sailing, jet skiing, hot air ballooning, scuba diving, mountaineering, bungee jumping, and/or any other high risk activity as outlined in the Program Rules and Standards of Conduct . We also understand that our child may not drive any motorized vehicle during his/her exchange experience.

In anticipation of my son's/daughter's (child's) acceptance to participate in this program, we, the undersigned (student and parents/legal guardians) hereby release Nacel Open Door, St. Paul Preparatory School, its Overseas Partners, its Board of Directors, Agents, Community Coordinators, and Host Families from any and all current and future claims, charges, costs and/or causes of action for loss of property, personal injury, illness, accident or death sustained by my child during the time that he/she is a participant in the program, whether covered by current insurance or not. I further agree to indemnify and hold harmless all of the above named from any and all liabilities, including liabilities to third parties, that may arise from my child's participation in the program, including all activities specified herein, in the Standards of Conduct, and elsewhere.

We, the undersigned, grant Nacel Open Door and St. Paul Preparatory School permission to use photographs, videos, or digital images in which the participant may appear, for the purposes of promotion, public relations or publicity. We further understand that we will not receive payment for the use of these images.

We, the student and parents, certify that all information provided in the application is correct and complete, including medical and inoculation history. We understand that withholding information and/or providing incorrect information is grounds for possible termination from the program and repatriation at the parents' expense with no refund of program fees.

This agreement covers the period from the publicized program start date to program end date.

Signature of the father/legal guardian	Print father's/legal guardian's full name	Date
Signature of the mother/legal guardian	Print mother's/legal guardian's full name	Date
Signature of student	Print student's full name	Date



AUTHORIZATION FOR THE RELEASE OF PROTECTED HEALTH INFORMATION

TO BE READ, SIGNED AND DATED BY THE STUDENT
AND BOTH PARENTS OR LEGAL GUARDIANS.

I hereby authorize _____ to disclose the records obtained in the course of my evaluation and/or treatment to Nacel Open Door and their affiliates for the purpose of helping me resolve claims and health benefit coverage issues. I specifically consent to the release of the following sensitive information:

- | | |
|--|---|
| <input type="checkbox"/> Alcohol/Drug Abuse Treatment/Referral | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> HIV/AIDS-related Treatment | <input type="checkbox"/> Mental Health (other than Psychotherapy Notes) |
| <input type="checkbox"/> Psychotherapy Notes ONLY (by checking this box, I am waiving any psychotherapist-patient privilege) | |

This authorization is valid for the program participation dates of _____ through _____.

I understand that I have the right to revoke this authorization by providing written notice to Nacel Open Door, and/or the medical records department of the health care facility. However, this authorization may not be revoked if Nacel Open Door, the health care facility, or its employees or agents, have taken action on this authorization prior to receiving my written notice. I also understand that I have a right to receive a copy of this authorization and that a copy or facsimile of this authorization is as valid as the original.

I hereby release Nacel Open Door, the health care provider, and all of their affiliates from any and all legal liability and injuries that may arise from the release of this information. The information requested may be sent by U.S. mail service and/or electronic facsimile in accordance with the health care facility's policy.

I understand that information disclosed by this authorization, except for Alcohol and Drug Abuse records, as defined in 42 CFR Part 2, may be subject to re-disclosure by the recipient and may no longer be protected by the Health Insurance Portability and Accountability Act Privacy Rule (45 CFR Part 164), and the Privacy Act of 1974 (5 USC 552a).

Patient Name	Birthdate
Patient Signature	Date
Signature of mother/legal guardian	Date
Signature of father/legal guardian	Date



NACEL OPEN DOOR-USA INBOUND PROGRAM PARENT AND STUDENT AGREEMENT

NOD, its agents, sponsors, affiliates, directors, officers, employees and attorneys (collectively “NOD”), the undersigned parent(s), or legal guardian(s) (“Guardian”) and student (“Student”), understand and agree to the terms and conditions stated in this agreement (“Agreement”) relating to Student’s participation in NOD’s student exchange program (“Program”). Guardian and Student are referred to collectively as the Participants (“Participants”). Adult(s) and their resident children who volunteer to host a Student for the Program term are referred to as the Host Family (“Host Family”).

- 1. Admission and Placement:** NOD considers each criteria such as Student application packet materials, academic background, high school transcripts, age, education level, physical and mental health, references, essays, and personal interviews in determining whether to admit a Student into the Program. NOD has the sole discretion to determine whether the Student will be admitted into the Program and such determination is final. All preferences and characteristics of the Student may not be accommodated in the placement process. Further, NOD relies solely on volunteer Host Families to select a student. Once the student is selected, a Host Family devotes considerable time, effort and resources to hosting a student. NOD cannot control or guarantee student selection nor the timing of selection and placement. Students may be placed with a Host Family and/or enrolled in school after the beginning of the school term.
- 2. Living Expenses:** Guardians agree to provide the student the equivalent of \$250 (US) minimum per month to cover incidentals and pocket money. Participants must reimburse the Host Family for all extraordinary expenses incurred on the Student’s behalf such as personal telephone calls, non essential school expenses, household damage, etc.
- 3. Living Conditions:** In addition to learning the host country’s language the student is expected to adapt to the culture and lifestyle of the Host Family and host country. There may be significant cultural, economic, and lifestyle differences between the Student’s home country and the host country. The host country may have different health care services, living conditions, road and transportation systems, educational approaches and systems, criminal justice systems, civil liberty laws, customs, and values. Some host country services conditions, or systems may be relatively inadequate, unsafe, or unreliable in comparison to the Student’s home country. Other host country services, conditions, or systems may be superior to the standards in the host country. Living conditions vary from one Host Family to another even in the same community. Any such differences may not necessarily be sufficient reason for a change in host family. The Program offers numerous opportunities for the Student; however, Participants must be aware and accept these differences and the risks associated with traveling and living in another country. The Student level of maturity must be adequate to recognize and cope with these differences and risks. Guardians must take responsibility to educate and prepare the student for the risks associated with foreign travel and living abroad. Program Representatives are available by telephone to provide assistance in an ongoing basis during the student’s participation in the Program. However, the Program cannot and does not provide constant direct supervision of the Student and does not act in the capacity of loco parentis. Guardians retain all rights and duties relating to the welfare of the Student.

As a condition of acceptance into the program, the Participants agree to hold NOD harmless for all injuries and /or damages incurred during the Student’s participation in the Program resulting from risks associated with international travel and living abroad, and any negligence and /or intentional acts caused by any third party, including but not limited to any member, guest, employee or agent of the Host Family or other persons in the host country.

- 4. Rules for Students:** The rules for NOD students (“Rules”) have been established by NOD as a minimum standard of participant conduct, and any infraction may result in immediate repatriation (return) of Student to his/her home country, without any refund of program fees. Each Student and his or her Guardian(s) must acknowledge they understand and have agreed to adhere to the Rules prior to the Student’s final program acceptance.
- 5. Problem Notification and Resolution:** As the Student is living as a member of a Host Family and not under continual supervision or control of NOD staff, it is the responsibility of the Student to advise NOD of any significant problems, including but not limited to the health, safety or welfare of the Student, adjustment to school, culture, language, etc. In addition, the Student must notify NOD of any misunderstandings or problems with the Host Family. NOD will intervene and attempt to resolve the problem. If necessary NOD may in its sole discretion, seek a replacement Host Family, if possible within the same community. If the student does not make a good faith and substantial effort to resolve the problem, NOD may return the Student to his/her home country. If the Student violates any terms of its Agreement, NOD may, in its sole and absolute discretion, terminate the Student’s participation in the Program and immediately repatriate the student to his/her home country without any refund of program fees.
- 6. Agreement between Participants and Originating Exchange Organization:** Participants understand that NOD is not a party to any agreement between the Participants and the Originating Student Exchange Organization through which the Participants enrolled in the Participant’s home country (“Originating Exchange Organization”). Participants acknowledge and agree that the laws of their home country shall exclusively govern any dispute or claim arising out of any agreement with the Originating Exchange Organization, Participants



NACEL OPEN DOOR-USA INBOUND PROGRAM PARENT AND STUDENT AGREEMENT

(CONTINUED)

agree and acknowledge that the Originating Exchange Organization is solely responsible to the participants for injury or damage from a violation of any such agreement. NOD assumes no duties or responsibilities for any acts or omissions of the Originating Exchange Organization.

7. **General Release.** Indemnification and Hold Harmless Provisions: As a conditions of Student’s participation in the Program, Participants agree to release and hold harmless NOD for injury, loss, delay, or any other damage and expense incurred by Participants due to (in) any incident beyond NOD’s reasonable control, including, without limitation, acts of God, acts of war, or government actions and restrictions. (ii) any events directly or indirectly caused by intentional or negligent acts of omissions by any third party including but not limited to any member, guest, employee or agent of Host Family or other persons in the host country, (iii) risks associated with foreign travel and living abroad, including but not limited to risks associated with health care services, living conditions, sanitation conditions, road and transportation systems, criminal justice systems, civil liberty laws, customs and values, (iv) any differences in the living conditions and standards between Participants’ home country and the host home and host country, and (v) any act or omission of the Originating Exchange Organization.
8. As further condition of Student’s participation in the Program, Participants agree to indemnify and hold harmless NOD from any liability expense, including court costs and attorney fees, resulting from any injury, loss or any other damage or expense caused by the Student during his/her participation in the Program.
9. Arbitration and Venue: This agreement shall be deemed to have been made in the state of North Dakota, USA and its validity, construction, breach, performance and interpretation shall be governed by the laws of the State of North Dakota. The parties to the agreement acknowledge and agree that any dispute or claim arising out of the Agreement any resulting or related transaction, or the relationship of the parties, shall be decided by neutral, exclusive and binding arbitration in Fargo, North Dakota, USA. The arbitration shall be conducted before a designated, neutral arbitrator in North Dakota agreed upon by both parties. Either party may appear telephonically at the arbitration hearing. The award of the arbitrator may be enforced in any court of competent jurisdiction located in the United States. In the event that the arbitration clause is deemed void and inapplicable, each party expressly consents to and submits to the personal jurisdiction of the federal or state courts of Fargo, North Dakota, USA. In any action, including arbitration, brought for breach of this Agreement, the prevailing party shall be entitled to recover reasonable attorney’s fees and costs, including but not limited to the costs of arbitration.
10. Authority of Parent/Guardian: Each Parent/Guardian who signs this agreement represents and warrants that he or she, together with the other Parent/Guardian who signs this Agreement, if any, is the custodial parent/guardian of the Student and has full authority to sign this Agreement on behalf of the Student as his/her legal guardian without the consent or approval of any other person, and agrees to indemnify and hold NOD harmless for any liability expense , including court costs and attorney’s fees resulting from any breach or claim of this representation.
11. Ratification of the Agreement: In the event the Student is under the age of 18 at the time of execution of this agreement, and the Student attains 18 years of age while participating on the Program, Student agrees that continued participation in the Program after he/she attains 18 is deemed ratification and adoption of all terms and conditions of this Agreement.
12. NOD Program Agreement Controls: Where there are any differences between this Agreement and any other Program materials, the Agreement shall control. NOD cannot be legally bound or committed by any other person other than the duly authorized representative. Parties are required to follow this Agreement and cannot vary from its terms.
13. Modification: This Agreement shall not be modified except by writing that is executed by all parties hereto.
14. Severability: In the event any clause, sentence, term or provision of this Agreement shall be held by a court of competent jurisdiction to be illegal, invalid or unenforceable for any reason, the remaining portions of this Agreement shall remain in full force and effect.

CONSENT AGREEMENT

15. Health Care: The Guardian(s) and/or Student consent to and authorize NOD, or any adult Host Family member to obtain any medical, dental, surgical, psychological, psychiatric, or hospital care, deemed necessary by any health care provider, for the health, treatment and care of the Student during the Student’s participation in the Program. Any problems arising from inadequate or improper care shall be the responsibility of the health care provider. NOD shall not be liable for any failure to secure or the adequacy of medical attention. The Guardian(s) and/or Student authorize the health care provider to release the Student to NOD, or any adult Host Family member. Further, the Guardian(s) and /or Student authorize the health care provider to release all health care records relating to the Student to NOD. The Guardian and/or Student consent to and authorize the release of the Student’s medical information, as included in the Student’s application, as well as any additional medical information submitted or obtained, to necessary parties, for the purposes of placement,



NACEL OPEN DOOR-USA INBOUND PROGRAM PARENT AND STUDENT AGREEMENT

(CONTINUED)

enrollment, and/or supervision and care of the Student. In the event that the Student self-administers any medication, whether brought into the host country or obtained in the host country, Participants agree to release and hold harmless NOD for injury, loss, delay or any other damage and expense incurred as a result. Participants also agree to release and hold harmless NOD for injury, loss, delay, or any other damage and expense incurred as a result of any medical, dental, surgical, psychological, psychiatric, or hospital care or treatment received by the Student while in the host country.

16. Legal Proceedings: The Guardian(s) and/or Student consent to and authorize NOD or any adult Host Family member to pursue or defend any legal action or proceedings regarding the Student during Student’s participation in the Program, costs to be reimbursed by Guardian(s). Such consent, however, does not obligate NOD or any Host Family member to pursue or defend any such legal action or proceedings. The Guardian(s) and/or Student authorize any court, law enforcement agency, or any other government agency to release the Student to NOD, or any adult Host Family member in the event that the Student is detained or held by any such entity or government agency.
17. Use of Student’s Name or Likeness: The Guardian(s) and or Student consent to the use of Student’s name, photograph, film, or video likeness of Student or any comments or statements of Student in materials or publications utilized to promote the Program or find Host Families.

WE READ AND FULLY UNDERSTAND THE PROGRAM MATERIALS AND AGREE TO ADHERE TO THE NACEL OPEN DOOR ACADEMIC YEAR AND SEMESTER PROGRAM RULES AND STANDARDS OF CONDUCT AND THE NACEL OPEN DOOR-USA INBOUND PROGRAM PARENT AND STUDENT AGREEMENT, INCLUDING THE CONSENT AGREEMENT.

WE, THE STUDENT AND GUARDIAN(S), CERTIFY THAT ALL INFORMATION PROVIDED IN THE APPLICATION IS CORRECT AND COMPLETE, INCLUDING ACADEMIC INFORMATION AND MEDICAL AND INOCULATION INFORMATION AND HISTORY. WE UNDERSTAND THAT WITHHOLDING INFORMATION AND/OR PROVIDING INCORRECT INFORMATION IS GROUNDS FOR POSSIBLE TERMINATION FROM THE PROGRAM AND REPATRIATION AT THE GUARDIAN’S EXPENSE WITH NO REFUND OF PROGRAM FEES.

THIS AGREEMENT COVERS THE PERIOD FROM THE TIME THE STUDENT BOARDS TRANSPORTATION SCHEDULED BY NACEL OPEN DOOR UNTIL THE STUDENT DEPARTS FROM THE HOST COUNTRY.

Name of Student (Please Print)	Signature of Student	Date
Name of Mother/Guardian (Please Print)	Signature of Mother/Guardian	Date
Name of Father/Guardian (Please Print)	Signature of Father/Guardian	Date
Originating Exchange Organization (Please Print)		
Signature of Representative	Title of Representative	Date
Name of Nacel Open Door-USA Director	Signature of Nacel Open Door - USA Director	Date