



The Charles Finney School

2070 Five Mile Line Road Penfield, New York 14526
(585) 387-3770, phone (585) 387-3771, fax

STUDENT'S FULL NAME: _____
FIRST MIDDLE LAST

NICKNAME/AMERICAN NAME: _____

HEIGHT: _____ WEIGHT: _____

PROGRAM START DATE: _____ - _____

HOME ADDRESS/STREET: _____

CITY: _____ POSTAL ZONE: _____

COUNTRY: _____ HOME TELEPHONE: _____

EMAIL: _____

DATE OF BIRTH: _____ AGE: _____ SEX: Female Male

CITY OF BIRTH: _____ COUNTRY OF BIRTH: _____

HOLDS US PASSPORT? PASSPORT NUMBER: _____

EXPIRATION DATE: _____ COUNTRY ISSUING PASSPORT: _____

US PHONE NUMBER: _____

US EMAIL ADDRESS: _____

LENGTH OF STUDY YOU DESIRE:

1 SEMESTER 1 SCHOOL YEAR STUDENT 2 YEARS OR MORE

CURRENT YEAR OF STUDY IN HOME COUNTRY: _____

GRADE ENTERING IN THE US: _____

RELIGIOUS PREFERENCE: _____

INTEREST & INVOLVEMENT: ACTIVE LITTLE NONE

WHO DO YOU LIVE WITH?

MOTHER AND FATHER MOTHER FATHER OTHER (WHO) _____

FATHER or LEGAL GUARDIAN

FIRST _____ MIDDLE _____ LAST _____
STREET _____ POSTAL ZONE _____ CITY _____
COUNTRY _____ HOME TELEPHONE _____ EMAIL _____
OCCUPATION _____ WORK TELEPHONE _____ CELL PHONE _____
DATE OF BIRTH _____

MOTHER or LEGAL GUARDIAN

FIRST _____ MIDDLE _____ LAST _____
STREET _____ POSTAL ZONE _____ CITY _____
COUNTRY _____ HOME TELEPHONE _____ EMAIL _____
OCCUPATION _____ WORK TELEPHONE _____ CELL PHONE _____
DATE OF BIRTH _____

BROTHERS AND SISTERS

NAME _____ AGE _____ SEX: Female Male

LIVE AT HOME: YES NO

NAME _____ AGE _____ SEX: Female Male

LIVE AT HOME: YES NO

NAME _____ AGE _____ SEX: Female Male

LIVE AT HOME: YES NO

NAME _____ AGE _____ SEX: Female Male

LIVE AT HOME: YES NO

CURRENT SCHOOL INFORMATION:

CURRENT SCHOOL: _____ PUBLIC PAROCHIAL PRIVATE

DATES ATTENDED: _____ **TO** _____ **PRESENT GRADE:** _____

ADDRESS (STREET): _____ **POSTAL CODE:** _____

CITY: _____ **COUNTRY:** _____

PRINCIPAL/COUNSELOR: _____ **EMAIL:** _____

PHONE: _____

FAX: _____ **POSITION OF STUDENT IN CLASS:** _____ **NUMBER OF STUDENTS IN CLASS:** _____

FAVORITE SUBJECT(S): _____

LEAST FAVORITE SUBJECT(S): _____

SUBJECT WHICH ACHIEVES BEST GRADES: _____

SUBJECT WHICH ACHIEVES WORST GRADES: _____

WHAT ARE STUDENT'S ASPIRATIONS: _____

SCORES OF ANY TESTS TAKEN:

SLEP _____ **TOEFL** _____ **TOEFL JR.** _____ **SAT** _____ **OTHER** _____

CURRENT GRADE POINT AVERAGE: _____

IF STUDENT WAS IN US, WHAT VISA WAS HE/SHE ON? (3-1, F-1, 8-1...) _____

FOREIGN COUNTRY STUDIED IN BEFORE: _____ **YEAR:** _____

HOW LONG WAS THE PROGRAM: _____ **YEAR:** _____

STUDENT'S INTEREST: _____

DOES THE STUDENT HAVE ANY SPECIFIC MEDICAL PROBLEMS/REQUIREMENTS? : YES NO

LIST FOREIGN LANGUAGES YOU SPEAK OR HAVE STUDIED:

| LANGUAGE | YEARS OF STUDY | PROFIENCY | | |
|----------|----------------|----------------------------------|-------------------------------|------------------------------------|
| _____ | _____ | <input type="checkbox"/> AVERAGE | <input type="checkbox"/> GOOD | <input type="checkbox"/> EXCELLENT |
| _____ | _____ | <input type="checkbox"/> AVERAGE | <input type="checkbox"/> GOOD | <input type="checkbox"/> EXCELLENT |
| _____ | _____ | <input type="checkbox"/> AVERAGE | <input type="checkbox"/> GOOD | <input type="checkbox"/> EXCELLENT |
| _____ | _____ | <input type="checkbox"/> AVERAGE | <input type="checkbox"/> GOOD | <input type="checkbox"/> EXCELLENT |

HAVE YOU USED AN AGENCY IN THE PAST? *IF YES, THEN PLEASE COMPLETE BELOW:

AGENCY NAME: _____ **COUNTRY:** _____

CONTACT INFORMATION: _____ **EMAIL:** _____

MAILING ADDRESS: _____

TELEPHONE NUMBER: _____ **FAX NUMBER:** _____

PERSONALITY AND ACTIVITIES:

PERSONALITY TRAITS: CHECK THE FOLLOWING WORDS THAT BEST DESCRIBE YOU

- | | | | | | |
|------------------------------------|-----------------------------------|---|-------------------------------------|--------------------------------------|---------------------------------|
| <input type="checkbox"/> ACTIVE | <input type="checkbox"/> INFORMAL | <input type="checkbox"/> QUICK-TEMPERED | <input type="checkbox"/> EMOTIONAL | <input type="checkbox"/> PATIENT | <input type="checkbox"/> SHY |
| <input type="checkbox"/> ADAPTABLE | <input type="checkbox"/> INSECURE | <input type="checkbox"/> RESERVED | <input type="checkbox"/> OPTIMISTIC | <input type="checkbox"/> SPONTANEOUS | <input type="checkbox"/> POLITE |
| <input type="checkbox"/> CALM | <input type="checkbox"/> NEAT | <input type="checkbox"/> RESPONSIBLE | <input type="checkbox"/> SERIOUS | <input type="checkbox"/> PATIENT | |
| <input type="checkbox"/> CASUAL | <input type="checkbox"/> OPEN | <input type="checkbox"/> SENSITIVE | <input type="checkbox"/> FRIENDLY | <input type="checkbox"/> INDEPENDENT | |

INTERESTS: CHECK ACTIVE INTERESTS WITH 1 – IF YOU LIKE IT, BUT DO NOT PARTICIPATE IN SOMETHING MARK WITH A 2. NOT INTERESTED = LEAVE BLANK.

- | | | | | |
|---|---|--------------------------------------|--|--|
| <input type="checkbox"/> AEROBIC EXERCISE | <input type="checkbox"/> FISHING | <input type="checkbox"/> SAILING | <input type="checkbox"/> AMERICAN FOOTBALL | <input type="checkbox"/> GOING TO THE MOVIES |
| <input type="checkbox"/> SEWING | <input type="checkbox"/> ATTENDING THEATER | <input type="checkbox"/> SOAP OPERAS | <input type="checkbox"/> BALLET DANCING | <input type="checkbox"/> HORSEBACK RIDING |
| <input type="checkbox"/> SOCCER | <input type="checkbox"/> BASEBALL | <input type="checkbox"/> ICE SKATING | <input type="checkbox"/> SOCIAL CLUBS | <input type="checkbox"/> BASKETBALL |
| <input type="checkbox"/> INDIVIDUAL SPORTS | <input type="checkbox"/> SOCIAL DANCING | <input type="checkbox"/> CAMPING | <input type="checkbox"/> INDOOR GAMES | <input type="checkbox"/> SKIING |
| <input type="checkbox"/> CHESS/BACKGAMMON | <input type="checkbox"/> JOGGING | <input type="checkbox"/> SWIMMING | <input type="checkbox"/> CLASSICAL MUSIC | <input type="checkbox"/> MARTIAL ARTS |
| <input type="checkbox"/> SYMPHONY | <input type="checkbox"/> COLLECTING STAMPS | <input type="checkbox"/> COMPUTERS | <input type="checkbox"/> COOKING | <input type="checkbox"/> CURRENT EVENTS |
| <input type="checkbox"/> DANCING | <input type="checkbox"/> DANCING | <input type="checkbox"/> DEBATING | <input type="checkbox"/> DRAMA | <input type="checkbox"/> FASHION |
| <input type="checkbox"/> MOTOR VEHICLES | <input type="checkbox"/> PAINTING/DRAWING | <input type="checkbox"/> READING | <input type="checkbox"/> WRITING | <input type="checkbox"/> WINDSURFING |
| <input type="checkbox"/> PHOTOGRAPHY | <input type="checkbox"/> PLAY AN INSTRUMENT | <input type="checkbox"/> READING | <input type="checkbox"/> POLITICAL GROUPS | <input type="checkbox"/> POPULAR MUSIC |
| <input type="checkbox"/> RELIGIOUS ACTIVITIES | <input type="checkbox"/> VISITING MUSEUMS | <input type="checkbox"/> VOLLEYBALL | <input type="checkbox"/> WATCHING SPORTS | <input type="checkbox"/> OTHER _____ |

ABOUT YOU:

WHAT QUALITY DO YOU VALUE MOST IN YOURSELF?

WHAT QUALITY DO YOU VALUE MOST IN OTHERS?

WHAT DOES YOUR FAMILY ENJOY DOING TOGETHER?

WHAT ARE THE RULES YOU MUST RESPECT IN YOUR FAMILY?

WHAT TIME DO YOU USUALLY GO TO BED?

SMOKING:

WOULD YOU LIVE WITH A FAMILY THAT SMOKES?

- | | | | |
|---|------------------------------|-----------------------------|--|
| <input type="checkbox"/> I DO NOT SMOKE | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES, BUT IF THEY ONLY SMOKE OUTSIDE |
| <input type="checkbox"/> I SMOKE OCCASIONALLY, BUT AGREE TO STOP SMOKING COMPLETELY WHILE IN THE US | | | |
| <input type="checkbox"/> I SMOKE AND WANT TO LIVE WITH A FAMILY THAT ALSO SMOKES | | | |

WHY DO YOU WANT TO LIVE WITH A HOST FAMILY ABROAD?

DO YOU HAVE A SPECIFIC REQUEST REGARDING THE HOST FAMILY ARRANGEMENTS? PLEASE REMEMBER THAT WE WILL TAKE ALL REQUESTS INTO CONSIDERATION, BUT WE WILL NOT GUARANTEE THIS REQUEST WILL BE MET.

DO YOU HAVE REQUIREMENTS FOR SPORTS WHILE IN THE US? IF SO, ARE YOU WILLING TO PAY ANY ADDITIONAL FEES IF THIS SPORT IS NOT AVAILABLE IN THE SCHOOL?

DO YOU HAVE SPECIFIC REQUIREMENTS FOR SPECIFIC CLASSES WHILE IN THE US?

DO YOU HAVE ANY DIETARY RESTRICTIONS? (VEGETARIAN, RELIGIOUS, ETC.) PLEASE DESCRIBE IN DETAIL.



The Charles
Finney
School

MEDICAL RELEASE AND GUARDIANSHIP FORM

STUDENT NAME

DATE

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

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

We grant The Charles Finney School and host families' permission to represent our child before local and state authorities. If an attorney is required, we will provide all costs and fees necessary to ensure proper representation.

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

TODAY'S DATE (MONTH/DAY/YEAR)

SIGNATURE OF STUDENT/APPLICANT

SIGNATURE OF FATHER (OR LEGAL GUARDIAN)

SIGNATURE OF MOTHER (OR LEGAL GUARDIAN)

PRINT STUDENT'S NAME (FIRST, MIDDLE, LAST)



The Charles
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LIABILITY AND RELEASE FINANCIAL RESPONSIBILITY FORM

The participants, both student and parents, agree to accept and uphold the standards set forth by The Charles Finney School, and the host family, for the duration of the program. We understand that the family structure may be very different from our own, however, we agree to maintain respectful relationships with all host family members. I, the participant, will accept the rules of conduct in my host family and make every effort to participate in the family as much as possible.

If there are any problems that arise, I, the participant, agree to contact the Charles Finney School International Coordinator, first and attempt to resolve the problem on my own, if the results are not considered satisfactory, then I will contact my agent for assistance.

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

We understand there may be additional fees associated with special classes, clubs or sports that my child wishes to enroll or participate in, and assume full responsibility for additional costs.

I/We grant The Charles Finney School, the use of any photographic material in which the participant may appear, for the promotion and publicity of the organization's programs at no charge, now or in the future.

TODAY'S DATE (MONTH/DAY/YEAR)

SIGNATURE OF STUDENT/APPLICANT

SIGNATURE OF FATHER (OR LEGAL GUARDIAN)

SIGNATURE OF MOTHER (OR LEGAL GUARDIAN)

PRINT STUDENT'S NAME (FIRST, MIDDLE, LAST)



The Charles
Finney
School

NATURAL PARENT CONSENT

I/We understand that while our child, _____
(PRINT NAME OF CHILD)

is a participant in The Charles Finney School International Program, he/she may not pilot an aircraft (including a hang glider) under any circumstances.

By signing below, I/we accept full responsibility for our child's participation in the recreational activities that we specify below, and in consideration of our child's participation in The Charles Finney School's International program, fully indemnify and hold harmless both The Charles Finney School and our child's host family from any and all liability, including liability to third parties, that may arise from our child's participation in the activities specified below.

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

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

- HORSEBACK RIDING WATER/JET SKIING WINTER/SKIING SNOWMOBILING
- 4-WHEEL/ALL TERRAIN VEHICLE AMUSEMENT PARK RIDES WATER PARK RIDES/SLIDES
- MOTORCYCLE

TODAY'S DATE (MONTH/DAY/YEAR)

SIGNATURE OF STUDENT/APPLICANT

SIGNATURE OF FATHER (OR LEGAL GUARDIAN)

SIGNATURE OF MOTHER (OR LEGAL GUARDIAN)

PRINT STUDENT'S NAME (FIRST, MIDDLE, LAST)



The Charles
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STUDENT IMMUNIZATIONS/HEALTH RECORDS

Immunizations are required by New York State for school enrollment and have been outline in the chard below. **Please follow the requirements for the grade level your child is entering.**

| Vaccines Required For School Year | Entering Grade 6 | Entering Grades 7 to 12 |
|---|------------------|--|
| Diphtheria Toxoid, Tetanus Toxoid & Pertussis Vaccine (DTap, DTP) | 3 doses | 3 doses |
| Tetanus, Diphtheria, and Pertussis Booster (Tdap) | 1 dose | 1 dose |
| Polio (IFPV or OPV) | 3 to 4 doses | 3 to 4 doses |
| Measles, Mumps and Rubella (MMR) | 2 doses | 2 doses |
| Hepatitis B | 3 doses | 3 doses |
| Varicella (Chickenpox) | 2 doses | 2 doses |
| Meningococcal Conjugate (MenACW Y) | | Grades 7-11 1 dose Grade 12 2 doses |

IMMUNIZATION RECORD: (PLEASE RECORD ALL DATES WITH MONTH/DATE/YEAR)

The following immunizations are required for entry into all US schools and the record must be entered on this form.

TO BE COMPLETED BY A MEDICAL DOCTOR:

STUDENT NAME: _____ HEIGHT: _____ WEIGHT: _____

DATE OF BIRTH: _____ BLOOD TYPE: _____ GENDER: _____

*Please record dates of immunizations for each dose required (month, day, year)

DTap: _____

Tdap: _____ * Is required in New York State and needs to be within 5 years of arrival to United States.

Polio: _____

MMR: _____ MEASLES: _____

Hep. B: _____

Varicella: _____ *OR DATE OF CHICKEN POX DISEASE: _____

Meningococcal Conjugate _____

*School may require additional doses before departure from home country. The above immunizations are required for entry into all US schools and the record must be entered on this form. Otherwise, the student will need to receive them in the US at his/her own expense.

RECENT TB TEST: (Date of test): _____ RESULT OF TEST WAS: NEGATIVE, NO TB POSITIVE

*New York State requires TB testing within 1 year of arrival of the student into Untied States.

BCG: _____ (If received)

NAME OF PHYSICIAN: _____

SIGNATURE OF PHYSICIAN: _____

ADDRESS: _____

CITY: _____ POSTAL ZONE: _____

COUNTRY: _____ PHONE NUMBER: _____

DATE OF MOST RECENT PHYSICAL EXAMINATION: _____

OFFICE STAMP HERE

ALLERGY STATEMENT:

DOES THE STUDENT HAVE ANY ALLERGIES? NO YES *If Yes, please list allergies below:

HOW WOULD YOU DESCRIBE STUDENT'S REACTION TO THE ABOVE MENTIONED ALLERGIES?

MILD MODERATE SEVERE/LIFE THREATENING

CAN THE ALLERGIC CONDITIONS BE CONTROLLED WITH MEDICATIONS? YES NO

STUDENT HEALTH REVIEW - ANY DISEASE/IMPAIRMENT OR ABNORMALITY OF:

| | | | | | |
|-----------|--|---------------|--|-----------------------|--|
| ALLERGIES | <input type="checkbox"/> yes <input type="checkbox"/> no | EYES OR SIGHT | <input type="checkbox"/> yes <input type="checkbox"/> no | PERSISTENT COUGH | <input type="checkbox"/> yes <input type="checkbox"/> no |
| ASTHMA | <input type="checkbox"/> yes <input type="checkbox"/> no | HEPATITIS | <input type="checkbox"/> yes <input type="checkbox"/> no | CANCER/TUMORS | <input type="checkbox"/> yes <input type="checkbox"/> no |
| DIABETES | <input type="checkbox"/> yes <input type="checkbox"/> no | APPENDICITIS | <input type="checkbox"/> yes <input type="checkbox"/> no | CONVULSIVE DISORDERS | <input type="checkbox"/> yes <input type="checkbox"/> no |
| EPILEPSY | <input type="checkbox"/> yes <input type="checkbox"/> no | PNEUMONIA | <input type="checkbox"/> yes <input type="checkbox"/> no | EARS OR HEARING | <input type="checkbox"/> yes <input type="checkbox"/> no |
| HERNIA | <input type="checkbox"/> yes <input type="checkbox"/> no | ENDOCRINE | <input type="checkbox"/> yes <input type="checkbox"/> no | TONSILS, NOSE, THROAT | <input type="checkbox"/> yes <input type="checkbox"/> no |
| MALARIA | <input type="checkbox"/> yes <input type="checkbox"/> no | TYPHOID FEVER | <input type="checkbox"/> yes <input type="checkbox"/> no | TONSILS REMOVED | <input type="checkbox"/> yes <input type="checkbox"/> no |
| SMALL POX | <input type="checkbox"/> yes <input type="checkbox"/> no | THYROID | <input type="checkbox"/> yes <input type="checkbox"/> no | TUBERCULOSIS | <input type="checkbox"/> yes <input type="checkbox"/> no |
| ULCER | <input type="checkbox"/> yes <input type="checkbox"/> no | HEART | <input type="checkbox"/> yes <input type="checkbox"/> no | URINARY TRACT | <input type="checkbox"/> yes <input type="checkbox"/> no |
| MIGRAINE | <input type="checkbox"/> yes <input type="checkbox"/> no | BONES/JOINTS | <input type="checkbox"/> yes <input type="checkbox"/> no | PERSISTENT HEADACHE | <input type="checkbox"/> yes <input type="checkbox"/> no |
| KIDNEY | <input type="checkbox"/> yes <input type="checkbox"/> no | STOMACH | <input type="checkbox"/> yes <input type="checkbox"/> no | RESPIRATORY SYSTEM | <input type="checkbox"/> yes <input type="checkbox"/> no |

OTHER _____ OTHER _____ OTHER _____

****PLEASE PROVIDE DOCUMENTATION OF A PHYSICAL WITHIN THE LAST YEAR (Translated into English)**

***LIST OF DAILY MEDICATIONS:**

I, PARENT/GUARDIAN _____, of (child) _____

give the nurse of The Charles Finney School permission to administer medication as needed for my child.

As the student's physician, I believe the student will be able to safely travel to the United States. YES NO

PARENT SIGNATURE: _____