



# USA High School

## Student Application

Dear Parents,

CIEE welcomes you and your son or daughter to the USA High School Program. As parents of an applicant to the USA High School Program, it is important that you be well informed of program policies and information regarding your child's involvement in the USA High School Program. The materials and forms included in this packet are important for both participants and their parents. We ask that you take the time to review them carefully with your son or daughter. Your cooperation and support will assist our staff in planning and carrying out this exciting exchange.

Acceptance to the CIEE USA High School program does not guarantee that a placement will be made. In the event that a student is not placed by August 31, 2010, the student may not attend the program and the Partner will be refunded the program fees paid to CIEE in U.S. dollars. All of our host families are volunteers and do not expect compensation. They open their homes out of a genuine desire to experience a cultural exchange.

The forms included in this packet are required for participation in the USA High School Program. It is essential that all information provided be accurate and complete. All forms should be completed, signed, and dated where necessary, and returned to our partner office according to the schedule arranged. Please also review the enclosed policies regarding homestay placement, driving, and illegal drugs.

### About CIEE

CIEE: Council on International Educational Exchange, is a nonprofit, nongovernmental organization dedicated to helping people gain understanding, acquire knowledge, and develop skills for living in a globally interdependent and culturally diverse world. Founded in 1947, CIEE has developed a wide variety of programs and services primarily for students and teachers at secondary through university levels. With over 60 years of experience, CIEE has become one of the world's leading operators of international exchange programs and related services.



CIEE USA High School Programs  
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[www.ciee.org](http://www.ciee.org)  
[highschool@ciee.org](mailto:highschool@ciee.org)

## Community Project

Dear USA High School 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.

Community service means donating your time, energy, and skills to a specific cause in your area. Your project should focus on supporting and improving your community, and building relationships with its residents. Here are some suggestions of projects and organizations to work with. In giving your time and energy, you will involve yourself in the American way of life, and make a difference in your community!

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 USA High School 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](http://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](http://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!

Applicant's Name:

For Office Use Only. Student ID #:

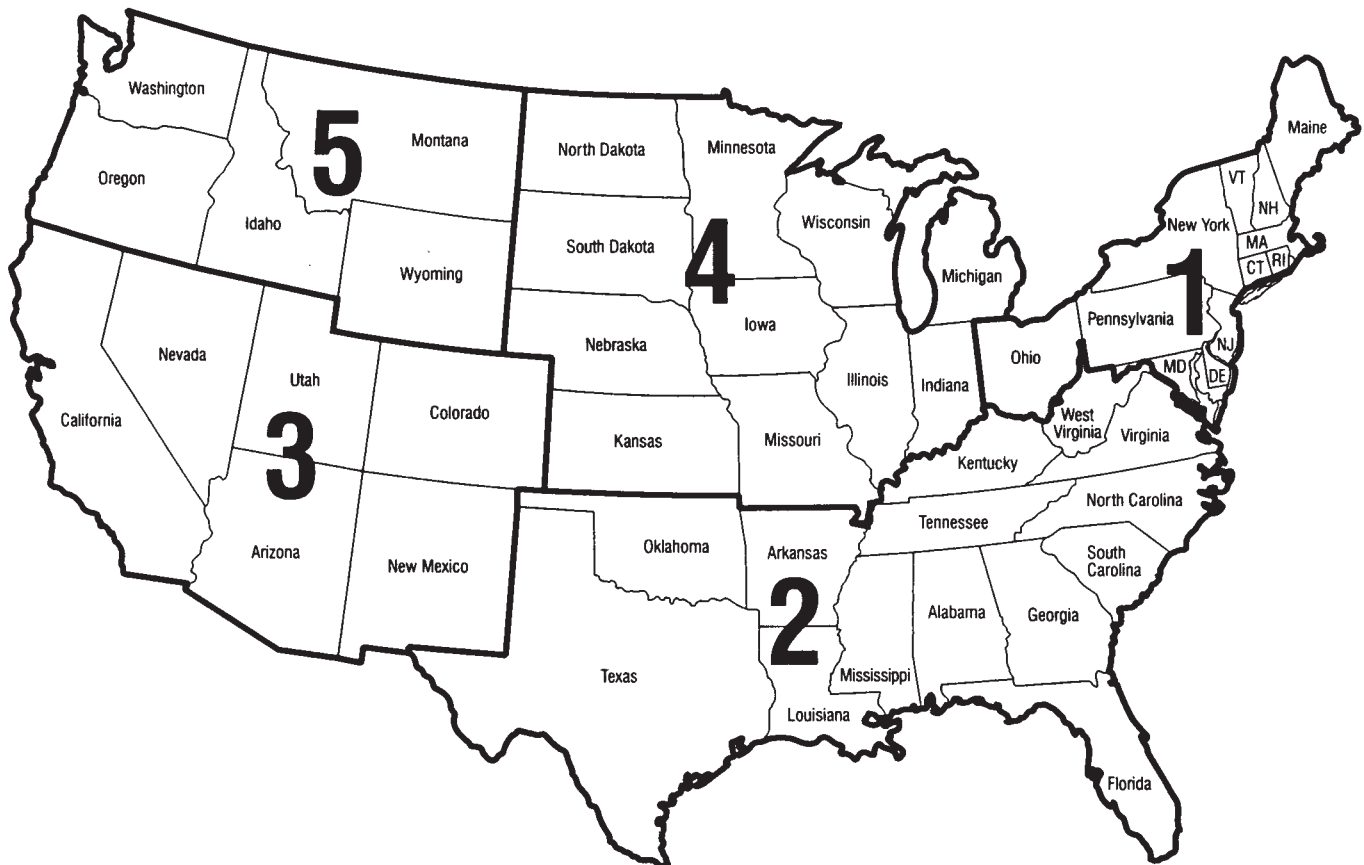
### Regional Choice

With the CIEE USA High School Program - you can choose your region!

- **Please note that there is an additional fee to choose your region.** Please ask your partner office for more details.
- Regional choices are accepted with applications where paper application has been received in our office and Atlas portion is completed, submitted and batched by January 31, 2010.
- If you are not placed in your region of choice you will be refunded.

Referring to the map located below, please indicate your choice:

- Region 1 – Northeast
- Region 2 – South
- Region 3 – Southwest
- Region 4 – Midwest
- Region 5 – Northwest



Applicant's Name:

**For Office Use Only.** Student ID #:

### REQUIRED PIECES/PORCTIONS

#### ATLAS Online Application

- Student Profile
- Host Family Letter (Located on USA HS Student Profile Page)
- Grade Transcripts/English Ability  
(All course names appearing on the original school transcripts must be translated into English on this form. Grades must be listed using your country's grading scale, not U.S. conversions.)
- Letter of Introduction for Parent(s) (Located on USA HS Student Profile Page)
- One smiling headshot uploaded into Atlas
- Family Photo Album (Submitted digitally or through a paper album. You may also additionally send a link to a youtube.com video.)  
(Located on USA HS Student Profile Page)

#### Paper Application

- Copies of Official School Transcripts (Last three years)
- English Teacher's Recommendation
- Statement of Applicant's Health  
This statement cannot be completed or signed by a physician related to the applicant.
- Vaccination Agreement
- Privacy and Confidentiality Release (HIPAA)
- USA High School Program Rules and Student-Parent Agreement  
This form outlines the responsibilities students incur as USA High School Participants.
- Agreement and Release Form  
CIEE cannot accept any exceptions or alterations to the outlined conditions. All three parts; Permission for Emergency Treatment, Blanket Travel Authorization, and Release must be signed and dated.
- 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 or residence, and the passport number.
- Student Interview Form  
A program representative must conduct a personal interview in English.
- Michigan Test / SLEP Test  
Administered and scored by a program representative.

**Please Note: Student's application will not be accepted until fully complete.**

#### Missing Information

- If pieces of information are missing from student application, please state why below.

Applicant's Name:  **For Office Use Only.** Student ID #:

|   |                   |                                     |
|---|-------------------|-------------------------------------|
| Last Name:  |                   | <b>Program Start</b>                |
| First Name:   |                   |                                     |
| Middle Name:  |                   | Month:                              |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female |                   | Year:                               |
| City of Birth:  | Country of Birth: | <input type="checkbox"/> Five Month |
| Date of Birth (Day/Month/Year):                                       |                   | <input type="checkbox"/> Ten Month  |

Country of Citizenship:

Country of Legal Permanent Residence:

Passport Number (Optional):

Passport Expiration Date (Optional):

## Contact Information

Address:

Post Code:

City:

Region (Optional):

Country:

Phone Number (Begin with Country Code):

Mobile (Optional):

Address Valid Until (Optional) (Day/Month/Year):

## Family Information (You must list all family members)

| Last Name | First Name | Middle Name (opt.) | Age | Occupation | Relationship | Interests |
|-----------|------------|--------------------|-----|------------|--------------|-----------|
|           |            |                    |     |            |              |           |
|           |            |                    |     |            |              |           |
|           |            |                    |     |            |              |           |
|           |            |                    |     |            |              |           |
|           |            |                    |     |            |              |           |

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

## Previous Visas

Have you ever received a J-1 Visa to enter the USA?  Yes  No

## Other Visa Information

Have you ever applied for a visa to immigrate permanently to the United States of America?  Yes  No

Have you ever been arrested or convicted of a crime in your home country?  Yes  No

Have you ever been arrested or convicted of a crime in the U.S.?  Yes  No

Have you ever been refused a visa by a U.S. Embassy?  Yes  No

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

Applicant's Name:

**For Office Use Only.** Student ID #:

## Private School Option

Sometimes there are placement opportunities in private schools that offer more individualized attention. Would you consider attending a private high school?  Yes  No

If yes, please indicate tuition range in U.S. \$: From \_\_\_\_\_ to \_\_\_\_\_

## 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

If you don't smoke, could you adjust to a family that smokes?  Yes  No

Do you like and can you live with pets?  Yes  No

Please provide further information (can live with dogs, but not cats; allergic to dogs, e.g.):

Do you have allergies?  Yes  No

If you do have allergies, please tell us what kind:

## Interests

List your 5 favorite interests in order of preference by using the numbers 1, 2, 3, 4, 5, with "1" being most preferred

|                       |                       |                     |   |                   |
|-----------------------|-----------------------|---------------------|---|-------------------|
| Billiards/pocket pool | Cinema/movies         | Discussing ideas    | Music-Classical                                 | Sewing/needlework |
| Board games/cards     | Cooking               | Discussing politics | Music-Contemporary                              | Singing           |
| Body building         | Crafts                | Drama/theater       | Photography/video                               | Stamp collecting  |
| Bowling               | Dance-ballet          | Drawing/painting    | Scuba Diving                                    | Watching sports   |
| Camping/backpacking   | Dance-modern/jazz     | Gardening           | Reading   |                   |
| Chess/backgammon      | Dance-social/ballroom | Museum/galleries    | Playing an instrument, if yes which instrument: |                   |
| Other, specify:       |                       |                     |   |                   |

## Sports

List your 5 favorite sports in order of preference by using the numbers 1, 2, 3, 4, 5, with "1" being most preferred

|                   |                  |                   |                      |               |
|-------------------|------------------|-------------------|----------------------|---------------|
| Badminton         | Golf             | Ice skating       | Skateboarding        | Track/running |
| Board games/cards | Gymnastics       | Inline skating    | Snow skiing/boarding | U.S. Football |
| Basketball        | Hiking           | Martial arts      | Soccer               | Volleyball    |
| Bicycling         | Horseback riding | Raquetball/Squash | Swimming             | Water skiing  |
| Field hockey      | Hunting          | Sailing           | Tennis               | Windsurfing   |
| Fishing           | Ice hockey       | Other, specify:   |                      |               |

Applicant's Name:

**For Office Use Only.** Student ID #:

## Personal Questions

Do you currently play any team sports?  Yes  No

If yes, what sports do you currently play as a team member?

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 traveled 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?

Applicant's Name:

**For Office Use Only.** Student ID #:

## Personal Questions

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

What do you expect to learn from you academic homestay?

How will you adjust to a family of different economic status?

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

Community project. 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 the U.S. High Schools. What activities would you like to join? (Examples: soccer, drama club, student government...)

Applicant's Name:

For Office Use Only. Student ID #:

Please write a letter to your host family telling them why they should choose you. What will you bring to their family life? What do you hope to learn? **(It is advisable to provide your agent with a word file of your host family letter.)**

Applicant's Name:

**For Office Use Only.** Student ID #:

## 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 primary and secondary school, exclusive of kindergarten, will the student have completed prior to this program?:

Date student will graduate from secondary school (Day/Month/Year):

## English Ability Scores

Michigan  Score:

SLEP test  Score:

Native English Speaker

## Transcripts

Please include with your application original school transcripts. 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 Atlas in the following location:

The screenshot shows the ATLAS web application interface. At the top, there is a navigation bar with tabs for HOME, STUDENTS, JOBS & EMPLOYERS, and BATCH PROCESSING. Below this is a sub-navigation bar with links for Search, Application, Personal Info, Photos, Grades/English Ability (which is highlighted), Travel & Visa, Review, and Logout. A 'Quick Search' box is located in the top right corner, containing the text 'Student ID/Last Name' and a 'Find' button. On the left side, there is a 'TASKS' sidebar with a 'What do you want to do?' section containing links like 'Find an existing student', 'Create a new student', 'Access Partners Extranet', 'Event Management', 'Run Reports', and 'View Trax Incidents'. Below that is a 'STUDENT TASKS' section with links like 'Create a new application', 'Save application data', 'Print application', 'Cancel application', 'Delete application', and 'Submit program'. The main content area is titled 'Student Application Form - Grades & English Ability'. It contains a form with fields for Student ID, Last Name, First Name, City of birth, Country of birth, and Citizen of. Below this is a 'Grade Transcripts' section with a detailed instruction paragraph. At the bottom, there is a table for 'Current School Year (ending in 2009)' with columns for Course Names (in english), Hours/Week, Final Grade or Most Current Evaluation, and US Equivalent<sup>1</sup>. The table has one row with empty input fields for each column.

# USA High School Student Application



Letter of Introduction from Parent(s) **SUBMIT ONLINE WITH ATLAS**

Applicant's Name:

**For Office Use Only.** Student ID #:

Please write a one-page letter to your son or daughter'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 does she/he deal with disappointment? **(It is advisable to provide your agent with a word file of your letter of introduction.)**

# USA High School Student Application

English Teacher's Recommendation

MAIL TO CIEE



Applicant's Name:

**For Office Use Only.** Student ID #:

This student is applying to the USA High School 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 USA High School Program.

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

|  |                                    |                               |                               |                               |
|--|------------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Overall academic standing              | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Ability to interact well with peers    | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Ability to interact well with teachers | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Open-mindedness                        | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Willingness to cooperate               | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Friendly personality                   | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Ability to cope with problems          | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Maturity                               | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |

What are the applicant's strengths and weaknesses?

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

Comments:

Please choose a number on the following chart to rate the student's English ability.

|    |                          |   |
|----|--------------------------|---|
| 10 | <input type="checkbox"/> | <b>Absolute proficiency in English.</b> Student is able to both understand and converse, dealing with abstract terms. Thinks in English.  |
| 9  | <input type="checkbox"/> | <b>Student possesses near fluency.</b> Sentence structures are near perfect. Can understand and respond to difficult questions. English knowledge includes abstract terms. Will have no problem at all in communication when he/she arrives in the USA.                               |
| 8  | <input type="checkbox"/> | <b>English responses, although not perfect, come naturally.</b> In other words, student responds evidently in English. Has good vocabulary and understands almost everything. Can respond intelligently, but needs practice.  |
| 7  | <input type="checkbox"/> | <b>Student can understand most conversations.</b> Speaking ability is good, but needs practice. Student can go beyond basic responses and elaborate thoughts. Knows many words, but needs to think before responding.   |
| 6  | <input type="checkbox"/> | <b>Student understands and participates in basic English conversations, but needs practice.</b> Vocabulary deals with everyday terms. Thinks quickly, but evident that he/she is translating. Gets lost when conversation departs from basics. Makes mistakes, but is understandable. |
| 5  | <input type="checkbox"/> | <b>Student understands and participates in basic English conversations, but has to put forth a lot effort.</b> Can respond in some sentence forms even if grammar and structure are not perfect.  |
| 4  | <input type="checkbox"/> | <b>Student evidently understands basic English sentences and is able to respond even if only in words.</b> Grammar and sentence construction are poor but understandable. A few weeks of total immersion in English will improve his/her ability.                                     |
| 3  | <input type="checkbox"/> | <b>Student understands words, but not sentence thoughts.</b> Speaking ability is limited to a few words.  |
| 2  | <input type="checkbox"/> | <b>Student understands a few words, but has little or no ability to communicate.</b> Student may also refuse to use English at all.   |
| 1  | <input type="checkbox"/> | <b>Student cannot understand and knows little or no English.</b>  |

Teacher's Name (Please Print):

Teacher's Signature:

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:

Applicant's Name: \_\_\_\_\_

**For Office Use Only.** Student ID #: \_\_\_\_\_

**To be completed by attending physician.**

| Has the applicant ever had any of the following: |                          |                                  |                          | Any disease, impairment, abnormality of: |                               |                          |                          |                                   |
|--|--------------------------|----------------------------------|--------------------------|--|-------------------------------|--------------------------|--------------------------|-----------------------------------|
| 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, Locomotor 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"/>                 | Malaria                       | <input type="checkbox"/> | <input type="checkbox"/> | Digestive System/Abdominal Organs |
| <input type="checkbox"/>                         | <input type="checkbox"/> | Appendicitis                     | <input type="checkbox"/> | <input type="checkbox"/>                 | Measles (Rubeola)             | <input type="checkbox"/> | <input type="checkbox"/> | Ears or Hearing                   |
| <input type="checkbox"/>                         | <input type="checkbox"/> | Asthma                           | <input type="checkbox"/> | <input type="checkbox"/>                 | Parasites (intestinal, other) | <input type="checkbox"/> | <input type="checkbox"/> | Eyes or Vision                    |
| <input type="checkbox"/>                         | <input type="checkbox"/> | Cough (persistent, recurring)    | <input type="checkbox"/> | <input type="checkbox"/>                 | Rheumatic Fever               | <input type="checkbox"/> | <input type="checkbox"/> | Genito-Urinary System             |
| <input type="checkbox"/>                         | <input type="checkbox"/> | Diabetes                         | <input type="checkbox"/> | <input type="checkbox"/>                 | Rubella                       | <input type="checkbox"/> | <input type="checkbox"/> | Heart or Blood Vessels            |
| <input type="checkbox"/>                         | <input type="checkbox"/> | Eating Disorder                  | <input type="checkbox"/> | <input type="checkbox"/>                 | Scarlet Fever                 | <input type="checkbox"/> | <input type="checkbox"/> | Respiratory System, Lungs         |
| <input type="checkbox"/>                         | <input type="checkbox"/> | Enuresis                         | <input type="checkbox"/> | <input type="checkbox"/>                 | Seizure Disorder              | <input type="checkbox"/> | <input type="checkbox"/> | Skin (Acne, etc.)                 |
| <input type="checkbox"/>                         | <input type="checkbox"/> | Goiter (Struma)                  | <input type="checkbox"/> | <input type="checkbox"/>                 | Sleepwalking                  | <input type="checkbox"/> | <input type="checkbox"/> | Tonsils, Nose, or Throat          |
| <input type="checkbox"/>                         | <input type="checkbox"/> | Headache (persistent, recurring) | <input type="checkbox"/> | <input type="checkbox"/>                 | Vertigo, Dizziness            | <input type="checkbox"/> | <input type="checkbox"/> | Varicose Veins                    |

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?  Yes  No If yes, please explain:

\_\_\_\_\_

Has applicant ever been advised to have surgery which has not been done?  Yes  No If yes, please explain:

\_\_\_\_\_

Has applicant ever consulted a neurologist, psychiatrist, psychologist, or any other specialist in nervous or emotional disorders?  
 Yes  No If yes, please explain:

\_\_\_\_\_

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?

\_\_\_\_\_

Please mention any allergies and indicate if and how they are currently being treated.

\_\_\_\_\_

Should the student be restricted from any type of physical activity?  Yes  No If yes, please explain:

\_\_\_\_\_

Applicant's Name:

**For Office Use Only.** Student ID #:

**To be completed by attending physician.**

Please indicate any medication the student is currently taking and the purpose of using these drugs. If student will continue to take medication in the United States, please indicate required dosage. (Note: a supply of medication should be taken in clearly labeled containers indicating the drug's generic name.)

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.

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. 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
3. Measles (rubeola, ten-day measles), two doses, or physician-verified disease
4. Rubella (three-day measles), two doses, or physician-verified disease
5. Mumps vaccine, two doses, or physician-verified disease
6. TB test must have been administered within the last year
7. Hepatitis-B, three doses
8. Chicken Pox (Varicella)
9. Please be aware that some High Schools may require additional vaccines such as Meningococcal vaccines

| Vaccine   | Date each dose was given |                       |                       |                       | Most Recent     |
|---|--------------------------|-----------------------|-----------------------|-----------------------|-----------------|
|   | 1st<br>month/day/year    | 2nd<br>month/day/year | 3rd<br>month/day/year | 4th<br>month/day/year |                 |
| Polio (TOPV)  |                          |                       |                       |                       |                 |
| DPT and/or TD (diphtheria, tetanus, and pertussis or whooping cough and/or tetanus and diphtheria only) |                          |                       |                       |                       |                 |
| Hepatitis B   |                          |                       |                       |                       |                 |
|   | 1st Dose                 | 2nd Dose              | Most Recent Dose      |                       | Date of Illness |
| Measles (rubeola—10 day, red measles)   |                          |                       |                       |                       |                 |
| Rubella (German measles—3 day, measles)   |                          |                       |                       |                       |                 |
| Mumps   |                          |                       |                       |                       |                 |
| Chicken Pox   |                          |                       |                       |                       |                 |

Tuberculin skin test     +     -    Date of test:

If positive, report of negative X-ray & copy required. Chest X-Ray     +     -    Date of X-Ray:

Has candidate received BCG?     No     Yes    Date of test:

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\*: \_\_\_\_\_ Name (print): \_\_\_\_\_

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

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

Applicant's Name: \_\_\_\_\_

**For Office Use Only.** Student ID #: \_\_\_\_\_

### 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 USA High School exchange program, students must have the vaccinations listed below completed before they may enter a school.

#### 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.

#### DPT and/or TD (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 August 2000 or after.

#### 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.

#### 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.

#### TB Test

This must be administered within the past year. If the test is positive, a negative chest x-ray must be on file. Both must be dated no earlier than August 2009.

#### Chicken Pox (Varicella)

If student cannot produced dates of chickenpox illness (varicella), may be asked to get varicella vaccine. Two doses required, one year apart.

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. For students who arrive without completing all their vaccinations, we will require a signed form from the natural parent(s)/guardian(s) acknowledging their financial responsibility.

I/We (name/s): \_\_\_\_\_, parent(s) or guardian(s)  
of (name): \_\_\_\_\_

understand that we are financially responsible to cover the cost of the following vaccination(s) that my/our son/daughter requires to attend school in the United States as part of the CIEE USA High School exchange program:

I/We understand that my/our son/daughter will not be able to participate in this program or attend school in the United States without the above-mentioned vaccination(s). Further, I/we understand that the health insurance provided in this program does not provide coverage for such vaccination(s) and I/we will promptly pay the physician or clinic that provides the vaccination(s) to my/our child.

Further, I/we understand that should my/our son/daughter's high school require any additional vaccination(s) for enrollment beyond those required in the CIEE student application, I/we are financially responsible for these vaccination(s). This also applies to physical examinations or vaccinations required by the school for elective activities (i.e. - high school sports).

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

Relationship to Student: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant's Name:

For Office Use Only. Student ID #:

## Health Insurance Portability and Accountability Act (HIPAA)

By completing this form, you give consent to CIEE, your physicians and/or other medical providers to discuss medical and/or insurance issues with CIEE. 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 partner 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.**

**Please check each box.**

- All financial and claim information related to medical bills or Claimant's Statement and Authorization.
- Provide 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 for further disclosure. Please contact your physician or provider of service for your medical information.**

Signature of Student:

Date:

Student Name (print):

Signature of Parent/Guardian:

Date:

Parent/Guardian Name (print):

Applicant's Name:

**For Office Use Only.** Student ID #:

## 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. Under these laws, consumption of alcoholic beverages by anyone under the age of 21, and the use or possession of illegal drugs is prohibited. These laws may also include local curfews. Be aware of these laws, and be mindful that they may be different from laws in your home country and that violations may lead to serious punishment.
3. Attend the arrival orientation.
4. Accept placement with a family of any race, creed, or color. Live as a member of your host family, respect the rules and customs of your host family, and accept the responsibilities given to you.
5. Consider your personal health and safety needs when applying for or accepting a place in the Program. If you suffer from any health or other condition that would create a risk for you while abroad, you should not apply.
6. Read and carefully consider all materials made available that relate to safety, health, legal environmental, political, cultural and religious conditions in your host town. Be aware of local conditions that may present health or safety risks when making daily choices and decisions.
7. Respect the host high school's guidelines and policies, including those with regard to conduct, delinquency, grade levels, participation in graduation ceremonies, and issuance of a high school diploma.
8. Maintain a C+ average or higher in all courses at the host high school. Courses must include English (other than English as a second language) and an American History course and two other academic courses. Attend school everyday that it is in session and follow school policies with regards to absences.
9. Travel only with adult members of the host family, the Local Coordinator, official school, or group organized trips. Students must obtain written permission from the CIEE national office if traveling by air and/or if travel results in school absences. Travel with or visits from natural family members are not permitted before January of the ten month program and not at all

during a five-month program. Travel to your home country is not permitted during the program year.

10. Driving or purchasing a motorized vehicle (car, motorcycle, boat, or any other vehicle requiring a driver's license) is prohibited. Driving is permitted with the instructor of an official driver's education course and only during class hours. This is solely for the purpose of obtaining a driving license and does not allow the student to drive after a license is obtained.
11. Have access to a minimum of \$150 to \$250 U.S. dollars per month to cover personal expenses. Do not borrow money from your host family.
12. Students who indicate that they do not smoke on their application may not smoke during the program year. Students who indicate that they do smoke must follow any and all guidelines their family and community may have in regards to smoking. In some States, communities and schools, it is against the law for students under a certain age to smoke or possess tobacco or tobacco related items.
13. The program terminates within two weeks after the last day of school, and arrangements must be made to return home within this time.
14. Acknowledge that CIEE reserves the right to dismiss any student who fails to uphold any and all of the above rules. In the event that a student is dismissed from the program, the parent or natural guardians are responsible for all additional expenses incurred above those of the regular program costs. In the case of early dismissal, program fees will not be reimbursed.
15. 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 and are expected to maintain regular and frequent (once or twice per month) contact with you telephonically, electronically or in person (if possible, after five months of your program start date).
16. Student should not have previously participated on an academic year or semester high school program in the U.S. in either the J-1 or F-1 category.
17. Participation in extra-curricular activities or athletics is not guaranteed.
18. Employment is not allowed on either or full or part-time basis while on the J-1 visa high school program. However, students may accept sporadic or intermittent employment such as babysitting or yard work.

## Student-Parent Agreement

### Conditions of Participation

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

- acceptance into the program according to the established selection procedure
- payment of full program cost according to the schedule outlined by my CIEE contact
- 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 USA High School Program Rules

Signature of Student:

Date:

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

Signature of Parent/Guardian:

Date:

Applicant's Name:

**For Office Use Only.** Student ID #:

In conducting the USA High School Program, Council on International Educational Exchange makes every effort to protect the welfare and safety of the participants. However, neither CIEE nor its overseas cooperators is able to assume responsibility for damage to or loss of property, personal illness/injury, or death while a participant is on the program. We require each participant's parent(s) or guardian to sign the following statement as an indication that this position is understood and accepted.

## Permission for 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 parents 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.

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

In the event of injury or illness, or if missing vaccinations and health examinations are needed for our son/daughter/ward, name: \_\_\_\_\_

Born, date: \_\_\_\_\_, we hereby authorize CIEE representatives, their officers, and/or agents, to secure whatever is deemed necessary, including the administration of an anesthetic and surgery.

Signature of Parent/Guardian:

Date:

## Blanket Travel Authorization

I give my son/daughter permission to travel with the host family, organized and adult supervised school or organizational function, or CIEE organized trip. NOTE: If this release is not signed, permission must be first granted in writing by the student's natural parents or legal guardian before each trip excluding host family and school organized trips.

Signature of Parent/Guardian:

Date:

## Waiver / Release

I hereby waive and release Council on International Educational Exchange, its affiliates and overseas cooperators, the host family, and their respective employees and representatives, 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, whether based on breach of contract, statutory duty or warranty, negligence or any other grounds. I will indemnify CIEE, its affiliates and overseas cooperators, the host family, and their respective employees and representatives any loss or damage incurred or suffered by them and caused by me in connection with the Program.

I agree that all of the information provided in the application is true to the best of my knowledge and that any falsification of information may lead to immediate dismissal from the program.

I give CIEE permission to use any written, photographic, or video images of me in the course of reporting on and/or promoting CIEE secondary exchange programs.

Signature of Student:

Date:

Signature of Parent/Guardian:

Date:

Signature of Parent/Guardian:

Date:

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):** Exchange visitors and their dependents may be subject to the two-year home-country physical presence requirements. **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 which 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 U.S. to receive graduate medical education or training. The U.S. State Department reserves the right to make the final determination. **NOTE: MARRIAGE TO A U.S. CITIZEN OR LEGAL PERMANENT RESIDENT, OR BIRTH OF A CHILD IN THE U.S., DOES NOT REMOVE THIS REQUIREMENT.**

**Extension of Stay/Program transfers:** A complete 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 nondegree 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 **TRAINEES** - 18 months; **FLIGHT TRAINEES** - 24 months; **TEACHERS, PROFESSORS,** and **RESEARCH SCHOLARS** - 3 years; **SHORT-TERM SCHOLARS** - 6 months; **SPECIALIST** - 1 year; **INTERNATIONAL VISITORS** - 1 year; **ALIEN PHYSICIANS** - the time typically required to complete the medical specialty involved but limited to 7 years with the possibility of extension if approved by the Director of the U.S. Information Agency; **GOVERNMENT VISITOR** - up to 18 months; **CAMP COUNSELOR** - up to 4 months; **SUMMER TRAVEL/WORK** - up to 4 months.

**Documentation Required for Admission/Readmission as an Exchange Visitor:** To be eligible for admission/readmission to the U.S., 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. Copies 1 and 2 of Form DS 2019 must be surrendered to a U.S. Immigration Officer upon arrival in the U.S. Copy 3 must be retained by the visitor for re-entries within the period of previously authorized stay.

**Change of Status:** Exchange visitors 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 U.S. 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 dependents on J visas during 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 62.14. For details, consult your program's Responsible Officer (see item 7 on the front side of this form).

**EXCHANGE VISITORS 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 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 Part 62, I authorize the designated sponsor and any educational institution named on the DS 2019 to release information to the U.S. Department of State relating to compliance with Exchange Visitor Program regulations.

# USA High School Student Application

Explanation of Basic VISA Regulations

MAIL TO CIEE



Applicant's Name:

**For Office Use Only.** Student ID #:

Dear Parents of USA High School Program Participant:

Your child is about to depart on an exciting adventure—a five or ten month academic stay in the United States. He/she 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 USA High School 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 him/her to stay in the United States as a participant on the USA High School 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, his/her natural parents, within two weeks after the close of the American high school he/she attends. During the academic year, your child cannot "switch" to another program or leave the program. Both actions would make his/her visa invalid.

Any student who does not return home before his/her 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 his/her participation in the USA High School Program. In order to complete your child's application, we ask that your child and one of his/her natural parents sign below that you understand the regulations and agree to abide by them and by CIEE policies.

Sincerely,

CIEE USA High School Staff

## Important Visa Information

Please type or clearly print all of the information in order to ensure the DS-2019 is correctly issued, and to prevent delays in Visa acquisition.

Last Name (as it appears on passport):

First Name (as it appears on passport):

Middle Name (as it appears on passport):

Born on Day:                      Month:                      Year:

Citizenship (as it appears on passport):

The student is a legal permanent resident of:

Signed by Participant:

Date:

Signed by Natural Parents:

Date:

### U.S. Department of State

Exchange Visitor Program - Secondary School Students

22 CFR Sec. 62.25

(As of May 4, 2006)

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

**(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 terms are defined in § 62.2.

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

(1) Require all participants to be enrolled and participating in a full course of study at an accredited educational institution;

(2) Allow entry of participants for not less than one academic semester (or quarter equivalency) nor more than two academic semesters (or quarter equivalency) duration; and

(3) Be 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 in the second semester of a U.S. academic year if specifically permitted to do so, in writing, by the school in which the exchange visitor is enrolled. Both the host family and school must be notified prior to the exchange student's arrival in the United States that the placement is for either an academic semester or year, or calendar year program.

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

(1) Are adequately trained and supervised and that any such person in direct personal contact with exchange students has been vetted through a criminal background check;

(2) Make no student placement beyond 120 miles of the home of a local organizational representative authorized to act on the sponsor's behalf in both routine and emergency matters arising from an exchange student's participation in the exchange visitor program;

(3) Ensure that no organizational representative act as both host family and area supervisor for any exchange student participant;

(4) Maintain, at minimum, a monthly schedule of personal contact with the student and host family, and ensure that the school has contact information for the local organizational representative and the program sponsor's main office; and

(5) Adhere to all regulatory provisions set forth in this Part and all additional terms and conditions governing program administration that the Department may from time to time 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 country who have not completed more than eleven 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 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 participant 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 participant 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) Sponsors must maintain copies of all written acceptances and make such documents available for Department of State inspection upon request.

(4) 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 his/her home country.

(5) 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.

(6) Upon issuance of Form DS-2019 to a prospective participant, the sponsor accepts full responsibility for placing the student, except in cases of voluntary student withdraw 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 the home country, 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) Age and language appropriate

information on how to identify and report sexual abuse or exploitation;

(3) A detailed profile of the host family in which the exchange student is placed. The profile must state whether the host family is either a permanent placement or a temporary arrival family;

(4) A detailed profile of the school and community in which the exchange student is placed; and

(5) An identification card, which lists the exchange student's name, United States host family placement address and telephone number, and a telephone number which affords immediate contact with both the program sponsor, the program sponsor's organizational representative, and Department of State in case of emergency. Such cards may be provided in advance of home country departure or immediately upon entry into the United States.

### **(h) Student extra-curricular activities.**

Exchange students may participate in school sanctioned and sponsored extra-curricular 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.

**(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 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 the parameters of their participation, duties, and obligations;

(2) Utilize a standard application form that must be signed and dated by all potential host family applicants which provides a detailed summary and profile of the host family, the physical home environment, family composition, and community environment. Exchange students

are not permitted to reside with relatives.

(3) Conduct an in-person interview with all family members residing in the home;

(4) Ensure that the host family is capable of providing a comfortable and nurturing home environment;

(5) Ensure that the host family has a good reputation and character by securing two personal references for each host family from the school or community, attesting to the host family's good reputation and character;

(6) Ensure that the host family has adequate financial resources to undertake hosting obligations;

(7) Verify that each member of the host family household eighteen years of age and older has undergone a criminal background check; and

(8) Maintain a record of all documentation, including but not limited to application forms, background checks, evaluations, and interviews, for all selected host families for a period of three years.

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

(1) Inform all host families of the philosophy, rules, and regulations governing the sponsor's exchange visitor program;

(2) Provide all selected host families with a copy of Department of State-promulgated Exchange Visitor Program regulations; and

(3) Advise all selected host families of strategies for cross-cultural interaction and conduct workshops which will familiarize the host family with cultural differences and practices.

### **(l) Host family placement.**

(1) Sponsors must secure, prior to the student's departure from his or her 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 for 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 Department of State. Under no circumstance may more than

two exchange students may be placed with one host family.

(2) 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 temporary placement, and facilitate and encourage the exchange of correspondence between the two prior to the student's departure from the home country.

(3) In the event of unforeseen circumstances which 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) 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 abuse of an exchange student participant. 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 summary suspension and termination of the sponsor's Exchange Visitor Program designation.

(2) A summation of all situations which resulted in the placement of exchange student participants with more than one host family or school placement; and

(3) Provide 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 provide at a minimum, the exchange visitor student's full name, Form DS-2019 number (SEVIS ID #), host family placement (current U.S. address), and school (site of activity) address.

The U.S. Government has created a system to help keep track of J-1 participants while they are in the U.S. This system, called SEVIS (Student Exchange Visitor Information System) requires the following information to be provided to CIEE:

1) **WITHIN 24 HOURS OF THE STUDENT'S ARRIVAL**, each student will need to confirm with CIEE that she/he has arrived safely in her/his host community. (Check in at Arrival Orientation site is not sufficient). This is for all USA High School students who are arriving in the U.S. The student may use one of the following methods to confirm their arrival:

**Call CIEE** at 1.800.448.9944. Tell the receptionist that she/he is a USA High School student and would like to register his/her arrival. She/he will then be connected with the appropriate person to assist them.

**Log on to [www.mysevis.com](http://www.mysevis.com)** and click on USA High School Program. Once there you can easily enter and save all of the required information and CIEE will update your record for you. You will need the following information to register your arrival on SEVIS:

- DS-2019 number
- Address and telephone number of host family
- Address of high school

If you are unable to register via telephone or [www.mysevis.com](http://www.mysevis.com), e-mail your Participant Support Coordinator prior to her/his arrival in the U.S. Your student should receive a Greeting Letter from her/his Participant Support Coordinator with their Coordinator's email address. Students may email her/his coordinator directly to register. She/he must provide their host family name, address, phone number, as well as name and address of the high school they will be attending in their email. She/he will receive a confirmation email that their information has been received. If she/he does not receive a confirmation email within 24 hours, her/his information has not been received and he/she must send it again or call the office.

More information regarding SEVIS registration will be provided during orientation

Please be aware that the U.S. government will begin charging a fee to register on the SEVIS system. Specific information was not available at the time of print.

2) **WITHIN FIVE DAYS OF A HOST FAMILY CHANGE**, students will need to inform CIEE of the new host family information (name, address, phone, etc.) The same methods may be used for changes of host family as for initial registration.

Both host families and Local Coordinators are also aware of the importance of conveying this information to the CIEE office, and they will be sure to assist your students with their compliance. We hope that you will stress this information to your students and their natural parents prior to departure from their home country. This topic will also be covered during the CIEE Arrival Orientation. Students can also find information regarding SEVIS registration in their student handbooks that will be distributed at Orientation. The CIEE phone number will also be printed on their student ID cards for easy access.

If the student fails to provide CIEE with this information within the time frames listed above, the United States BCIS (Bureau of Citizenship and Immigration Services) will automatically terminate the student from the program. Once the student is terminated, the student will have to return to his/her home country immediately and may have problems securing future visas for the United States. CIEE will do everything possible to assist in compliance. However, after no fewer than five reminders of the importance of submitting this information **CIEE cannot be held responsible if your student fails to provide the information required in the time frame stated above.**