



STUDENT APPLICATION

PRIVATE SCHOOL PROGRAM

STUDENT PROFILE – PLEASE TYPE.

PERSONAL DATA HOME COUNTRY _____

PROGRAM:

ACADEMIC YEAR (AUGUST TO JUNE) WINTER SEMESTER (JANUARY TO JUNE)

DATE OF BIRTH: ____/____/____ HEIGHT _____ WEIGHT _____ MALE FEMALE
MONTH DAY YEAR

LEGAL NAME: _____
Family Name First Name English Nickname

BIRTHPLACE: _____ CITIZENSHIP: _____

PLEASE ATTACH
A SMILING
PHOTO HERE

STUDENT EMAIL: _____

STUDENT SKYPE USERNAME: _____

WECHAT USERNAME: _____

ADDRESS: _____

Street

City

State/Province

Postal Code

Country

PHONE:

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:

Relation	Name	Age	Gender	Lives at home?
FATHER	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO
MOTHER	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO



STUDENT PROFILE

PRIVATE SCHOOL PROGRAM

PLEASE TYPE.

INTERESTS/HOBBIES/SPORTS: CHECK YOUR 10 FAVORITE INTERESTS.

- | | | | | |
|---|---|--|---|--|
| <input type="checkbox"/> ACTING | <input type="checkbox"/> COMPUTERS (SOCIAL) | <input type="checkbox"/> HOCKEY (FIELD) | <input type="checkbox"/> OPERA | <input type="checkbox"/> SNOWBOARDING |
| <input type="checkbox"/> AEROBICS | <input type="checkbox"/> COOKING | <input type="checkbox"/> HOCKEY (ICE) | <input type="checkbox"/> PAINTING/DRAWING | <input type="checkbox"/> SOCCER |
| <input type="checkbox"/> ART | <input type="checkbox"/> CRAFTS | <input type="checkbox"/> HORSEBACK RIDING | <input type="checkbox"/> PETS | <input type="checkbox"/> SOCIAL ACTIVITIES |
| <input type="checkbox"/> ASTRONOMY | <input type="checkbox"/> CURRENT EVENTS | <input type="checkbox"/> ICE-SKATING | <input type="checkbox"/> PHOTOGRAPHY | <input type="checkbox"/> SPORTING EVENTS |
| <input type="checkbox"/> AUTO MECHANICS | <input type="checkbox"/> CYCLING | <input type="checkbox"/> INDOOR PLANTS/FLOWERS | <input type="checkbox"/> POLITICAL ACTIVITIES | <input type="checkbox"/> SQUASH |
| <input type="checkbox"/> BADMINTON | <input type="checkbox"/> DANCING (BALLET) | <input type="checkbox"/> INSECT COLLECTING | <input type="checkbox"/> RACQUETBALL | <input type="checkbox"/> STAMP COLLECTING |
| <input type="checkbox"/> BASEBALL/SOFTBALL | <input type="checkbox"/> DANCING (BALLROOM) | <input type="checkbox"/> INTERIOR DESIGN | <input type="checkbox"/> READING | <input type="checkbox"/> SURFING |
| <input type="checkbox"/> BASKETBALL | <input type="checkbox"/> DANCING (MODERN) | <input type="checkbox"/> INTERNATIONAL CLUB | <input type="checkbox"/> RELIGIOUS ACTIVITY | <input type="checkbox"/> SWIMMING/DIVING |
| <input type="checkbox"/> BOARD GAMES/CARDS | <input type="checkbox"/> DANCING (FOLK) | <input type="checkbox"/> KARAOKE | <input type="checkbox"/> ROBOTICS | <input type="checkbox"/> TABLE TENNIS |
| <input type="checkbox"/> BOATING | <input type="checkbox"/> ENVIRONMENT | <input type="checkbox"/> KNITTING/SEWING | <input type="checkbox"/> ROLLER-SKATING | <input type="checkbox"/> TELEVISION |
| <input type="checkbox"/> BOWLING | <input type="checkbox"/> FASHION | <input type="checkbox"/> LANGUAGES | <input type="checkbox"/> RUNNING (X-COUNTRY) | <input type="checkbox"/> TENNIS |
| <input type="checkbox"/> CAMPING | <input type="checkbox"/> FISHING | <input type="checkbox"/> MARTIAL ARTS | <input type="checkbox"/> RUNNING (TRACK) | <input type="checkbox"/> TRAVEL |
| <input type="checkbox"/> CANOEING | <input type="checkbox"/> FOOTBALL | <input type="checkbox"/> MATH CLUB | <input type="checkbox"/> SAILING/WINDSURFING | <input type="checkbox"/> VIDEO GAMES |
| <input type="checkbox"/> CERAMICS/POTTERY | <input type="checkbox"/> GARDENING | <input type="checkbox"/> MODEL U.N. | <input type="checkbox"/> SCHOOL CLUBS | <input type="checkbox"/> VOLLEYBALL |
| <input type="checkbox"/> CHESS | <input type="checkbox"/> GOLF | <input type="checkbox"/> MOUNTAIN CLIMBING | <input type="checkbox"/> SCOUTING | <input type="checkbox"/> VOLUNTEERING |
| <input type="checkbox"/> COMMUNITY AFFAIRS | <input type="checkbox"/> GYMNASTICS | <input type="checkbox"/> MOVIES | <input type="checkbox"/> SHOPPING | <input type="checkbox"/> WATER SKIING |
| <input type="checkbox"/> COMPUTERS (BLOGGING) | <input type="checkbox"/> HAM RADIO | <input type="checkbox"/> MUSEUMS | <input type="checkbox"/> SINGING (IN CHOIR) | <input type="checkbox"/> WEIGHTLIFTING |
| <input type="checkbox"/> COMPUTERS (DESIGN) | <input type="checkbox"/> HANDBALL | <input type="checkbox"/> MUSIC (CLASSICAL) | <input type="checkbox"/> SKATEBOARDING | <input type="checkbox"/> WRESTLING |
| <input type="checkbox"/> COMPUTERS (EMAIL) | <input type="checkbox"/> HIKING | <input type="checkbox"/> MUSIC (POP/MODERN) | <input type="checkbox"/> SKIING (DOWNHILL) | <input type="checkbox"/> WRITING |
| <input type="checkbox"/> COMPUTERS (ONLINE GAMES) | <input type="checkbox"/> HISTORY | <input type="checkbox"/> MUSICAL INSTRUMENTS | <input type="checkbox"/> SKIING (X-COUNTRY) | <input type="checkbox"/> YOGA |
| <input type="checkbox"/> OTHER: _____ | | | | |

MUSIC & SPORTS

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

INSTRUMENT/VOICE	YEARS STUDIED	YEARS IN ORCHESTRA/BAND/CHOIR	RATING
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

SPORT(S)	YEARS PRACTICED	FREQUENCY OF PRACTICE	RATING
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IF GIVEN THE OPPORTUNITY, WOULD YOU LIKE TO PARTICIPATE IN SPORTS PROGRAMS WHILE ABROAD?

- NO YES (SPECIFY): _____

NOTE: Athletic participation is not guaranteed to F-1 students because each state/school's athletic association determines athletic eligibility.

WHAT IS YOUR FAVORITE ACTIVITY (AN INTEREST IN WHICH YOU CURRENTLY PARTICIPATE)?



STUDENT PROFILE PRIVATE SCHOOL PROGRAM

PLEASE TYPE.

SMOKING/TOBACCO USE

DO YOU SMOKE OR USE ANY TOBACCO PRODUCTS? YES NO

WOULD YOU CONSIDER LIVING WITH A FAMILY WHO SMOKES? YES NO

IF YES, WHERE IS SMOKING O.K.? (PLEASE CHECK ALL THAT APPLY) INDOORS OUTDOORS IN THE CAR

LIVING SITUATION

HAVE YOU EVER LIVED PERMANENTLY IN A BOARDING SCHOOL OR DORMITORY? YES, FOR _____ YEAR(S) NO

HOW OFTEN DO YOU PREPARE MEALS FOR YOURSELF OR YOUR FAMILY? DAILY WEEKLY MONTHLY NEVER

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

VERY COMFORTABLE SOMEWHAT COMFORTABLE NOT COMFORTABLE DON'T KNOW, BUT WILLING TO TRY

HAVE YOU EVER HAD TO SHARE YOUR LIVING SPACE (BEDROOM/BATHROOM) WITH ANOTHER CHILD?

YES, FOR _____ YEAR(S) NO

DO YOU HAVE ANY PETS AT HOME? YES NO

PLEASE SPECIFY: CATS DOGS OTHER: _____

ARE YOU ALLERGIC TO ANY ANIMALS OR ANIMAL FUR? NO YES. SPECIFY: _____

ARE YOU AFRAID OF ANY ANIMALS? NO YES. SPECIFY: _____

DIETARY QUESTIONS

DO YOU HAVE ANY FOOD ALLERGIES? NO YES. SPECIFY: _____

DO YOU HAVE A SPECIAL DIET? YES NO

SPECIFY: DIABETIC LACTOSE INTOLERANT RELIGIOUS VEGAN VEGETARIAN OTHER _____

IF YES, PLEASE DESCRIBE YOUR DIET: _____

WHAT IS YOUR FAVORITE FOOD? _____



STUDENT PROFILE PRIVATE SCHOOL PROGRAM

PLEASE TYPE.

RELIGIOUS INFORMATION

It is against Nacel Open Door rules and policies for host families to proselytize or attempt to convert students to any particular religious affiliation. Host families often consider attending religious services to be family, cultural, or social events, and we encourage all students to attend with an open mind.

DO YOU HAVE A RELIGIOUS AFFILIATION?

No:

ARE YOU OPEN TO ATTENDING RELIGIOUS SERVICE ACTIVITIES (CHURCH SERVICE, YOUTH GROUP) WITH YOUR HOST FAMILY AS A CULTURAL AND ENGLISH LANGUAGE LEARNING OPPORTUNITY? **Yes** **No**

Yes:

PLEASE SPECIFY YOUR RELIGIOUS AFFILIATION:

BUDDHIST **CATHOLIC** **MUSLIM** **PROTESTANT:** _____ **OTHER:** _____

HOW OFTEN DO YOU ATTEND SERVICES?

MORE THAN ONCE/WEEK **ONCE/WEEK** **OCCASIONALLY** **RARELY**

WOULD YOU BE WILLING TO PARTICIPATE IN RELIGIOUS ACTIVITIES (CHURCH SERVICE, YOUTH GROUP) WITH YOUR HOST FAMILY, EVEN IF THEY ARE OF A DIFFERENT FAITH? **Yes** **No**

IS IT IMPORTANT FOR YOU TO ATTEND YOUR OWN RELIGIOUS SERVICES DURING YOUR STAY? **Yes** **No**

MEDICAL INFORMATION (FOR ANY KNOWN ALLERGIES, PLEASE PROVIDE MEDICAL DOCUMENTATION.)

ARE YOU ALLERGIC TO ANY MEDICATION(S)? * **NO** **YES. SPECIFY:** _____

DO YOU HAVE ANY OTHER KNOWN ALLERGIES?* **NO** **YES. SPECIFY:** _____

DO YOU CURRENTLY TAKE ANY MEDICATION? **NO** **YES. SPECIFY:** _____

DO YOU USE ANY HERBAL/NATURAL REMEDIES? **NO** **YES. SPECIFY:** _____

HOW MANY HOURS DO YOU SLEEP EACH NIGHT? _____

HOW OFTEN DO YOU EXERCISE? **OFTEN** **SOMETIMES** **RARELY** **NEVER**

DO YOU GET HEADACHES? **EVERY WEEK** **EVERY MONTH** **1-2 TIMES PER YEAR** **NEVER**

DO YOU GET STOMACHACHES? **EVERY WEEK** **EVERY MONTH** **1-2 TIMES PER YEAR** **NEVER**

*Important allergy information such as possible reactions, treatments, etc. should be noted by the student's doctor.



STUDENT QUESTIONNAIRE

PRIVATE SCHOOL PROGRAM

TO BE WRITTEN IN ENGLISH BY THE STUDENT. PLEASE TYPE.

1. Describe your relationship with your parents (and brothers and sisters, if applicable).

2. What activities do you generally take part in with your family?

3. What household chores/responsibilities do you have in your home?

4. Do you like being with younger children? Do you have much experience being with them?

5. What positive contribution can you bring to your host family and/or school?

6. What are your academic and career goals? (If undecided, discuss the possibilities you are considering.)

7. Why do you wish to participate in this program?



PARENT INFORMATION AND COMMENTS

PRIVATE SCHOOL PROGRAM

TO BE COMPLETED BY THE STUDENT'S PARENTS.
PLEASE TYPE THIS SECTION.

Mother's Name

Father's Name

Address is the same as "Mother"

Address

Address

Street

Street

City

City

State/Province

State/Province

Postal Code

Postal Code

Country

Country

Home Telephone Number

Home Telephone Number

Occupation/Title

Occupation/Title

Type of Business

Type of Business

Work Telephone Number

Work Telephone Number

Work Fax Number

Work Fax Number

Primary Email Address

Primary Email Address

Do you speak English? Yes No

Do you speak English? Yes No

Marital status: Married Single Divorced Separated Widowed



PARENT INFORMATION AND COMMENTS

PRIVATE SCHOOL PROGRAM

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

1. Who in the family initiated the idea of your child's participation in this program?

- Both Parents Mother Father Student Teacher Other:

2. Please describe your child's personal qualities and characteristics.

3. Describe your relationship with your child.

4. What responsibilities (chores, curfews, duties, etc.) does your child have as a member of your family?

5. How does your child typically express frustration and/or anger? How do they handle problems?

6. Please provide any additional information or describe any special circumstances regarding your child that may assist the host family in preparing themselves for this experience.



STUDENT'S ACADEMIC/EDUCATIONAL INFORMATION

PRIVATE SCHOOL PROGRAM

TO BE COMPLETED BY THE STUDENT.

1. What is your current grade level? 9th 10th 11th 12th Other: _____

2. Requested Grade Level: _____

3. Have you ever repeated a grade level? No Yes (specify): _____

4. What is/are your favorite subject(s) in school?

5. What is your least favorite subject in school? _____

6. Do you intend to go to university in the U.S.? Yes No Undecided

What do you intend to study at university? _____

7. 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
English					
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

8. Have you studied in the U.S. on a J-1 or F-1 visa? No Yes (specify): F-1 visa J-1 visa Other

9. Have you studied in any other countries? No Yes (specify): _____

10. Describe briefly your past international travel experiences, if any. Indicate whether you traveled with or without your family.



RELEASE OF REPORT CARD INFORMATION PRIVATE SCHOOL PROGRAM

I/we hereby authorize any Nacel Open Door Private School Program partner school in the United States to disclose the report cards, as well as the login information for online grading systems, for my/our child, _____, to Nacel Open Door and its representatives (i.e., the regional manager and local representative). We agree to the exchange of host family and school information between the school and NOD.

Would you like access to your child's grades via the school's online grading system? No Yes

If yes, please include your email address(s): _____

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



ACADEMIC TRANSCRIPTS, ENGLISH TRANSLATION PRIVATE SCHOOL PROGRAM

PLEASE TYPE.

Student Name: _____ Country: _____

Please list, in English, your country's grading scale next to the corresponding American grade listed on the left.

American System	Country Equivalent	Comments
<u>Excellent = A</u>	_____	_____
<u>Above Average =</u>	_____	_____
<u>B</u>		
<u>Average = C</u>	_____	_____
<u>Below Average =</u>	_____	_____
<u>D</u>		

Please list, in English, your transcript information below. A box is provided for each semester. In the last box, please list your current class schedule, even if you do not have final grades.

SCHOOL YEAR 20____ / ____		<input type="checkbox"/> Fall <input type="checkbox"/> Spring	
Grade: <input type="checkbox"/> 7 th <input type="checkbox"/> 8 th <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th			
Course	Amer. Equiv.	Hours/ Week	Final Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SCHOOL YEAR 20____ / ____		<input type="checkbox"/> Fall <input type="checkbox"/> Spring	
Grade: <input type="checkbox"/> 7 th <input type="checkbox"/> 8 th <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th			
Course	Amer. Equiv.	Hours/ Week	Final Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



ACADEMIC TRANSCRIPTS

PRIVATE SCHOOL PROGRAM

Student Name: _____ Country: _____

SCHOOL YEAR 20__ / __ Fall Spring

Grade: 7th 8th 9th 10th 11th 12th

Course	Amer. Equiv.	Hours/ Week	Final Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SCHOOL YEAR 20__ / __ Fall Spring

Grade: 7th 8th 9th 10th 11th 12th

Course	Amer. Equiv.	Hours/ Week	Final Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SCHOOL YEAR 20__ / __ Fall Spring

Grade: 7th 8th 9th 10th 11th 12th

Course	Amer. Equiv.	Hours/ Week	Final Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SCHOOL YEAR 20__ / __ Fall Spring

Grade: 7th 8th 9th 10th 11th 12th

Course	Amer. Equiv.	Hours/ Week	Final Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SCHOOL YEAR 20__ / __ Fall Spring

Grade: 7th 8th 9th 10th 11th 12th

Course	Amer. Equiv.	Hours/ Week	Final Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Current Class Schedule Fall Spring

Grade: 7th 8th 9th 10th 11th 12th

Course	Amer. Equiv.	Hours/ Week	Current Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



SCHOOL RECOMMENDATION PRIVATE SCHOOL PROGRAM

Student Name: _____ Country: _____

School Official Name: _____ Title: _____

The above student has applied to participate in the Private School Program in the United States, which will involve living with a Host Family and attending an academically rigorous private high school. It is important that participants be willing and able to live away from home for this length of time. We wish to provide this opportunity to students who will benefit the most from the experience. Your advice will be a helpful factor. Upon the candidate's acceptance, this recommendation will become part of the dossier to help guide the student's progress during the program. Please return this form as soon as possible. Thank you very much for your time and cooperation.

A. PRELIMINARY QUESTIONS

How long have you known this student? _____

Is there any reason why you might hesitate to recommend this student?

No Yes (Comment in Section C)

B. YOUR RECOMMENDATION – Please indicate your estimation of the following:

Academic ability	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Academic performance	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Attitude toward school	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Study habits	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Initiative	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Emotional stability	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Maturity level	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Adaptability / Flexibility	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Leadership capabilities	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Cooperativeness	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Friendliness	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Relationship with teachers	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Relationship with classmates	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Potential as an international student	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor

C. PLEASE WRITE YOUR RECOMMENDATION BELOW – Include comments on the above items.

School Official's Signature: _____



MATH RECOMMENDATION FORM

PRIVATE SCHOOL PROGRAM

Name of Applicant: _____
Age: _____
Grade: _____
Address: _____
Phone Number: _____
Email Address: _____

To the Parent:

Please sign below to express that you would like your child's instructor to provide their evaluation to Nacel Open Door.

Signature: _____

Name of Instructor: _____
Years Instructor Has Known Student: _____
Phone Number: _____
Email Address: _____

Instructor Complete the Following:

Please write a number from 1-5 in the space provided after each criteria.
1=Unsatisfactory 2=Below Average 3=Average 4=Above Average 5=Exceptional

Academic Potential: _____	Participation in Classroom Activities: _____
Academic Achievement: _____	Homework Habits: _____
Prediction of Success at Next Grade Level: _____	Studying Habits: _____
Reading Skills: _____	Peer Relations: _____
Writing Skills: _____	Attitude toward Faculty and Staff: _____
Oral Skills: _____	Reaction to Criticism: _____
Concepts/Problem Solving Skills: _____	Emotional Maturity: _____

Applicant's Strengths: _____

Applicant's Weaknesses: _____

Additional Comments: _____

To the Instructor:

Thank you for your candid insights and evaluation of your student.



ENGLISH TEACHER RECOMMENDATION

PRIVATE SCHOOL PROGRAM

TO BE COMPLETED BY THE APPLICANT'S ENGLISH TEACHER.

Student Name: _____ Country: _____

English Teacher's Name: _____ Signature: _____

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



INTERVIEWER REPORT

PRIVATE SCHOOL PROGRAM

TO BE COMPLETED BY A REPRESENTATIVE OF THE PARTNER ORGANIZATION.

Student Name: _____ Country: _____

Interviewer Name: _____ Date: _____

ASSESSMENT

1. The student speaks English:
 - Very well:** has complex vocabulary, understands slang/colloquialism, and uses proper grammar almost 100% of the time.
 - Well:** can both listen and speak with understanding. Converses with ease at least 75% of the time.
 - Reasonably well:** understands much of the English vocabulary and grammar they hear at least 50% of the time. Student may be nervous to speak, but puts forth effort.
 - Poorly:** has difficulty answering questions in English, tends to grasp what they hear less than 50% of the time.

2. The student has taken an oral and written examination indicating competence in English:
 - Yes, this student took the SLEP / TOEFL / ELTIS and scored a: _____.
 - No

3. Which of the following appears to be most true about this student's personality?
 - Student makes jokes, speaks openly, or is known to befriend strangers easily. Not afraid to stand out or in front of a crowd.
 - Student is friendly, moderately talkative, makes friends easily, likes social events, and feels happy in a group of people.
 - Student has a few close friends that they talk to regularly and honestly. Prefers small gatherings to large ones.
 - Student is happiest when they spend time alone reading, thinking, or studying. Prefers one-on-one conversations.

4. Does this student have siblings?
 - Yes, and their relationship seems: Respectful & close Respectful but distant Disrespectful
 - No

5. Compared to other applicants, this student is well-mannered and courteous:
 - Exceptional Average Below Average

6. The student's relationship with his/her parents appears:
 - Respectful & close Respectful but distant Hostile or disrespectful

7. Regarding current affairs, the student appears:
 - Well-informed Informed Poorly informed

8. Regarding cultural activities (literature, music, art), the student appears:
 - Very interested Interested Uninterested

9. Does the student date?
 - Yes (specify): Frequently Sometimes Has a steady girlfriend/boyfriend
 - Not at all

10. Does the student smoke?
 - Yes (specify): Regularly Occasionally
 - Not at all

11. Compared to other applicants, this student is:
 - Exceptionally mature More mature Average maturity Less mature

MEDICAL INFORMATION AND INOCULATION

RECORD

PRIVATE SCHOOL PROGRAM



PART 1

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

Student Name: _____ Country: _____
Family Name First Name Middle Name Date of Birth: _____

The student must have a physical examination by a licensed physician, who is not a family member, within the 12 months preceding their arrival abroad. The physician should complete this report on the applicant's medical history, current health, and immunizations. **Falsification or failure to disclose medical history, mental/emotional diagnosis, and/or prescription drug use may jeopardize visa status.**

MEDICAL HISTORY

Has the applicant ever had a history of any of the following?

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

Has the applicant ever had any disease, impairment, or abnormality of:

- | | | | |
|--|---|--|--|
| Y N | Y N | Y N | Y N |
| <input type="checkbox"/> <input type="checkbox"/> Blood/endocrine system | <input type="checkbox"/> <input type="checkbox"/> Ears/hearing | <input type="checkbox"/> <input type="checkbox"/> Lungs | <input type="checkbox"/> <input type="checkbox"/> Varicose veins |
| <input type="checkbox"/> <input type="checkbox"/> Bones/joints | <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"/> Brain/nervous 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"/> _____ |
| <input type="checkbox"/> <input type="checkbox"/> Digestive system | <input type="checkbox"/> <input type="checkbox"/> Locomotor system | <input type="checkbox"/> <input type="checkbox"/> Tonsils, throat, nose | <input type="checkbox"/> <input type="checkbox"/> _____ |

Has the applicant had any of the following?

- Y N
- Restriction of a physical activity during the past five years
- Treatment or counseling for a nervous condition, behavioral, mental, or emotional problems
- Difficulty with school studies or teacher

If any of the above are marked "yes," please give a detailed explanation.

Has the applicant ever been hospitalized? No Yes: Please give date and diagnosis of each illness or accident.

Is the applicant taking any medication at this time? No Yes: Please list medication(s) and reason(s).

*Important allergy information such as possible reactions, treatments, etc. should be noted by the student's doctor.

MEDICAL INFORMATION AND INOCULATION RECORD

PRIVATE SCHOOL PROGRAM



PART 2 – TO BE COMPLETED BY THE STUDENT’S PHYSICIAN. INOCULATION DATE MUST INCLUDE MONTH, DAY, AND YEAR.

Student Name: _____ Country: _____
Family Name First Name Middle Name
 Date of Birth: _____

The student must have the following inoculations, **and submit documentation prior to arrival**, in order to be admitted into a high school. Please note that some schools may require additional inoculations or boosters before allowing a student to attend class. Cost for inoculation/boosters is not covered by health insurance and is the responsibility of the student.

Vaccine	M / D / Y	M / D / Y	M / D / Y	M / D / Y	M / D / Y
Polio	/ /	/ /	/ /	/ /	/ /
Diphtheria, Tetanus, Pertussus OR Tetanus, Diphtheria	/ /	/ /	/ /	/ /	/ /
Pertussis	/ /	/ /	or give year applicant had pertussis		/ /
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		/ /
Hepatitis B	/ /	/ /	/ /	or date HBsAB+	/ /
Meningococcal (Meningitis)	/ /	/ /	/ /	/ /	
Bacillus Calmette-Guerin	/ /	Comments:			
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: _____ (m) Weight: _____ (kg) 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: _____

Are there any current abnormalities of the following systems? If “yes,” provide additional information.

- | | | |
|--|---|---|
| Y <input type="checkbox"/> N <input type="checkbox"/> Cardiovascular System
<input type="checkbox"/> Ears, Nose, Throat
<input type="checkbox"/> Eyes
<input type="checkbox"/> Gastrointestinal
<input type="checkbox"/> Genito-Urinary System | Y <input type="checkbox"/> N <input type="checkbox"/> Menstrual Cycle
<input type="checkbox"/> Musculoskeletal
<input type="checkbox"/> Metabolic/Endocrine
<input type="checkbox"/> Neuropsychiatric
<input type="checkbox"/> Pelvic | Y <input type="checkbox"/> N <input type="checkbox"/> Respiratory System
<input type="checkbox"/> Skin (acne, etc.)
<input type="checkbox"/> Teeth and Gums
<input type="checkbox"/> Other |
|--|---|---|

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,” explain: _____

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

If “yes,” explain: _____

Is the applicant currently taking any medication? No Yes (explain): _____

Has the student taken medication in the last 6 months? No Yes (list medication): _____

Recommendation for physical activity: Unlimited Limited (explain): _____

Your opinion on the student’s state of health: Excellent Good Fair Poor

Physician’s Full Name: _____ Signature: _____

Address: _____ Date: _____



PROOF OF DENTAL EXAM FORM PRIVATE SCHOOL PROGRAM

TO BE COMPLETED, SIGNED, AND DATED BY THE STUDENT'S DENTIST.

Student Name: _____ Country: _____
Family Name First Name Middle Name

ORAL HEALTH STATUS

Yes No

Dental Sealants Present?

Yes No

Caries Experience / Restoration History – A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR missing permanent first molars.

Yes No

Untreated caries – At least ½ mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pit and fissure cavitated-lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated-lesion is also present.

Yes No

Soft Tissue Pathology

Yes No

Malocclusion

TREATMENTS NEEDED (check all that apply)

Urgent Treatment – abscess, nerve exposure, advanced disease state, signs or symptoms that include pain, infection, or swelling

Restorative Care – amalgams, composites, crowns, etc.

Preventive Care – sealants, fluoride treatment, prophylaxis

Other – periodontal, orthodontic. Please note: _____

None

PLEASE VERIFY THE STATUS OF THIS STUDENT'S ORAL HEALTH

I certify, to the best of my knowledge, this student has acceptable oral health and should NOT need oral care in the next 12 months other than emergency care due to accident or injury.

This student will likely need follow-up care within the next 12 months.

Signature of Dentist: _____ Date of Exam: _____

Address: _____ Telephone: _____



RULES AND STANDARDS OF CONDUCT

PRIVATE SCHOOL PROGRAM

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

The purpose of Nacel Open Door's Private School Program (PSP) is to provide opportunities for people of diverse cultures to come together to learn about different points of view and ways of life, as well as to provide an excellent American education with English submersion. Nacel Open Door (NOD) believes cross-cultural understanding to be a fundamental step in promoting better friendship and world peace. We expect the highest standards of behavior from PSP participants at all times and, in turn, assume responsibility for the welfare and safety of the student throughout the program. NOD's staff, our foreign partners, and local reps work together to ensure that a student's stay in the U.S. is as successful, safe, and secure as possible. The following Standards of Conduct have been established for this purpose. Violation of these rules will lead to disciplinary action and possible termination from the PSP. Violations of American laws or serious misbehavior in the school, host family, or community will result in an early return to the home country at the expense of the student's parents 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 ending of the program with no refund of program fees.

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. If the student has stated in the application that they are a non-smoker, they must not smoke while in the United States. If the student is a smoker, their application may be rejected because of difficulty in finding a host family for a smoking student. PSP students are NOT allowed to smoke while in the U.S, this includes cigarettes, e-cigarettes, vaping, and juuling. **No persons under 18 years of age are allowed to purchase cigarettes in the U.S.**
3. The student must not buy, sell, possess, or use illegal drugs of any kind, or use any controlled drugs, unless prescribed for them 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.
4. Students must not commit or take part in any act of violence against another person or property.
5. Shoplifting and theft are illegal and may lead to criminal charges.
6. It is illegal to operate cars and motorcycles without a driver's permit/license. PSP students are not allowed to obtain a U.S. driver's license/permit and therefore may not drive.
7. It is illegal for the student to take regular employment while in the United States. The only exceptions are occasional odd jobs, such as yard work or babysitting. Any such jobs must not interfere with school work.

BIOLOGICAL FAMILY VISITS AND STUDENT TRAVEL

1. Visits by members of the student's biological family or by friends from their 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 end of the first year. Any visit during the program must have the prior permission of the national office.
2. The student is not permitted to travel outside the local area by themselves 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 retreats, school field trips, etc.) is permitted if prior consent is given by the host family and national office. 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 travels outside the United States, they must always carry a passport. Before departing, the student must check with the national office regarding re-entry procedures.
6. A student must purchase an "arrival flight" that arrives before 11 p.m. in the U.S. host community.
7. It is the student's responsibility to submit all forms necessary for travel prior to departure. The national office reserves the right to deny any trips that do not receive a written NP or School Approval and/or that are not in the best interest of the student.

OPERATING A MOTORIZED VEHICLE

Because of the danger and liability involved in driving a motorized vehicle, the student may not drive any car, motorcycle, snowmobile, jet-ski, electric scooter, or any other motorized vehicle.



CONTINUED

RULES AND STANDARDS OF CONDUCT PRIVATE SCHOOL PROGRAM

STATE HIGH SCHOOL ATHLETIC ASSOCIATION REGULATIONS

Students and natural parents understand that **athletic participation is not guaranteed** to PSP students because each state/school's athletic association determines athletic eligibility.

LIFE-CHANGING DECISIONS AND MISCELLANEOUS RULES

1. Students will not be permitted to make life-changing decisions, including but not limited to marriage or any other decision with legal, political, and/or social ramifications.
2. Students are not permitted to view or download any pornographic material.
3. Students are to refrain from sexual behavior and activity. Students found to be pregnant or responsible for a pregnancy will be sent home immediately.
4. Any student diagnosed with a psychological or eating disorder may be subject to repatriation.
5. The student must be proficient enough in English to be able to communicate with their host family and high school teachers. NOD reserves the right to terminate the program of any student who is judged by the high school or an NOD student advisor to have insufficient English to function successfully on the program.
6. The student may not, under any circumstances, change schools without the express permission of the NOD national office and the school which holds the I20.

TUITION PAYMENT AND YEARLY RENEWAL OF APPLICATION

1. Tuition, as well as other school expenses, should be paid to Nacel Open Door together with the administration fee. Students and/or parents cannot try to contact the school to make any separate arrangement.
2. As long as a student attends the school arranged by NOD, it means that the student is under the Private School Program of NOD.
3. To extend the participation after every two semesters, the student and/or natural parents need to contact the national agent paying the administration fee at least one month before the start of the next semester.
4. **Neither the parents, nor the students, nor any party besides the NOD representative may contact the school directly to negotiate acceptance for the student, in neither current nor consecutive academic years.**
5. Neither the parents, nor student, nor any party besides the NOD representative will request to put the school in a position to provide housing outside the NOD network.

AGREEMENT TO ABIDE BY THE RULES AND STANDARDS OF CONDUCT

We, the undersigned (student and parent/legal guardians), have read and understood all of the above stated in the Private School 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 Private School Program. We, the parents, agree that our child 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 Private School Program, which may result in an early return to the home country at the parents' 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 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 foreign 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 PSP-approved travel for the duration of our child's participation in the Private School Program.

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



RELEASE FOR INDEPENDENT PUBLIC TRANSPORTATION PRIVATE SCHOOL PROGRAM

While your child is living with a Nacel Open Door (NOD) host family, the main goal of their program is to receive a quality education while also experiencing a cultural exchange in the United States with host family members. We would like to draw attention to one particular area of host family life that both students and natural parents should understand.

As part of our agreement, host parents are asked to provide Private School Program students with 2-3 rides per week, or assist students in finding transportation with other hosts, carpools, etc. While host families are usually able to provide transportation, there are other situations where the times do not work with their schedules, or the transportation requests exceed 2-3 per week. In these cases students often request to use a form of public transportation.

Although we do not recommend students travel independently, you may make the decision to allow your child to do so. If you choose to give your permission, you agree to release Nacel Open Door, as well as the host family, of any responsibility for your child while using public transportation.

We have implemented the following conditions for student travel via public transportation. In order for your child to participate, please complete the information below.

For my child, _____, I have requested and permitted travel via the public transportation system. This may include: Taxi, Private Chauffeur Service, Uber, LYFT, Bus, Subway, or Train.

I authorize my child to travel on their own and release and hold harmless NOD for any injury – both physical or emotional, loss, delay, or any other damage or expense incurred by my child due to their participation in the public transportation system or my decision to authorize my child to travel, or for any event beyond NOD’s reasonable control, including, without limitation, acts of God, acts of war or governmental restriction, 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 the host family or Nacel Open Door or other person in the host country.

I accept and understand the above and confirm that my child will follow the rules below:

- My child must ask for and receive permission from their host family to travel outside of the host home. The host family decision is final.
- When using public transportation, my child will pay the appropriate fare, respect the transportation schedule and will inform their host family about the car, bus, train, they intend to take.
- Traveling on their own, my child will provide a mobile phone number where they can be reached at any time.
- My child will respect the curfew given by their host family.
- Students must complete and have approved independent travel paperwork for any overnight travel.

This authorization is valid for the time my child remains on the Nacel Open Door Private School Program.

_____ Yes, I agree that my child may use the public transportation system.

_____ No, my child may not use the public transportation system independently.

Natural Parent/Guardian Signature _____ Date _____

*Please note that certain modes of transportation (such as taxis, Uber, and Lyft) may require that independent passengers be 18 years of age or older. We expect students to abide by the requirements of these companies when making travel arrangements.



MEDICAL CARE, LIABILITY, & PROMOTIONAL RELEASE PRIVATE SCHOOL PROGRAM

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, the student may not participate in any high-risk activities, including: skydiving, hang gliding, glider riding, parachute jumping, parasailing, jet skiing, hot air ballooning, scuba diving, mountaineering, bungee jumping, use of firearms and weaponry, 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 their exchange experience.

In anticipation of my child's acceptance to participate in this program, we, the undersigned (student and parents/legal guardians), hereby release Nacel Open Door, its foreign 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 they are a participant in the program, whether covered by insurance or not. I further agree to indemnify and hold harmless all of the above named from 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 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 PRIVATE SCHOOL PROGRAM

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:

(NAME OF MEDICAL FACILITY – OFFICE USE ONLY)

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

I understand that I have the right to revoke 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	Patient Date of Birth
Patient Signature	Date
Signature of father/legal guardian	Date
Signature of mother/legal guardian	Date

FOR OFFICE USE ONLY:

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



STUDENT RESPONSIBILITY AGREEMENT

PRIVATE SCHOOL PROGRAM

TO BE READ AND INITIALLED BY THE STUDENT.

Nacel Open Door Private School Program students are selected based on quality achievements, English proficiency, and excellent character. The below listed terms are program expectations that each student must agree to abide by during their stay in the U.S. Host families have high expectations for PSP students, including: maturity, adaptability, respectful attitudes, responsible behavior, and an interest in U.S. culture.

The Private School Program has outlined the following expectations to help PSP students have the most successful program possible. In order to provide PSP students with the most enriching program possible, it is important for students to realize that the process of achieving their goals while in the U.S. MUST include building respectful relationships with Americans.

Please initial by each “Student Responsibility” below. Please sign and date at the bottom.

STUDENT RESPONSIBILITIES

_____ I will wake up on my own every day for school. I understand that in the U.S., parents expect teenagers to be mature enough to wake up with an alarm clock. I understand that practicing this every day will help me to achieve my goals at university.

_____ I am responsible for getting on the school bus/transportation every day. I understand that practicing this every day will help me to achieve my goals for the future.

_____ If I miss my transportation, I will locate transportation immediately as missing school is not permissible. If I arrange other transportation, I, not my host family, am responsible for the fee.

_____ I understand that if I miss school due to transportation, an “Unexcused Absence” may be listed on my academic transcript permanently, and colleges will see this when I submit applications. I understand that this is detrimental to my future goals.

_____ I will go to bed by midnight. I understand that this may be difficult for me but that staying up later than my host family is considered disrespectful to them. I will commit to having a regular bedtime routine to help me be healthy in order to achieve my future goals.

_____ I will be honest with my host family. I understand that honesty is a very important value in the United States and that if I lie to my host family, they will not trust me, even if I am dishonest in order to make them feel good.

_____ I commit to spending some time with my host family every day. I understand that building a respectful relationship with my American family will benefit me by improving my English and preparing me to be the best candidate for an American university.

_____ I will study hard, but I will remember that spending ALL of my time in my bedroom, especially with the door closed, is considered disrespectful, and Americans become suspicious of closed doors. I understand that I may need to alter my study habits in a small way in order to be respectful and successful in the U.S.

_____ I will not smoke, use chewing tobacco, consume alcohol or use any illegal substance. I understand that these behaviors are unhealthy, against the law, and potentially detrimental to my future.

_____ I will not keep large amounts of cash (more than \$300) on my person, or in my host home, as this can lead to loss/theft. I understand that a debit/credit card is the safest means of payment.



STUDENT RESPONSIBILITY AGREEMENT

PRIVATE SCHOOL PROGRAM

CONTINUED

- _____ I will take sole responsibility for the safekeeping of my credit/debit cards and any cash while on program.
- _____ I agree to not drive any motorized vehicles while on program. I understand that driving is the #1 cause of death for teenagers in the U.S., and because Nacel Open Door values my safety, I will not be allowed to get my driver's license.
- _____ I will not download or view pornography or pornographic material on my computer, nor my host family's computer.
- _____ I will not illegally download any media (i.e., music, movies, etc.).
- _____ I understand that any form of cheating/plagiarism is not acceptable and could warrant dismissal from school.
- _____ I am not living in a "boarding house." I understand that living in the U.S. is very expensive, and the host family stipend is to cover the cost of food, fuel, and electricity. I understand that living in a boarding house would be much more expensive for me, and I will be respectful toward my host family since they are not making a financial "profit" off their hosting stipend.
- _____ I will not act rudely toward, nor speak disrespectfully to, my host family, local representative, or school faculty members.
- _____ I will be respectful to my host family, local representative, and school by NOT posting negative or defamatory comments on internet sites such as Facebook.
- _____ If I need help with something, feel unsafe, or have concerns about my host family or school, I will contact my local representative right away. This is the fastest way to resolve my problems.
- _____ If I have concerns about my local representative, I will contact my regional manager or the Nacel Open Door national office.
- _____ I will communicate with my host family about my daily activities. If I need a ride to an activity, I will ask politely and a few days before the activity. I will ask permission from my host parents; I will not demand.
- _____ I will keep my bedroom, bathroom, and my space tidy. I will make sure that the bathroom floor, sink, and mirror are dry when I am done using the shower.

Student Name	
Student Signature	Date



NACEL OPEN DOOR-USA INBOUND PROGRAM

PARENT & STUDENT AGREEMENT

PRIVATE SCHOOL PROGRAM

Nacel Open Door, 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 and the sponsoring school have 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. Local representatives devote considerable time, effort, and resources when placing a student. NOD cannot control or guarantee the timing of selection and placement.
- 2. Living Expenses:** Guardians agree to provide the Student the equivalent of \$300 (U.S.) 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, household damage, etc.
- 3. Living Conditions:** In addition to improving language skills, 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 home 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 of and accept these differences and the risks associated with traveling and living in another country. The Student’s 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 on 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 their home country, without any refund of program fees. Each Student and their 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 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 and the sponsoring school may in 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 and the sponsoring school may return the Student to their home country. If the Student violates any terms of its Agreement, NOD and the sponsoring school may, in sole and absolute discretion, terminate the Student’s participation in the Program and immediately repatriate the Student to their 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 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.



NACEL OPEN DOOR-USA INBOUND PROGRAM

PARENT & STUDENT AGREEMENT

PRIVATE SCHOOL PROGRAM

(CONTINUED)

7. **General Release.** Indemnification and Hold Harmless Provisions: As a condition 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 (i) 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 and 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 their 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 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 they, 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 their 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 they attain 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.

Student Initials: _____

Parent Initials: _____



NACEL OPEN DOOR-USA INBOUND PROGRAM

PARENT & STUDENT AGREEMENT

PRIVATE SCHOOL PROGRAM

(CONTINUED)

CONSENT AGREEMENT

1. **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 inadequacy of medical attention. 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, 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.
2. **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.
3. **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 Private School 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 begins their program with Nacel Open Door until the student’s program end date.

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



COMMITMENT AGREEMENT

PRIVATE SCHOOL PROGRAM

TO BE READ AND SIGNED BY THE STUDENT AND NATURAL PARENTS.

Student Name: _____ Country: _____
Family Name First Name Middle Name

Welcome to the Nacel Open Door Private School Program (PSP). A great deal of time, effort, and financial outlay has been expended by the program on behalf of your child. In order to be eligible for consideration and acceptance on PSP, Natural Parents and students must commit to the following:

Attempting to arrange separate “acceptance” with your PSP School outside of the Nacel Open Door program is strictly prohibited. I agree that neither I, nor my child, nor any other party besides the Nacel Open Door advocate may contact the school directly in order to negotiate acceptance for my child. This includes, but is not limited to:

- Any request for acceptance or re-acceptance at the school without participation in the Nacel Open Door program, either in the current or consecutive academic years.
- Requests to transfer to a different (not Nacel Open Door) student placement organization.
- Any request that puts the school in a position to provide housing and/or support outside of the Nacel Open Door network for the student.

Returning to my PSP School without Nacel Open Door participation is prohibited. If we want to stop participating in the Nacel Open Door Private School Program, we agree that our child will move to another school, which we find on a private basis. The Nacel Open Door Private School Program fee is non-refundable.

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