

TO COMPLETE THIS PACKET:

PLEASE BE SURE ALL DOCUMENTS ARE INCLUDED AND COMPLETE THE STUDENT INTERVIEW WILL NOT BE SCHEDULED UNTIL ALL DOCUMENTS ARE SUBMITTED

Make sure to double check! Incomplete applications can not be processed.

STUDENT APPLICATION

1. Personal Information
2. Student's English Proficiency Assessment (If Available)
(SLEP, TOEFL/IELTS, SSAT, SAT, ACT)
3. If no English assessment available, an entrance interview will be required.

REQUIRED INFORMATION

1. Copy of Passport Identification Page
2. Copy of Bank Statement (Last 3 months)
3. Official Transcript of grades
4. Immunization Records
5. Copy of Visa (If transferring from another program)
6. Copy of I-20 (If transferring from another program)

PERSONAL INFORMATION

Date of Application: _____

Directions: Print neatly in black ink or type. Return all forms together making certain signatures and dates are included. Incomplete applications cannot be processed.

Representative/ Agent: _____

Phone Number: _____ E-mail Address: _____

Agent Address: _____

Applicant Name: _____

Male: Female: (check one)

Nationality: _____

Date of Birth: (Month) ____ (Day) ____ (Year) _____

Applicant Address: _____

Telephone No.: _____ Student's E-mail: _____

Current Grade of Attendance: _____ Intended Grade of Attendance in U.S.: _____

Current School: _____

Language of Instruction: _____

School Address: _____

Telephone No.: _____

Applicant's Passport No. _____ Passport Expiry Date: ____ / ____ / ____

Father's Name: _____

Phone number: _____

E-mail Address: _____

Mother's Name: _____

Phone number: _____

E-mail Address: _____

Signature (Application will not be processed without the proper signatures)

I certify that the information given on this application is complete and correct to the best of my knowledge; is my own work, including my personal essay. I understand that making false or fraudulent statements within this application may result in denial of admission.

Applicant Signature: _____ Date: ____ / ____ / ____

Parent/ Guardian Signature: _____ Date: ____ / ____ / ____

Agent Signature: _____ Date: ____ / ____ / ____

HEALTH QUESTIONNAIRE

To the best of your knowledge, has the student ever had?

Measles:	Yes	No	Mumps:	Yes	No	Chronic Headaches:	Yes	No
Rubella:	Yes	No	Head Injuries:	Yes	No	Rheumatic Fever:	Yes	No
Heart Disease:	Yes	No	Tuberculosis:	Yes	No	Malaria:	Yes	No
Diabetes:	Yes	No	STD:	Yes	No	Broken Bone:	Yes	No
Epilepsy:	Yes	No	SARS:	Yes	No			
Chronic Cough:	Yes	No	Chickenpox:	Yes	No			
Skin Diseases:	Yes	No	Chronic Dizziness:	Yes	No			

To the best of your knowledge, has the student ever received any medical attention or counseling for:

Depression:	Eating Disorders:		Mental Health Issues:		
Yes	No	Yes	No	Yes	No

Does the student have any significant allergies that could affect his or her participation in a study abroad program? Please list and explain.

Does the student have any other health concerns, physical or mental, that could affect his or her participation on a study abroad program?

Date: ____ / ____ / ____

IMMUNIZATION RECORDS

Any immunizations not available in your country are available here, but they are expensive and are not covered by insurance. The student must be prepared to pay for any immunizations they receive in the USA. Please make every effort to obtain all immunizations before your departure from your home country.

Pupils enrolled in Kindergarten through Grade 12 (in the United States) are required to have written proof on file at their public or nonpublic school that they have been immunized against:

DPT (diphtheria, pertussis, tetanus), poliomyelitis, MMR (measles, mumps and rubella), hepatitis-B, and varicella (chickenpox).

Failure to complete these immunizations is cause for exclusion from school.

Required immunizations may vary from state to state

Below are the standard immunization requirements

Five or more doses of DPT, DT (pediatric),
TD (adult) vaccine or a combination thereof.
Three or more doses of trivalent oral polio vaccine (TOPV).
Two doses measles vaccine.
Two doses mumps vaccine.
Two doses rubella vaccine.
Three doses of hepatitis B vaccine.
Two doses of varicella vaccine.

If the final dose of any of the above vaccines occurs before the third birthday, a booster shot is required.

Please provide medical immunization records to prevent a delay in school attendance.

AEP does not cover the cost of immunizations. While standard health insurance is provided to all students attending AEP program schools and is included in total package, this insurance does not cover immunization shots. Parents will be responsible for any and all cost of any immunizations that are given while the student is attending school in the United States.

TREATMENT OF MINOR RELEASE

I (We) the undersigned parents(s), or legal guardian of _____, a minor, do hereby authorize AEP and/or staff to give consent for any x-ray examination, anesthetic, or medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act, or a dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. Further, we (parents/guardian) want to assure you that we will reimburse any expenditure not covered by any accident and sickness insurance policies in effect at the time of medical treatment.

Address: _____

City: _____ Country: _____

Telephone where Parent/ Guardian may be reached:

Business: _____ Home: _____

Parent/ Guardian Signature(s):

Date: ____ / ____ / ____

CODE OF CONDUCT

While attending school in the United States, all international students are expected to adhere to the highest standards of conduct. In addition, the student and parents must agree to abide by the laws of the United States, the State of Ohio, as well as any county or municipal laws or regulations that are legally in force. Students must follow the rules and regulations of the school they are attending and conduct themselves in a manner that does not bring discredit to American Education Partners, the agency that recruited them, their country of origin, but most of all their parents and family.

Any violation of above-mentioned laws or standards could result in expulsion from the school of attendance, AEP program, or the United States of America.

Infractions included but are not limited to:

- Any illegal activity
- Violations of U.S. immigration law
- Excessively missing school without reasonable cause
- An extended disappearance without notifying AEP, school, or host family
- Fighting or overly aggressive behavior
- Stealing
- Cheating on exams
- Failure to pay bills accrued (example- phone bill, restaurant etc.)
- Failure to pay tuition
- Excessively disrespectful behavior towards home stay parents, teachers, school authorities, or law enforcement.
- Cyber-bullying or threats to cause harm

I/ we understand that an expected code of conduct is necessary for the successful and happy participation of any study abroad program. I/we agree to the above stated terms and understand that violation of expected behavior could lead to expulsion from the AEP program, the school, or even from the United States itself.

Signatures

Student: _____ Date: ____ / ____ / ____

Mother: _____ Date: ____ / ____ / ____

Father: _____ Date: ____ / ____ / ____

Agency: _____ Date: ____ / ____ / ____