



Adventure Homestays Abroad

www.adventurehomestays.org
 1610 Lenox Avenue, Suite 403
 Miami Beach, FL 33139
 (415) 509-6757
 Email: basil@adventurehomestays.org

Paperclip three (3) color copies of a smiling passport size photograph of yourself here. Print your full name on the back of each photo in case they are detached.

INDIVIDUAL STUDENT HOMESTAY ABROAD ACADEMIC YEAR / SEMESTER APPLICATION

Homestay Country: _____ **Start:** Fall ___ Spring ___ **Length of Stay:** Semester ___ Academic Year ___

DIRECTIONS: This application packet includes several different forms: Main Student Application, Student Letter, Student Essay, Parental Statement, Family Album, Recommendation, Teacher Recommendation, School Report & Transcripts, Personal Medical History, Physician Statement of Health, AHA Student Rules & Agreement, Medical Release Authorization, and the Deposit Slip. Each form must be completed by the appropriate person(s) indicated in the directions at the top of the form. **All forms should be completed digitally and printed to make sure the applications can be clearly and accurately read.** Use the checklist at the end of the application to make sure you've completed all pages. Mail the completed application package to the Adventure Homestays Abroad office. *Your application will not be considered unless all forms are complete and accompanied by three color photographs, a copy of your passport identity pages, and the \$500 non-refundable deposit.*

To be completed by:
STUDENT

1- STUDENT INFORMATION

Last Name (as it appears on passport)		First (as it appears on passport)	Nickname
Permanent Address		City	State/ Zip Code
School/ School Website		Cell Phone	Home Area Code / Telephone
Day/Month/Year of Birth	Age at start date of program	Gender	E-mail Address
Citizenship	School Grade in U.S.A.	Target Language Ability (circle one) Poor Fair Good Excellent	
Father:	Last Name		First Name
	Address		Home Phone
			Work Phone
Occupation		Email	
Mother:	Last Name		Fist Name
	Address		Home Phone
			Work Phone
Occupation		Email	
Alternate Contact:	Last Name		First Name
	Address		Telephone Number
Siblings (Name and Age)			

1 - STUDENT'S PREFERENCES AND HABITS

INTERESTS AND HOBBIES: Check all of the things that you enjoy. Please circle the THREE activities that occupy most of your time.

SPORTS

- | | | |
|-------------------------------------|--|--|
| <input type="checkbox"/> badminton | <input type="checkbox"/> horseback riding | <input type="checkbox"/> soccer |
| <input type="checkbox"/> baseball | <input type="checkbox"/> American football | <input type="checkbox"/> swimming |
| <input type="checkbox"/> basketball | <input type="checkbox"/> ice skating | <input type="checkbox"/> table tennis |
| <input type="checkbox"/> bicycling | <input type="checkbox"/> in-line skating | <input type="checkbox"/> tennis |
| <input type="checkbox"/> camping | <input type="checkbox"/> jogging/running | <input type="checkbox"/> track (running) |
| <input type="checkbox"/> fishing | <input type="checkbox"/> judo/karate | <input type="checkbox"/> volleyball |
| <input type="checkbox"/> golf | <input type="checkbox"/> roller-skating | <input type="checkbox"/> water skiing |
| <input type="checkbox"/> gymnastics | <input type="checkbox"/> sailing | <input type="checkbox"/> wind surfing |
| <input type="checkbox"/> hiking | <input type="checkbox"/> snow skiing | <input type="checkbox"/> other: _____ |

ARTS & ENTERTAINMENT

- | | | |
|---|---|---|
| <input type="checkbox"/> dancing (ballet, classical) | <input type="checkbox"/> photography | <input type="checkbox"/> visiting museums |
| <input type="checkbox"/> drama, theater | <input type="checkbox"/> playing indoor games | <input type="checkbox"/> watching movies |
| <input type="checkbox"/> flower arrangement | <input type="checkbox"/> playing musical instruments: | <input type="checkbox"/> watching sports |
| <input type="checkbox"/> listening to classical music | <input type="checkbox"/> guitar | <input type="checkbox"/> reading |
| <input type="checkbox"/> listening to popular music | <input type="checkbox"/> piano | <input type="checkbox"/> singing |
| <input type="checkbox"/> painting, drawing | <input type="checkbox"/> other: _____ | <input type="checkbox"/> other: _____ |

OTHER ACTIVITIES

- | | | |
|------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> chess | <input type="checkbox"/> handicraft | <input type="checkbox"/> stamp collecting |
| <input type="checkbox"/> computers | <input type="checkbox"/> knitting | <input type="checkbox"/> traveling |
| <input type="checkbox"/> cooking | <input type="checkbox"/> sewing | <input type="checkbox"/> other: _____ |
| <input type="checkbox"/> gardening | <input type="checkbox"/> scouting | |

PETS: Do you like pets? _____ If no, can you adjust to a home with pets? _____

Languages spoken: _____

Unique interests and skills: _____

Favorite subjects in school: _____

Favorite foods: _____

Religion (optional): _____

1- PERSONAL DATA

Have you ever traveled outside of your home country? _____ Where and when: _____

What chores do you usually help with at home? _____

Do you have a curfew in your home? _____

If so, what is your curfew on week nights? _____ On weekends? _____

What foods do you like? _____

What foods do you dislike? _____

Do you follow a special diet (e.g. vegetarian, low sodium, etc.)? _____

How much time alone each day do you prefer? _____

List your particular dislikes (other than food): _____

2 - STUDENT LETTER

DIRECTIONS: Write a letter which will introduce you to your new Host Family. This letter must be in the target language and completed digitally or hand printed on a separate page. Your letter must be written by you, the student, without assistance. Your Host Family will want to know many things about you: why you want to travel, what you will enjoy doing with them, and the new friends you will make, for instance. Tell them what you are like with your family and friends in the United States, what you like to do, what interests you, what you think about the future. Make your letter as friendly and personal as possible.

3- STUDENT ESSAY

DIRECTIONS: **This form is to be completed by the student applicant. Create digitally or clearly print a short personal essay in English.** Use these questions as a guide . . .

- What do I want to get out of living and attending school in the Homestay country?
- What can I do before I leave home to help prepare for my experience?
- What can I do while in the Homestay country to make my stay more successful for me and for my Host Family?
- What are my plans for the future and how will a Homestay help me reach those goals?

4- FAMILY ALBUM

DIRECTIONS: Send photos showing you and your family in the place you live or places you frequently go, doing things you usually do or like to do, or send digital photos as attachments to aha@adventurehomestays.org. This will help your Host Family get to know about you, your family, and friends and where you live. Please describe each photo in the target language.

5 - PARENTAL STATEMENT

DIRECTIONS: This form is to be completed digitally and printed, or printed and completed by hand by the parent(s) of the student applicant. After answering the questions, please type or write, on a separate sheet, an Introduction Letter to the Host Parents, who will share their home with your daughter or son. Describe your child's personality and interests, expectations and relationships. We ask that you be honest in your letter and that you comment on your child's strengths and character. You will be helpful to your child's future Host Family if you write about your child's . . .

- relationships with members of your family and friends
- dependence upon the family for advice and entertainment
- study and personal habits
- past experience of and reactions to being away from home for long periods of time
- career and academic hopes
- two or three reasons why you are proud of your daughter or son
- strengths and weaknesses and how a Homestay might help them improve

Is your daughter/son permitted to go out in the evening on school nights? _____

If yes, what time does she/he have to return home? _____

What time does she/he have to be home on weekends and school holidays? _____

Does she/he normally drink alcoholic beverages with your family? _____

Does she/he like pets? _____ Do you have pets at home? _____

Does she/he have any allergies to pets? _____ If so, which ones? _____

Does she/he have any food allergies or special dietary requirements? _____

PHOTOGRAPHY: Photographs are an integral part of the Homestay experience that brings the students' memories to life for their friends and family back home. The photos are also a testimonial of a student's life abroad and are powerful representatives of the Homestay experience. On our website, AHA often posts photos given to us by students, who are excited to share their memories. We would like to continue this tradition so that others may glimpse the experiences of our participants. In order for us to post donated photos, please sign below, granting AHA permission to display photos given to us by the student.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



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To be completed by:
ADULT ACQUAINTANCE (not parent)

6 - RECOMMENDATION

DIRECTIONS: Please write a short letter of recommendation. You are an **adult friend or relative, but not the parents of the applicant**. Please send separately to:

**Adventure Homestays Abroad
1610 Lenox Avenue Suite 403
Miami, FL 33139
or**

**email to:
basil@adventurehomestays.org**

TO THE ADULT: Your young friend is planning on living with a Host Family and attending school in another country. The success of this program, both for your friend and Host Family, depends on the commitment of the student to share and to be involved with a new family and culture. Can you help us know more about your friend? Use the following questions as a guideline.

- What is your relationship to the student?
- How long have you known the student?
- How easily does she/he make friends?
- How does she/he react to sudden or drastic changes?
- What does she/he do when faced with a problem?
- What do you think her/his biggest strengths are?
- What do you think will be difficult about living abroad for her/him?
- Any other comments that you think will help us know more about the student.

Be sure to include with your letter:

Student Name _____

Adult Friend Name: _____ Date: _____

Address: _____

Email: _____



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To be completed by:
FOREIGN LANGUAGE TEACHER

7 - TEACHER RECOMMENDATION

DIRECTIONS: This recommendation needs to be completed electronically and printed, or printed and completed by hand in the language of the country this student has chosen. It is usual that regardless of the level of language proficiency of the student, she or he will have periods of difficulty and frustration functioning in another language and culture full-time. In the space below, please share your insights into the applicant's language ability and aptitude. These will be extremely helpful in predicting the applicant's academic and overall success in the Adventure Homestays Abroad program.

NOTE: For students traveling to Australia or Ireland, this form may be completed by the teacher in English.

Please mail or FAX the completed forms to:

**Adventure Homestays Abroad
1610 Lenox Avenue Suite 403
Miami, FL 33139
786. 216. 7315 FAX**

Student Name (please print): _____

Teacher Name: _____

How long have you known the student applicant? _____ year(s) _____ month(s)

How long have you had him or her as a Foreign Language student? _____ year(s) _____ month(s)

SPEAKING AND UNDERSTANDING CONVERSATION: After engaging the applicant in **at least 15 minutes of active** conversation in the target language, relating your views on current topics (being careful to use both abstract terms and idiomatic phrases), request his/her views, then rate the student's ability to speak and understand. Check appropriate level.

- _____ **10** Absolute proficiency. The student is able to both understand and converse using sophisticated vocabulary and clear and correct sentence structure. Has no trouble with abstract subjects, or most idioms. Thinks in the target language.
- _____ **9** Student possesses near fluency. Sentence structures are near perfect. Can understand and respond to difficult questions. Language knowledge includes abstract terms. Will have no problem at all communicating when she/ he arrives in the Homestay country.
- _____ **8** Target language responses, although not perfect, come naturally; in other words, student responds effectively in target language. Has good vocabulary and understands almost everything. Can respond intelligently, however, needs practice.
- _____ **7** Student can understand most conversation. 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** Student understands basic target language. Vocabulary includes most common terms. Thinks quickly, however, it is evident that she/ he is translating. Gets lost when conversation involves abstract terms. Makes mistakes but is understandable. Can carry on a basic conversation.
- _____ **5** Student can understand much more than she/ he can communicate. Can respond in sentence form even if grammar and structures are not perfect. Student is understandable.
- _____ **4** Student effectively understands basic target language sentences and is able to respond even if only in words or phrases. Grammar and sentence construction is poor, but understandable. A few weeks of total immersion in target language will improve her/ his ability.
- _____ **3** Student understands words and phrases but not sentence thoughts. Speaking ability is limited to a few words or phrases.
- _____ **2** Student understands a few words, but has little or no ability to communicate beyond a few words. Student may even refuse to use target language.
- _____ **1** Student cannot understand conversation and knows little or none of the target language.

READING: Give the student applicant a newspaper or magazine article from the Homestay country of at least five paragraphs and ask the student to read it aloud. Pronunciation may be odd, as long as the student's understanding of the meaning is correct. Circle appropriate evaluation.

- Excellent** Read it aloud with few errors and explained its meaning clearly and completely understanding at least 9 out of every 10 words.
- Good** Read it aloud except for difficult terms or place names, and explained most of its meaning, understanding 7 out of 10 words.
- Fair** Read most of the basic vocabulary and explained the basic idea of the article. Understanding 5-6 out of every 10 words.
- Poor** Read and understood only the simplest words, understanding 1-4 out of every 10 words, and can explain little or none of the meaning.

WRITING: Ask the student applicant to write a short essay stating an opinion about his or her school, town, political view, sports interest, etc. After reading, circle appropriate evaluation.

- Excellent** Writes with near fluency using lengthy sentences, abstract terms, and strong vocabulary. Uses target language grammar rather than composing the grammar in English and then translating into the target language.
- Good** Uses good vocabulary, sentences are lengthy and sensible, but grammar is sometimes irregular.
- Fair** Can make only the simple sentences using limited, basic vocabulary. Grammar is extremely irregular, but understandable.
- Poor** Doesn't make complete sentences or uses short basic ones, with limited vocabulary. It is sometimes difficult to understand what the student means.

Please check the appropriate box to indicate your best estimate of the applicant's characteristics:

	EXCELLENT	GOOD	AVERAGE	POOR	UNKNOWN
1. Consideration for and interest in others and their views	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Common sense and good judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Ability to take directions cheerfully -- and follow them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Sense of responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Ability to adjust to and cope with new situations (Food, discomforts, meeting new people, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Intellectual curiosity and imagination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Ability to express him/herself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Participation in community and extracurricular activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Capacity to carry through anything undertaken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Sense of humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Willingness to risk (in answering questions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please in a short paragraph share your insights into this student applicant's motivation and study habits, and include any other helpful comments or thoughts about the student.

Teacher Name: _____ Date: _____

Teacher email: _____ School Phone Number: _____

School Name/ Address: _____



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To be completed by:
SCHOOL OFFICIAL

8- SECONDARY SCHOOL REPORT & TRANSCRIPT OF GRADES

DIRECTIONS: This is to be completed by a school official. List all courses in past three years including current courses. If final grades are not yet available for current courses, list most recent evaluation. All available official **high school** transcripts also need to be submitted with this section. Please complete all parts and have school registrar affix school stamp before sending **directly to AHA Homestay.**

 Print Student Name

Current level in school _____

___ 9 ___ 10 ___ 11 ___ 12
 Level student should enter in Homestay

 Year student will graduate from High School.

 School Name

 Address

 Type of School

YEAR _____	FINAL OR MOST CURRENT GRADE
COURSES	
YEAR _____	FINAL OR MOST CURRENT GRADE
COURSES	
YEAR _____	FINAL OR MOST CURRENT GRADE
COURSES	

Please send or FAX completed forms and transcripts to:

Adventure Homestays Abroad
1610 Lenox Avenue Suite 403
Miami, FL 33139
415. 509. 6757
786. 216. 7315 FAX

Please comment on the character, motivation and study habits of the student.

Please explain if the student has had any adjustment or disciplinary problems at school or in the community.

Please include any other thoughts or suggestions regarding the student's academic progress.

School Official Signature

Date

Title



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To be completed by:
Student, Parent(s), and Family Physician

9 - PERSONAL MEDICAL HISTORY

DIRECTIONS: These 2 pages are to be completed by you, your parent(s), and confirmed by your family physician.

Name: _____ Female: _____ Male: _____

Home Address: _____ Telephone: _____

Date of Birth: _____ Country of Citizenship: _____

Parent/Guardian Name: _____

Parent/Guardian Address: _____

_____ Telephone: _____

Parent/Guardian Business Address: _____

_____ Business Phone: _____

Alternate emergency contact: _____

Address: _____

_____ Telephone: _____

FAMILY HISTORY

	Age	State of Health	Occupation or Educational Level
Father	_____	_____	_____
Mother	_____	_____	_____
Sisters	_____	_____	_____
	_____	_____	_____
Brothers	_____	_____	_____
	_____	_____	_____

Have you or any of your relatives ever had any of the following?

	Yes	No	Relationship
Tuberculosis	_____	_____	_____
Diabetes	_____	_____	_____
Kidney Disease	_____	_____	_____
Heart Disease	_____	_____	_____
Arthritis	_____	_____	_____
Stomach Disease	_____	_____	_____
Asthma	_____	_____	_____
Hay Fever	_____	_____	_____
Epilepsy	_____	_____	_____

ALLERGIES

Penicillin

Sulfonamides

Serum

Foods – list

Other – describe

MEDICATIONS NOW TAKING

Please answer positive questions with a mark. Comment on all positive answers in space below. **Have you had:**

- | | | |
|--|--|---|
| <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Insomnia | <input type="checkbox"/> Pain/pressure in chest |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Frequent anxiety | <input type="checkbox"/> Chronic cough |
| <input type="checkbox"/> German Measles (rubella) | <input type="checkbox"/> Frequent depression | <input type="checkbox"/> Palpitation (heart) |
| <input type="checkbox"/> Mumps | <input type="checkbox"/> Worry or nervousness | <input type="checkbox"/> Recurrent colds |
| <input type="checkbox"/> Heart murmur | <input type="checkbox"/> Gum or tooth trouble | <input type="checkbox"/> Disease or injury of joints |
| <input type="checkbox"/> Ear, Nose, Throat | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Trick knee, shoulder, etc. |
| <input type="checkbox"/> Eye trouble | <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Rheumatic fever |
| <input type="checkbox"/> Dizziness/fainting | <input type="checkbox"/> Albumin/blood problems | <input type="checkbox"/> Weakness/paralysis |
| <input type="checkbox"/> Fainting or Epilepsy | <input type="checkbox"/> Venereal disease | <input type="checkbox"/> Rupture hernia |
| <input type="checkbox"/> Hernia repair | <input type="checkbox"/> Back problems | <input type="checkbox"/> Other (please describe) |
| <input type="checkbox"/> Tumor, cancer, cyst | <input type="checkbox"/> Jaundice | <input type="checkbox"/> Chicken pox |
| <input type="checkbox"/> Frequent urination | <input type="checkbox"/> Constipation | <input type="checkbox"/> Malaria |
| <input type="checkbox"/> Albumin/sugar in urine | <input type="checkbox"/> Anemia/blood problems | <input type="checkbox"/> Head injury with unconsciousness |
| <input type="checkbox"/> Recurrent diarrhea | <input type="checkbox"/> Hay fever | |
| <input type="checkbox"/> Tonsillectomy | <input type="checkbox"/> Appendectomy | FEMALES ONLY: |
| <input type="checkbox"/> Recent gain or loss of weight | <input type="checkbox"/> Gallbladder trouble or gallstones | <input type="checkbox"/> Irregular periods |
| <input type="checkbox"/> Sinusitis | <input type="checkbox"/> Stomach intestinal trouble | <input type="checkbox"/> Severe cramps |
| <input type="checkbox"/> High/low blood pressure | <input type="checkbox"/> Recurrent headache | <input type="checkbox"/> Excessive flow |

OTHER RELEVANT CONDITIONS: (use additional sheets if necessary)

- A. Has your physical activity been restricted during the past five years? (give details) _____
- B. Have you had difficulty with school, studies, or teachers? (give details) _____
- C. Have you received treatment or counseling for a nervous condition, personality or character disorder, or emotional problem, such as depression? (give details) _____
- D. Have you had any illness or injury or been hospitalized other than already noted? (give details) _____
- E. Have you consulted or been treated by clinics, physicians, or other practitioners within the past five years? (other than routine checkups) _____
- F. List any hospitalizations with diagnosis and date. _____
- G. Have you consulted or been treated by a psychiatrist or clinical psychologist? _____
- H. Are you currently taking any medications? (please list) _____
- I. FEMALES: Are you currently taking oral contraceptives? (specify name brand) _____
- J. What habits do you have which may affect your health? (alcohol, cigarettes, drugs) _____

IMMUNIZATION RECORD: (Include all immunizations received since birth.)
An accurate and documented record of all immunizations is required.

You may use the form below or attach your immunization record.

IMMUNIZATION RECORD (please record all dates with MONTH/DAY/YEAR)

Student Name (please print): _____ Date of Birth: _____

DTP _____

POLIO _____

FLU _____

CHICKEN POX _____

MMR _____

OR _____

MEASLES _____ Date of Disease: _____

(Must be verified
with a blood test -
attach documentation)

MUMPS _____ Date of Disease: _____

RUBELLA _____ Date of Disease: _____

TB TEST _____ RESULTS _____ Chest x-ray date _____ Results _____

If there is a positive test result, a chest x-ray is required. (please attach report)

I give my permission for my son/daughter to receive DTP, Polio, FLU, MMR immunizations, a TB test, or a chest x-ray in the Homestay country if deemed necessary.

Parent/Guardian Signature: _____ Date: _____

Physician Name: _____

Address: _____

Physician Signature: _____ Date: _____

Please send the completed forms to:

**Adventure Homestays Abroad
1610 Lenox Avenue Suite 403
Miami, FL 33139
415. 509. 6757**

11 –CONDITIONS OF TRAVEL

The Price of the Adventure Homestays Abroad program usually covers Host Family accommodations and either full or half board, excursions as relevant, school, language classes, and/or internship as chosen by applicant, transfers, health and accident insurance, and student preparation counseling and materials.

The Price does not cover flight, food and lodging prior to departure, fees for passports or visas, tips, sometimes laundry, telephone calls, postage, gifts, and beverages and snacks not a customary part of the meals, and any other personal expenses.

AGREEMENT & RULES: Please read carefully and sign below.

1. **LAWS:** While participating in an AHA Program, student must abide by the local, state, and federal laws of the Host Community abroad. Student must also act within the laws of the United States and the rules of her/ his school. Breaking any law will be cause for immediate dismissal from the program and student will be subject to local law enforcement.
2. **DRINKING:** In Europe and other countries, those under 21 years of age may consume alcoholic beverages; however, AHA students should only drink with their Host Parent with their permission.
3. **DRUGS:** The use of all non-prescription drugs is strictly prohibited. Student may use only drugs prescribed by a doctor. (Over-the-counter items like aspirin are permitted.) Involvement with illegal drugs during the AHA Program will cause immediate dismissal from the program.
4. **HOST FAMILY RULES:** Student must obey Host Family rules including curfews, household chores for which you're responsible, smoking, and drinking. Student may not have guests in the Host Family's home without their permission, and the guest is expected to follow all family rules. Most Host Families expect their children to inform parents of their plans and time of return home – and expect to be notified if these change.
5. **TRAVEL:** Student may not travel extended lengths of time without Host Family, Teacher/ Coordinator, or US parents' permission.
6. **DRIVING:** While participating in the AHA Program, student will not be allowed to drive under any circumstances. This includes motorcycles and farm equipment. Seat belts must be worn whenever riding in a motor vehicle.
7. **TELEPHONE & EMAIL:** Telephone calls, text messaging, and emails to parents, siblings, and friends back home should be limited. You have traveled abroad to focus and a new culture, language, new friends and your Host Family, It can be rude and defeat the purpose of your AHA Adventure to spend too much time on your cell phone or the internet. All phone calls and internet expenses will be paid by the participant.
8. **VISITORS:** Parents and home country friends must receive approval from AHA, host family, and US parents prior to any visit.
9. **RETURN HOME:** Student must return to the U.S. at the established AHA departure time, unless given permission by US parents to depart at alternate time.

We understand that Adventure Homestays Abroad reserves the right to terminate a student's participation in the program at any time, if in the judgment of AHA a condition arises that is likely to be detrimental to the health or safety of the student or other students – or if the student violates any AHA rule or policy. Adventure Homestays Abroad cannot be held liable, financially or otherwise, for a participant's withdrawal or dismissal as a result of a pre-existing physical or emotional condition of which we were not made aware. No refunds will be made in such cases – travel expense arising from premature return home from abroad, either alone or accompanied, must be borne by the student.

We understand that Adventure Homestays Abroad (AHA) reserves the right to dismiss or send home any participant whose health, in the opinion of the attending physician, requires this action, or whose conduct, including the use of drugs, unacceptable sexual behavior, drinking, or refusal to comply with Host Family rules, is unacceptable. In the event of dismissal, Adventure Homestays Abroad will be the sole determiner of refund to be made, if any. Refunds will not exceed recoverable costs, and any excess cost will be borne by the student. We agree to reimburse the Host Family, school, AHA or others for any damage caused by or costs incurred by the student.

(continued on next page)

We understand and accept the risks of travel and living in a foreign country. We understand that while Adventure Homestays Abroad endeavors to make suitable arrangements for travel and for the Homestay, anything may happen. We are participating because we believe our child is mature enough to cope with everyday situations and whatever unusual situations may arise. As a condition to and as consideration for our child's acceptance in the program, and on behalf of ourselves, children, and relatives, we release Adventure Homestays Abroad, its officers and directors, employees, coordinators, travel agents, and all chaperones, tour guides, schools, international organizations and host families from any liability, claims, or demands that may be asserted in connection with any emergency, accident, illness, or injury involving our daughter/ son's participation in the program or any cause, event or occurrence beyond the control of AHA - including but not limited to those relating to or connected with natural disasters, civil disturbances, acts of terrorism, negligence of parties not subject to AHA- control. We authorize AHA- and its employees and representatives and adult members of our daughter's/ son's host families to act for us in any emergency, accident or illness or injury involving our daughter/ son.

We understand that a student who leaves the program on her/ his own may not expect the assistance of Adventure Homestays Abroad Coordinators. -- and Adventure Homestays Abroad will assume no responsibility for her/ his safety or activities once she/he has separated from the program.

Adventure Homestays Abroad and all participating travel organizations and airlines reserve the right to change or substitute, in emergencies or whenever normal circumstances change, any parts of the program when necessary. AHA- also reserves the right to change the cost of the program to meet unexpected changes in transportation, lodging, or exchange rates.

We have read this Agreement and agree with the AHA purposes and accept all terms and conditions of this agreement - and all other rules, regulations and conditions set forth by AHA.

Student Signature _____ Date: _____

Parent/Guardian Signature _____ Date: _____

Parent/Guardian Signature _____ Date: _____

11 - MEDICAL RELEASE AUTHORIZATION

To be completed by: STUDENT AND PARENTS

We, as the parents of the undersigned student, do hereby authorize Adventure Homestays Abroad and the Host family, as our agents, to consent to any X-Ray examinations, anesthetics, medical or surgical diagnosis, or treatment or hospital care, which is deemed advisable by and is rendered under the general supervision of any licensed physician or surgeon, whether such treatment or diagnosis is rendered at the clinic of said physician or surgeon, or at a hospital.

All expenses in treatment exceeding policy limits will be your responsibility.

This authorization shall be valid for the full duration of the AHA Program in which the student is participating.

Student Signature _____ Date: _____

Parent/Guardian Signature _____ Date: _____

Parent/Guardian Signature _____ Date: _____

12 - APPLICATION CHECK LIST

DIRECTIONS: This application packet includes 15 separate items. Each form is listed below along with the person(s) responsible for its completion. Use this checklist to assure all forms (plus a photocopy of your passport) are completed. Please remember to keep a copy of the Agreement & Rules.

Return completed application package to:

**Adventure Homestays Abroad
1610 Lenox Avenue Suite 403
Miami, CA 33139
415. 509. 6757**

FORM	TO BE COMPLETED BY	“X” WHEN COMPLETED
1 - MAIN STUDENT APPLICATION	STUDENT	
2 - STUDENT LETTER	STUDENT	
3 - STUDENT ESSAY	STUDENT	
4 – PHOTO ALBUM	STUDENT	
5 - PARENT(S) STATEMENT	PARENTS	
6 – RECOMMENDATION	ADULT FRIEND	
7 – TEACHER RECOMMENDATION	FOREIGN LANGUAGE TEACHER	
8 - SCHOOL REPORT & TRANSCRIPTS	SCHOOL OFFICIAL	
9 – PERSONAL MEDICAL HISTORY	STUDENT/PARENTS/PHYSICIAN	
10 – PHYSICIAN STATEMENT OF HEALTH	FAMILY PHYSICIAN	
11 - AHA STUDENT RULES & AGREEMENT & MEDICAL RELEASE AUTHORIZATION	STUDENT AND PARENTS	
12 - CHECKLIST	STUDENT	
ONE PHOTOCOPY OF PASSPORT INFORMATION PAGE	STUDENT	
3 PASSPORT PHOTOS	STUDENT	
\$500 NON-REFUNDABLE DEPOSIT	STUDENT AND PARENTS	

Please send Parts 1-5, a copy of your passport, and three passport size photos with your deposit to begin the process of locating the best possible Host Family and School for you. Parts 6- 12 need to follow as soon as possible.

PLEASE KEEP THIS FORM FOR YOUR RECORDS



Adventure Homestays Abroad

www.adventurehomestays.org
1610 Lenox Avenue, Suite 403
Miami Beach, FL 33139
(415) 509-6757
Email: basil@adventurehomestays.org

Payment Schedule

With submission of application: \$500 deposit (non-refundable)

- Payment amount and dates are set after destination country is chosen, usually divided into three equal payments with last payment at least six weeks before departure.
- Please make all checks payable to Adventure Homestays Abroad
- A \$39 penalty will be charged for any returned checks
- Prices based on current airfares and exchange rates and may be subject to change

Refund policy

There will be no refund after the final payment is made. All airlines, hotel, and other booking cancellation fees are the responsibility of the applicant, although we will help as much as possible.

Please send this deposit slip with your \$500 check to:

Adventure Homestays Abroad,
1610 Lenox Avenue Suite 403
Miami, FL 33139
415. 509. 6757

_____	() _____	_____
Name	Phone	Date of Birth
_____	_____	
Street Address	City	State Zip
_____	_____	_____
Student signature	Date	Parent/Guardian Signature Date

Please send Parts 1-5, a copy of your passport, and five passport size photos with your deposit to begin the process of locating the best possible Host Family and School for you. Parts 6- 12 need to follow as soon as possible

