



# Round Square Exchange Form

Round Square's role in student exchanges is one of facilitator, enabling Round Square Candidate and Member Schools to connect and organise exchanges for the benefit of the students taking part. Round Square does not organise any exchanges itself and is not therefore responsible for individual exchange arrangements. It is important for students and parents to note that Round Square does not vet or monitor the arrangements made by the schools and does not have any contact with or role in selecting host families. Round Square provides schools with best practice protocols but you must satisfy yourselves that the arrangements made by the individual school you are considering allowing your child to visit are appropriate. Round Square therefore accepts no legal responsibility or liability for student exchanges whatsoever.

## SECTION A

STUDENT'S NAME \_\_\_\_\_

STUDENT'S SCHOOL \_\_\_\_\_

COUNTRY & DATE OF BIRTH \_\_\_\_\_

NATIONALITY \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

MOBILE PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

PASSPORT \_\_\_\_\_

DATE + PLACE OF ISSUE \_\_\_\_\_

EXPIRY DATE \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ MOTHER'S NAME \_\_\_\_\_

NATIONALITY \_\_\_\_\_ NATIONALITY \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ HOME ADDRESS \_\_\_\_\_  
(if different) (if different)

\_\_\_\_\_

WORK PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_ EMAIL \_\_\_\_\_

LANGUAGE SPOKEN \_\_\_\_\_

DIETARY REQUIREMENT \_\_\_\_\_

(Vegetarian, vegan,  
food allergies/intolerance) \_\_\_\_\_

RELIGIOUS (observances) \_\_\_\_\_

PROPOSED EXCHANGE DATES \_\_\_\_\_

COUNTRY 1st choice: \_\_\_\_\_

2nd choice: \_\_\_\_\_

## SECTION B

### SCHOOL SUBJECTS AND RESULTS

SUBJECT	NUMBER OF YEARS	LAST GRADE
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PLEASE ENCLOSE A COPY OF YOUR LAST REPORT!

MAIN OUT OF SCHOOL ACTIVITIES \_\_\_\_\_

SPORTS PLAYED \_\_\_\_\_

SERVICE ACTIVITIES \_\_\_\_\_

OFFICES HELD AT SCHOOL \_\_\_\_\_

REASONS FOR APPLYING FOR EXCHANGE

Use a separate page if you need more space.

Student's signature  \_\_\_\_\_

## HOUSEPARENT'S OR ANOTHER TEACHER'S COMMENTS

I highly recommend       I recommend       I do not recommend  
this student for exchange.

Houseparent or Teacher's signature  \_\_\_\_\_

Mentor's signature  \_\_\_\_\_

Head's signature  \_\_\_\_\_

RS Rep's signature  \_\_\_\_\_

Date \_\_\_\_\_

## SECTION C

### PARENTS' APPROVAL

Round Square's role in student exchanges is one of facilitator, enabling Round Square Candidate and Member Schools to connect and organise exchanges for the benefit of the students taking part. Round Square does not organise any exchanges itself and is not therefore responsible for individual exchange arrangements. It is important for students.

I approve of my son / daughter \_\_\_\_\_  
applying for exchange and undertake to be financially liable for all costs incurred during this exchange.  
I am prepared to host my son/daughter's exchange partner during his/her stay in Germany.

Signature  \_\_\_\_\_ Date \_\_\_\_\_

### RULES FOR ROUND SQUARE EXCHANGES

Whilst on exchange you are an ambassador of your country and more specifically your school.  
Please read and understand the following points.

- A. The student must abide by the rules of the host school.
- B. You must act positively as a member of the school and your boarding house or host family and fulfil responsibilities and perform duties required of you.
- C. Whilst visiting the host country, you must abide by its laws.
- D. You may be permitted to travel only when you are accompanied by a staff member, host parents or when participating in an organised trip.
- E. You must be prepared to give a presentation to the school when you return from exchange.
- F. The following are absolutely forbidden:
  - driving a motorcycle or vehicle without permission
  - leaving the school without permission
  - possession or use of drugs
  - disobeying the school rules about regarding drinking and smoking

I agree that I have read and understand the information above.

Student's signature  \_\_\_\_\_ Date \_\_\_\_\_

Parent's signature  \_\_\_\_\_ Date \_\_\_\_\_



# Round Square Exchange Medical Form

Round Square's role in student exchanges is one of facilitator, enabling Round Square Candidate and Member Schools to connect and organise exchanges for the benefit of the students taking part. Round Square does not organise any exchanges itself and is not therefore responsible for individual exchange arrangements. It is important for students and parents to note that Round Square does not vet or monitor the arrangements made by the schools and does not have any contact with or role in selecting host families. Round Square provides schools with best practice protocols but you must satisfy yourselves that the arrangements made by the individual school you are considering allowing your child to visit are appropriate. Round Square therefore accepts no legal responsibility or liability for student exchanges whatsoever.

**Return to the School as soon as possible - and take a copy with you.**

Please complete the information as completely as possible. The following information will be of assistance to host school in providing medical care for your son, should such care be necessary.

We authorise health staff at Stiftung Louisenlund to give first aid and medical assistance to our child \_\_\_\_\_ during his/her stay at our school.

SURNAME \_\_\_\_\_ GIVEN NAMES \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_

INSURANCE COVER \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_

INSURANCE NUMBER \_\_\_\_\_

**DATES OF VACCINES**

D.P.T. (Diphtheria, Pertussis, Tetanus) Boosters? \_\_\_\_\_

M.M.R. (Measles, Mumps, Rubella) \_\_\_\_\_

Polio \_\_\_\_\_

Hep. A \_\_\_\_\_

Hep. B \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

## MEDICAL FORM (continued)

### GENERAL

Asthma Y / N                      Hayfever Y / N                      Sinus Y / N

Other respiratory problems \_\_\_\_\_

Allergies Y / N ( food, drugs, bee stings etc. - please specify )

Epilepsy Y / N                      Diabetes Y / N                      Panic attacks Y / N

If Yes, please specify and advise of treatment \_\_\_\_\_

Are you currently on any medication? Y / N (Please specify)

\_\_\_\_\_

Blood Group (If known) \_\_\_\_\_

Recent operations, illness, injury \_\_\_\_\_

\_\_\_\_\_

Phobias Y / N (Please specify) \_\_\_\_\_

Physical disabilities Y / N (Please specify) \_\_\_\_\_

Have you suffered any sporting injuries which might affect your participation in sports or physical activities? \_\_\_\_\_

\_\_\_\_\_

Do you have problems involving:

Vision? \_\_\_\_\_

Hearing? \_\_\_\_\_

Nutrition (e.g. diet, special requirements, vegetarian, etc. )?

\_\_\_\_\_

Do you wear dental braces? \_\_\_\_\_

To play rugby or soccer you will require a mouthguard? \_\_\_\_\_

Is there anything else we need to be aware of in your medical or personal history?

\_\_\_\_\_

\_\_\_\_\_

Please bring a copy of a Doctor's medical report of a physical checkup within the last 12 months.

Signature of parent or guardian  \_\_\_\_\_

Date \_\_\_\_\_