



Round Square Exchange Form

All parts of this form must be filled out to ensure your application can be accepted.

SECTION A

STUDENT'S NAME :

STUDENT'S SCHOOL:

COUNTRY OF BIRTH:

DATE OF BIRTH:

NATIONALITY:

HOME ADDRESS:
.....
.....
.....

PHONE:

FAX:

EMAIL:

FATHER'S NAME:

OCCUPATION:

WORK PHONE:

HOME ADDRESS (if different):
.....
.....
.....

EMAIL:

HOME PHONE:

MOTHER'S NAME:

OCCUPATION:

HOME ADDRESS (if different):
.....
.....
.....

LANGUAGES SPOKEN AT HOME:

RELIGION (optional):

PROPOSED EXCHANGE DATES:

COUNTRY: 1st choice:
 2nd choice:

SECTION B

SCHOOL SUBJECTS AND RESULTS

SUBJECT NUMBER OF YEARS LAST GRADE

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

Head's signature

RS Rep's signature

Date

SECTION C

Parents' Approval

I approve of my son / daughterapplying 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 understand the information above.

Student's signature Date

Parent's signature..... Date.....

MEDICAL HEALTH FORMS

Each Round Square School has its own Health and Medical requirements. Once an application is received by a school for an exchange, that school will send its Health and Medical form to the applicant.

Please circle your choice and use block writing for name

1.

I give/do not give permission for _____ to travel unaccompanied
by an adult in your country

Signed:..... Date:

2.

I give/do not give permission for _____ to stay with
other students from your school as long as the
Houseparent/Headteacher has given permission.

Signed: Date:

3.

I give/do not give permission for _____ to travel in any
vehicle driven by a licensed driver (not a staff member or employee
of the school) while in your country.

Signed: Date:

Signed:

Students name:

School of origin:

Date:.....

After completing this application form please send to Exchange Coordinator at

name of school _____

ROUND SQUARE EXCHANGE MEDICAL FORM

(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.

Surname: Given Names:

Date of Birth:

Emergency Contact :

Details of medical cover

VACCINES	DATES
D.P.T. (Diphtheria, Pertussis, Tetanus) Boosters?	
M.M.R. (Measles, Mumps, Rubella)	
Polio	
Hep. A	
Hep. B	
Other:	
Other:	
Other:	
Other:	

GENERAL :

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

Other respiratory problems:

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

MEDICAL FORM (continued)

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.....

MEDICAL FORM (continued)

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

.....
.....
.....

Please bring a copy of a Doctors medical report of a physical checkup within the last 12 months.

Signature of parent or guardian:Date: