



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 & DATE OF BIRTH _____

NATIONALITY _____

HOME ADDRESS _____

MOBILE PHONE _____

EMAIL _____

FATHER'S NAME _____ MOTHER'S NAME _____

OCCUPATION _____ OCCUPATION _____

HOME ADDRESS _____ HOME ADDRESS _____
(if different) (if different)

WORK PHONE _____ WORK PHONE _____

HOME PHONE _____ HOME PHONE _____

EMAIL _____ EMAIL _____

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
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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 this student for exchange. I recommend I do not recommend

Houseparent or Teacher's signature  _____

Mentor's signature  _____

Head's signature  _____

RS Rep's signature  _____

Date _____

SECTION C

PARENTS' APPROVAL

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 understand the information above.

Student's signature  _____ Date _____

Parent's signature  _____ Date _____



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 _____

DATES OF VACCINES

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

M.M.R. (Measles, Mumps, Rubella) _____

Polio _____

Hep. A _____

Hep. B _____

Other: _____

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 _____