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ABC English Language School

Academic Application

Please complete all information or the form will not be accepted

Your cover Photo:

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| About You |  |
| Name: | Surname: |
| Gender: | Date of Birth: |
| Nationality: |  |

|  |  |
| --- | --- |
| Address: | Town: |
| City: | State: |
| Country: | Zip code: |

|  |  |
| --- | --- |
| Home phone number: | Mobile phone number: |
| Email address: | Religion:  Practising: Yes  No |

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| --- | --- |
| **Your Interest** | **Your Hobbies** |
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| --- | --- |
| **Health** | |
| Do you have any physical restrictions, impairments or allergies that will limit placement options or participate in everyday family and/or school life? | Yes  No |
| If yes please describe |  |
| Any allergies or other information relevant for Host family regarding health? | Yes  No |
| If yes please describe |  |
| Do you have any dietary requirements/ restrictions?  (Vegan, Gluten-free, lactose intolerant etc.)  *\*Please note extra costs will be incurred for dietary restrictions* | Yes  No |
| If yes please describe |  |

**Health and Lifestyle**

Do you have any physical restrictions, impairments or allergies that will limit placement options or participation in everyday family and/or school activities?

Yes  No

If yes describe:

Please tick the appropriate boxes if you CANNOT live with:

CATS  Indoors  Outdoors

DOGS  Indoors  Outdoors

OTHER  Indoors  Outdoors  Which and why?

Do you have any dietary restrictions for medical or religious reasons?

Yes  No

If yes describe:

Do you wear glasses or contact Lenses? Yes  No

If yes will you require optometrist care while on the program? Yes  No

Frequency:

Do you wear Dental Braces? Yes  No

If yes, will you require Orthodontic care while on the program? Yes  No

Frequency:

**Vaccination details – please provide a copy**

**Medical cover – please provide a copy**

**\*All students must have an E111 card as a minimum**

**About your family**

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| --- | --- |
| Parent / Guardian 1 |  |
| First name: | Surname: |
| Occupation: | Email: |
| Work phone number: | Mobile phone number: |
| Home phone number: | Maiden name: |
| Address: | State: |
| Town: | Country: |
| City: | Zip code: |
| Parent / Guardian 2 |  |
| First name: | Surname: |
| Occupation: | Email: |
| Work phone number: | Mobile phone number: |
| Home phone number: |  |
| Address: | State: |
| Town: | Country: |
| City: | Zip code: |

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| --- | --- | --- | --- |
| **Your Siblings** |  |  |  |
| **Siblings Name** | **Siblings Surname** | **Date of Birth** | **Living at Home; Yes or No** |
|  |  |  | Yes  No |
|  |  |  | Yes  No |
|  |  |  | Yes  No |
|  |  |  | Yes  No |

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| Education |  |
| School name: | |
| Address: | City: |
| State: | Zip code: |
| Current Grade: | Expected year of graduation: |

**\*Please include your last 2 years school reports and a teacher reference preferably the English teacher**

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| Subjects I must take in school if possible | Subjects I am interested in – Optional |
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* Year you are applying for

2nd year  Transition Year  5th year  6th year

PLC (College of further Education)

* Length of your stay

4 months  (September till Christmas),

5 months  (January till May),

9 months  (September till May*)*

*\*Note all students must return home for the Christmas break*

* When will you commence your stay:

2024 ☐ 2025 ☐ 2026 ☐ 2027☐ 2028☐

* Information you would like us to know regarding school.

Please provide a student letter of introduction to your host family:

Please provide a parent letter of introduction to host family

**Photos of you and your family**

(you can include some printed pictures in your envelope or attach them to your email if you decide to scan this form)

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Parental Authorization Form

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| **Consent** |
| The candidate application is incorporated herein by reference and this consent form exclusively applies to the candidate application.  I understand that my privacy is very important to ABC English Language School and that prior to participating in the inquiry application process in which any of my personal or sensitive information ('personal data") may be collected. ABC English Language School would like to inform me about its data protection and privacy policies and obtain my permission.  I understand and accept that ABC English Language School may process the personal and sensitive information that I have provided here and may transmit such data to third parties for any purpose reasonably required for the proper organization and fulfilment of the ABC English Language School inquiry application process and the ABC English Language School program. I understand that the data will  not be sold or otherwise transferred to third parties for purpose. ABC English Language School will transfer and store personal data in central databases in at least two locations to ensure that the data is not lost. Those databases have a restrictive access and can only be accessed by ABC English Language School employees or volunteers, both of which will use the information exclusively for the management of the ABC English Language School program operations.  By signing below, you explicitly acknowledge that ABC English Language School Programs, Inc., its national and regional affiliates, and Partner organizations  are entitled to process the personal data being provided by me (including all sensitive personal data being provided) in the manner described above. You also  acknowledge and confirm that all provided personal data is accurate and complete. |
| **Permission to use photographs and video footage** |
| We agree for photographs, recordings, film and video footage (the "images") of our child that are taken during or in connection with program participation to be used by ABC English Language School in promotional ABC English Language School materials. Promotional materials may include for example brochures, press releases, social media campaigns, etc., By checking the below boxes we grant to ABC English Language School the right to use, publish and/or reproduce the images of our child in promotional materials, and use her/his name in connection with the images.  Agreed |

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| **Authorization for emergency medical treatment and for release of medical information** |
| Should any medical emergency arise, if time permits, ABC English Language School will communicate with us and request permission for surgery or other  necessary treatment: however, if in the sole judgment of ABC English Language School, time and circumstances do not permit communication with us, we authorize ABC English Language School to consent to medical treatment, the administration of x-ray examination, anaesthetics, blood transfusion, medical or surgical diagnosis or treatment and hospital care and to make medical evacuation arrangements and transport, if required, which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon.  We are aware that some local government or school authorities may require certain vaccinations in order for our child to participate in school or community responsibilities. We understand that we are responsible for any costs related to these requirements.  We hereby also authorize ABC English Language School, and/or its duly authorized medical consultant, to obtain all medical records relating to examinations or treatments for our son/daughter while on the program and any other information concerning such examinations or treatments. |
| **Permission for school sponsored activities (for school-based programs only)** |
| We authorize the ABC English Language School host parents for my son/daughter during his/her participation in the ABC English Language School program to execute any authorization required by our son/daughter's school for our son/daughter to participate in any school sponsored activities, events or programs. |
| **School commitment (for school-based programs only)** |
| The student fully understands that this ABC English Language School program is school-based and family-oriented. The student intends to participate fully in school activities and to complete all assignments and schoolwork while on exchange. We understand that school is compulsory. If the student should neglect the above, ABC English Language School and/or the host school has the right to deny his/her participation in classes and s/he may be sent home. |

**This Page needs to be printed as it needs to be signed by your Doctor/Physician**

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| --- | --- |
| Health Certificate | |
| Is the student currently taking medication or injections? | Yes  No |
| Has the Student EVER consulted a neurologist, psychologist or any other specialist for a nervous, emotional or eating disorder? | Yes  No |
| Is there a history of, or present evidence of, an emotional, nervous or eating disorder? | Yes  No |
| If yes, a FULL report by a specialist and a statement by the Natural Family about  the illness or specific problem must be attached in a sealed envelope. | |
| Are there health limitations or restrictions on the student’s activities and/or sports participation, or any medical information which should be considered for a home/school placement? | Yes  No |
| If yes, please describe: |  |

Please supply a copy of all Immunizations/vaccinations the student has had to date

Please Note: Placement in a foreign host family, school and community requires adjustment which often involves emotional stress. It will not be a time for relaxation or temporary relief from any current therapy. If the student is experiencing current emotional, physical, personal or family difficulties, these difficulties can be severely exacerbated by the adjustment demands of the ABC program. Therefore, you are requested to evaluate carefully the Student’s current or previous condition and treatment along with his or her ability to manage potential anxieties and stress in a foreign environment.

I, the undersigned, certify that a thorough physical examination of the student has been given and all important recent medical information has been included on the health certificate, that nothing relevant has been omitted, and the student is able to travel. I understand that the omission of any relevant information could be harmful to the student’s health care and could result in early termination from the ABC program.

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| Physician Name | Address | Signature and date |

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| --- | --- |
| Student Signature and date | Parent/Guardian Signature and date |

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| **ABC English Language School programme rules** |
| * Students must abide by the Irish Law * Students are not allowed to purchase or drink alcoholic beverages * Students are not allowed to Smoke * Students are not permitted to drive any motor vehicle * Students are not permitted to participate in skydiving, hand gliding, bungee jumping, parachute jumping or any other dangerous activities * Students may not participate in any sexual contact or sexual activity that may be considered inappropriate * Students may not participate in illegal downloading or file sharing of music, videos, or any copy-righted material from the internet   Any infraction on the above 7 rules may result in immediate dismissal from the ABC programme.  Students must always be aware of their responsibility as exchange students and make a determined effort to represent their country in a positive manner.  Student must follow the school rules, complete all school assignments and attempt to maintain a “C” average.  Students should limit making international phone calls and time spent on the internet. Phone calls and internet usage must be paid for. Internet is not available in all households or maybe be restricted with time limits.  Students should show respect for their host families and act as a member of the family by following family rules and voluntarily helping with family chores. Students must respect the judgement of their Host families as they would their natural families.  Students should not discuss their host families’ private affairs with their peers. This includes being responsible for content that is posted on web based social networking sites.  Students cannot change host families and schools at will.  Infraction of any of the above rules may result in dismissal from the programme and/or disciplinary action.  I have read the above rules and I agree to be bound by them.  Agreed |

I confirm that all the information I have given is correct in this application.

Parent Signature and date Student Signature and date

