

Samuel Ward Academy International Application

Personal Details

Please fill in ALL NAMES as stated in the birth certificate/passport

Upload passport size photo here

Surname:

Middle Name:

Forename:

Nickname:

Date of Birth:

City of Birth:

Country of Birth:

Country of Citizenship:

Age on Arrival:

Gender:

M F

Permanent Address

Address 1:

E Mail:

Address 2:

Telephone:

Address 3:

Fax:

Address 4:

Postcode:

Family

Mother

Alive

Father

Alive

I Live with

my mother and father

Deceased

Deceased

my mother

my father

my mother and my stepfather

my father and my stepmother

with :

Father

Last Name:

First Name:

Academic Title:

Date of Birth:

Occupation:

Business or Mobile Phone:

eMail:

Speaks English Yes

No

Mother

Last Name:

First Name:

Academic Title:

Date of Birth:

Occupation:

Business or Mobile Phone:

E Mail:

Speaks English Yes

No

Brother / Sister

Name:

Date of Birth:

Occupation:

Name:

Date of Birth:

Occupation:

Name:

Date of Birth:

Occupation:

Interests

Are you a member of any club?

Sports

- Swimming
- Snow Skiing
- Water Skiing
- Fishing
- Horse Riding
- Golf
- Martial Arts
- Volleyball
- Sailing
- Cycling
- Hiking / Backpacking
- Camping
- Aerobics
- Windsurfing
- Surfing
- Handball
- Badminton
- Soccer
- Athletics
- Gymnastics
- Basketball
- Ice Hockey
- Ice Skating
- Baseball
- Field Hockey
- Inline Skating
- American Football
- Tennis
- Fitness Training
- Wrestling
- Dancing

Arts

- Photography
- Attending Concerts
- Cooking
- Popular Music
- Classical Music
- Painting
- Museums

Other

- Meeting with friends
- Playing Board Games
- Films and Movies
- Watching TV
- Watching Sports
- Reading
- Computer Activities
- Travelling
- Scouts

While on exchange, I would like to participate actively in the following activities, if they are offered in the area in which I am placed:

Interest 1:

Interest 2:

Interest 3:

Interest 4:

Interest 5:

Personal Information

Describe your personality

What are your household responsibilities?

Have you had any part-time Jobs or work experience?

Why do you want to participate in a High School year program?

Do you sing or play a musical instrument:

Can you adjust to a home where others smoke? Yes
 No

Do you follow a special diet? Yes
 No

If yes, please describe your diet:

Are you allergic to any animal? If yes, which?

Are you afraid of dogs or any other animal?

Do you have any animals at home? Which?

What is your religious affiliation?

How often do you attend church?

How often would you be willing to attend?

Knowledge of Language

Language 1:

Years of Study:

Language 2:

Years of Study:

Language 3:


Years of Study:

Host Family

Upload Letter from applicant to host family here


 File Attachment

Upload a photo here

 File Attachment


Describe the photo:

Upload a photo here

 File Attachment


Describe the photo:

Upload a photo here

 File Attachment


Describe the photo:

Upload a photo here

 File Attachment

Describe the photo:

Upload letter from parents to host family here

 File Attachment

Education - This section is to be filled in by the applicant's school

School Contact Name:

School Contact Position:

School Name:

Applicant is currently enrolled in Grade / year:

Does the applicant have a history of continuous or frequent absences from school? Yes No

Has the applicant missed or repeated a year?

- Yes
 No

If yes, which year and why?:

Indicate the students academic standing in his/her class/year

- Top 10% Top Quarter Top Half Lower Half

What is the applicant's attitude toward school and school work?

- Great Interest Average Interest Little Interest

Comments:

The teacher finds this applicant

- Cooperative Uncooperative

Comments:

What is the applicant's relationship with his/her fellow classmates?

- Leader Cooperative Group Member Uncooperative

Comments: (It would be helpful if you can indicate whether the applicant has ever held a class office and position of responsibility within the school)

Please rate the applicant's proficiency in English:

	<i>Advanced</i>	<i>Upper-Intermediate</i>	<i>Intermediate</i>	<i>Elementary</i>
<i>Reading</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Writing</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Speaking</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Understanding</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Based on your knowledge of the applicant, how would you evaluate his/her potential success as an exchange student?

- Poor Average Good Very Good

Comments:

In your opinion, will the applicant be able to handle reading and writing assignments in subject areas (eg. History, Sciences, English Literature, etc) if these assignments are in English?

- Yes No

Comments:

School Official Signature:

Educational Grades

Please list your grading scale next to the corresponding grades:

Comparison of Grade System

National Grades		Definition	Grade
1	<input type="text"/>	Excellent: <input type="text"/>	A+ : <input type="text"/>
2	<input type="text"/>	Good: <input type="text"/>	A : <input type="text"/>
3	<input type="text"/>	Satisfactory: <input type="text"/>	B : <input type="text"/>
4	<input type="text"/>	Pass: <input type="text"/>	C : <input type="text"/>
5	<input type="text"/>	Poor: <input type="text"/>	D : <input type="text"/>
6	<input type="text"/>	Fail: <input type="text"/>	F : <input type="text"/>

Please list all your courses taken and their grades received in the last two years.

Please use the grading system of the country you are going to from the system above.

Year 1 From: 20 To: 20

Year 2 From: 20 To: 20

Subject	Hours per week	Grade of 1st semester	Final Grade		Subject	Hours per week	Grade of 1st semester	Final Grade
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Medical Data - This section to be filled in by your Doctor

Height:

Weight:

Blood Pressure:

Give your opinion of the general state of the applicant's health

- Excellent
 Good
 Fair
 Poor

Illness / Disorders

Does the applicant now have, or has he/she had any of the following? Please give detailed information:

Illness	Yes	No	Month/Year	Disorder	Yes	No
Chicken Pox	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	Seizures	<input type="radio"/>	<input type="radio"/>
Measles	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	Sleepwalking	<input type="radio"/>	<input type="radio"/>
Mumps	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	Anorexia Nervosa	<input type="radio"/>	<input type="radio"/>
Poliomyelitis	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	Bulimia	<input type="radio"/>	<input type="radio"/>
Rheumatic Fever	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	Diabetes Militus	<input type="radio"/>	<input type="radio"/>
Rubella	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	Hearing	<input type="radio"/>	<input type="radio"/>
Scarlet Fever	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	Headaches (persistant)	<input type="radio"/>	<input type="radio"/>
Malaria	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	Speech	<input type="radio"/>	<input type="radio"/>
Hepatitis	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	Psychological / Emotional	<input type="radio"/>	<input type="radio"/>
Parasites	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	Vertigo / Dizziness	<input type="radio"/>	<input type="radio"/>
Goiter	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	Alcoholism	<input type="radio"/>	<input type="radio"/>
Hernia	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	Attempted Suicide	<input type="radio"/>	<input type="radio"/>
Other 1	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	Allergies	<input type="radio"/>	<input type="radio"/>

Other 2

Asthma

If you have answered yes to any of the above, please explain

Is the applicant presently taking any medication or injections?

 Yes No

If yes, please explain:

Allergies

Hay Fever?

 Yes No

What specific pollens is the applicant allergic to?

What reactions are caused by contact?

Please explain the severity of these reactions

 Mild Strong Severe or Life threatening

Can these reactions be controlled with medication?

 Yes No

If yes, what medication and dosage?

Would you send this medication with the applicant?

 Yes No

Many areas have hay fever seasons. In your professional opinion, would the student be able to endure, or control (through medication), hay fever symptoms during his/her stay?

 Yes No

Other Allergies?

Allergic to animals?

Yes No

Yes No

Allergies Description:

Please describe the reactions that take place

Please explain the severity of these reactions

Mild

Strong

Severe or Life threatening

Can these reactions be controlled with medication?

Yes No

If so what medication and dosage?

What emergency procedures might be necessary if the student comes in contact with these substances?

Has the applicant been hospitalised?

Yes No

If yes, please explain

Has the applicant ever been advised to have surgery which has not been done?

Yes No

Are there any restrictions on the applicant's participation in physical education activities?

Yes No

If so please explain

Immunisations

	Dosage Date 1	Dosage Date 2	Dosage Date 3	Dosage Date 4	Dosage Date 5
Dpt/Td	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Polio	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Measles	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Mumps	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Rubella	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Varicella (Chicken Pox)	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Hepatitis B	<input type="text"/>	<input type="text"/>	<input type="text"/>		

Has the applicant received a Tuberculosis immunisation (BCG)? Yes No

If yes, When?

Tuberculosis Skin Test Date:

Results Negative / Normal Positive

Please explain the positive reaction and follow up:

Physician's signature and stamp

I certify that I have examined the applicant's teeth and found them to be

- Satisfactory*
- Defects that are in the process of being corrected*
- Under orthodontic care*

Signature of Examining Dentist

Additional Information

Please attach pages from your passport here

 File Attachment

Payment

The cost of the exchange should be paid in two parts: 20% of the price when you accept a place at the school. The balance should then be paid 28 days prior to beginning your journey to England.

Insurance

Students are automatically covered by our Liability Insurance while they are on the school premises. It is recommended, however, that comprehensive travel insurance is taken out before embarking on your journey to England.

Cancellation

You may cancel your place at the school in writing any time before the beginning of the academic year. However, in order to cover the incurred administrative costs to we may retain 20% of the exchange programme.

Pocket money

Experience has taught us that students generally need approximately Euro 200 per month to cover the cost of hobbies, personal toiletries, evenings out etc.

Signatures

Applicant

First Parent / Legal Guardian

Second Parent / Legal Guardian