

1. It is essential to furnish accurate information about each applicant's medical history so that the British school may arrange suitable sports activity and be fully informed in case of any emergency.

a) Please check illnesses the applicant has had:

TUBERCULOSIS	<input type="checkbox"/>	DIPHTHERIA	<input type="checkbox"/>	GERMAN MEASLES	<input type="checkbox"/>
CHICKEN POX	<input type="checkbox"/>	MEASLES	<input type="checkbox"/>	MUMPS	<input type="checkbox"/>
SCARLET FEVER	<input type="checkbox"/>	WHOOPIING COUGH	<input type="checkbox"/>	OTHERS (PLEASE LIST)	<input type="checkbox"/>

b) Tonsils and adenoids removed? YES / NO If so, when? _____

c) Has the applicant any history of physical or emotional illness which has required special treatment?
YES / NO If yes, please give explanation:

d) Do you know any reason why the applicant should not enter into a full schedule of study and sports? YES / NO If yes, please explain:

e) Do you give your consent to any emergency operation or treatment which might be necessary?
YES / NO

f) Does the applicant smoke? YES / NO

g) Is the applicant allergic to smoke? YES / NO

Please note, there is no guarantee a completely, smoke free environment can be provided by host families.

2. Does the applicant have your permission to drive a car while abroad? YES / NO

3. Does the applicant have any dietary restrictions/limitations/allergies? Please note, vegetarian/vegan/kosher diets cannot be accommodated by host families. YES / NO

FINANCIAL OBLIGATIONS: Please read carefully

By checking each box and signing at the bottom, I affirm my understanding and acceptance of the following financial obligations and terms and conditions for my child to participate in the program:

A non-refundable program fee of \$2,000.00 is due to the ESU upon confirmed placement at a UK School.

The UK student visa is a lengthy and expensive process. The student visa requirements and fees are subject to change by the UK Consulate. It is approximately \$700 fee for the visa application (including UK \$150 for required IHS fee) + \$300 for mandatory submission via an ESU-approved expeditor company.

The SSE Scholarship provides students with tuition, room and board. However, the additional cost of transatlantic travel, incidental expenses, uniforms if required and maintenance during vacations is not included. The total of these potential costs is estimated to be \$11,000 and must be paid by the student's family.

All bills of a personal nature incurred during the year will be paid in full before the end of the academic year.

Some British schools require a deposit at the beginning of the year of up to £1000 and others require a deposit, payable at the beginning of each term, to cover the cost of books, equipment or personal expenses which the student may incur.

I would like my child to be considered for the Turn to the Future ESU SSE Travel Grant. This need based grant provides \$6000 to be used towards travel expenses not included in the ESU SSE Scholarship such as UK student visa, transatlantic travel, etc.

TERMS AND CONDITIONS : Please read carefully

I understand that all applicants selected must have been admitted to an American college for the fall of the year in which they will return from Great Britain and are expected to return to the U.S. to attend the college/university to which they have been admitted. A letter of deferral from the college/university must be provided to the ESU upon acceptance of the SSE program.

I understand that students who receive a scholarship under the Secondary School Exchange program:

- will definitely accept the British school at which they are placed
 - are expected to abide by the rules and regulations of the host school
 - undertake a full academic program, including two A level examinations
 - remain for the full academic year from Aug/September and ends in July
- Due to the complexity and expense, I agree that I will apply for my child's UK visa. I understand, the UK student visa is an expensive and lengthy process. The student visa requirements and fees are subject to change by the UK Consulate. It is approximately \$700 fee for the visa application (including UK \$150 for required IHS fee) + \$300 for **mandatory** submission via an ESU-approved expeditor company.

I agree that, if for any reason, my child is asked to leave his or her British school before the end of the school year, I will arrange for his/her immediate return to the U.S.

- I agree to assume full responsibility for any debts my child may incur while in the United Kingdom under the English-Speaking Union Secondary School Exchange.
- I understand that my child's application to the SSE Program entails the commitment to accept a place at a British School from September through July if offered the opportunity. This application is made with my full knowledge, agreement and support.
- I certify that the information given by me is complete and accurate to the best of my knowledge.

Signature of Parent/Guardian _____ Date _____

**ENGLISH-SPEAKING UNION OF THE UNITED STATES
SECONDARY SCHOOL EXCHANGE PROGRAM**

To be completed by Head of School

Please type or print

APPLICANT'S NAME _____

SCHOOL _____

LENGTH OF TIME AT SCHOOL _____

ACADEMIC STANDING IN SENIOR CLASS (Number): _____ IN CLASS OF _____

If school does not rank, please estimate student's quintile: _____

1. Areas of special academic interest or proficiency. _____

2. Extracurricular activities (including athletics). Please comment on areas of particular interest or proficiency.

-

3. Please comment on the applicant's emotional stability and maturity.

-

4. Please provide your estimate of the candidate's ability/willingness to adjust to new, and different living conditions.

-

-

5. Is there any reason to think the applicant uses illegal drugs?

6. Does this candidate have a history of financial need? Would they be helped by the \$6000 ESU SSE Travel Grant?

-

7. If you have any reservations at all in recommending this candidate, please state them.

8. How eager is the applicant to be an SSE student, involving as it does putting off college, studying another year in a controlled secondary school setting and serving as a student ambassador of the United States and a full scholarship guest of a school in the United Kingdom?

9. Please provide any suggestions you may have as to the most appropriate type of placement for the candidate (e.g., "small school with intimate environment", "opportunity to continue advanced level of music study", etc.).

10. Other comments (Please make your recommendation specific to the experience of a year in a British school). Attach an additional page if necessary.

Signature _____
(Head of School)

Date _____

**ENGLISH-SPEAKING UNION OF THE UNITED STATES
SECONDARY SCHOOL EXCHANGE PROGRAM**

CERTIFICATE OF HEALTH

To be completed by the physician and returned to school

Please type or print

APPLICANT'S NAME _____

SCHOOL _____

DATE OF BIRTH _____
(Month/Day/Year)

HEIGHT: _____ WEIGHT: _____

1. If the applicant has ever had any of the following, please check:

- | | | | | | |
|-----------|--------------------------|------------------|--------------------------|---|--------------------------|
| Hernia | <input type="checkbox"/> | Diseases of Skin | <input type="checkbox"/> | Diseases of Prostate | <input type="checkbox"/> |
| Sinusitis | <input type="checkbox"/> | Venereal Disease | <input type="checkbox"/> | Rectal Disease | <input type="checkbox"/> |
| Hay Fever | <input type="checkbox"/> | Pneumonia | <input type="checkbox"/> | Abnormal Blood Pressure | <input type="checkbox"/> |
| Asthma | <input type="checkbox"/> | Appendicitis | <input type="checkbox"/> | Heart Disease/Disorder | <input type="checkbox"/> |
| Goiter | <input type="checkbox"/> | Tuberculosis | <input type="checkbox"/> | Back or Spine Disease/Disorder | <input type="checkbox"/> |
| Cancer | <input type="checkbox"/> | Rheumatism | <input type="checkbox"/> | Kidney or Genito-Urinary Disease/Disorder | <input type="checkbox"/> |
| Diabetes | <input type="checkbox"/> | Rheumatic Fever | <input type="checkbox"/> | Malaria or any type of fever | <input type="checkbox"/> |
| Typhoid | <input type="checkbox"/> | Disease of Eyes | <input type="checkbox"/> | Intestinal Disease/Disorder | <input type="checkbox"/> |
| Cholera | <input type="checkbox"/> | Disease of Ears | <input type="checkbox"/> | Gall Bladder Disease | <input type="checkbox"/> |
| Arthritis | <input type="checkbox"/> | Tonsillitis | <input type="checkbox"/> | Paralysis | <input type="checkbox"/> |
| Sciatica | <input type="checkbox"/> | Smallpox | <input type="checkbox"/> | Frequent Colds | <input type="checkbox"/> |

If applicant has ever suffered from any of the above, please give:

- 1) specific name of disorder 2) duration, specify dates 3) final results.

2. During the past five years, when and for what injury or illness (including any of the previously mentioned) has applicant: been under observation, had medical or surgical advice or treatment, been hospitalized? Give:
 1) specific name of illness 2) duration, specify dates 3) final results If none, please write "none"
3. Is there any history of adverse reaction to anesthesia? Please describe:
4. Is there any history of allergies to particular drugs or medications? Please explain:
5. Insert "N" if normal; "AB" if abnormal and describe in detail.
- | | | | | | |
|----------|-------|---------|-------|---------|-------|
| Head | _____ | Eyes | _____ | Ears | _____ |
| Neck | _____ | Nose | _____ | Pharynx | _____ |
| Heart | _____ | Lungs | _____ | Hernia | _____ |
| Reflexes | _____ | Abdomen | _____ | Rectum | _____ |
- Was a chest X-ray taken as part of this examination? YES / NO If so, with what results?
7. Is there any reason to think the applicant uses illegal drugs? YES / NO
8. Comment in full on cranial nerves, motor status and coordination, reflexes and equilibrium, and indicate if applicant has ever suffered from seizures.
9. Has applicant ever been hospitalized or treated for a mental illness? If yes, please give name and location of hospital and dates of hospitalization.

10. Has applicant ever suffered from any nervous, mental or emotional diseases/disorders? If yes, please explain and give dates.

11. Does the applicant show any sign of communicable diseases, over fatigue or physical disability?

12. Do you consider the applicant physically and emotionally able to carry on a full program of study and sports in an educational institution abroad?

13. In your opinion, is the applicant's health and physical condition (Check one):

EXCELLENT GOOD FAIR POOR

14. How long have you known the applicant? _____

15. Please add any other information, whether or not requested on this form, which might be pertinent to the candidate's application to study abroad.

Signature of physician _____ Date _____

Name and address (Please print): _____

