

## Application for International Round Square Exchange

Applicant: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Date: \_\_\_\_\_

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Country or countries of preference for an exchange:

*(You may list up to four, but please keep in mind that exchanges are determined by availability and scheduling)*

\_\_\_\_\_  
\_\_\_\_\_

Date preference (please select a first and second choice):

*Note: Exchange dates and duration vary widely and depend on the host school*

Fall term \_\_\_\_\_ Winter term \_\_\_\_\_ Spring term \_\_\_\_\_ Summer \_\_\_\_\_

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All the following must be completed to ensure that your application can be accepted:

Section A: Student, pages 1-3

Personal Information

Academic & Service

Reasons for Applying

Section B: School, pages 4-5

Teacher recommendation

Dorm Parent Report

Section C: Parent/ Guardian, pages 6-7

Consent to Apply & Financial Liability

Safety

To be included:

Health Forms Packet (Health Services)

School Report (Academic Office)

Student Photo (Academic Office)

*Please return to:*

*John Russell '88*

*Round Square Representative*

Date Received: \_\_\_\_\_

**SECTION A: Student**

**Personal Information**

FULL NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

COUNTRY OF BIRTH \_\_\_\_\_ CITY OF BIRTH \_\_\_\_\_

NATIONALITY \_\_\_\_\_

PASSPORT No. \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

\_\_\_\_\_

HOME PHONE \_\_\_\_\_

STUDENT'S CELL \_\_\_\_\_

STUDENT'S EMAIL \_\_\_\_\_

FATHER / GUARDIAN NAME \_\_\_\_\_

OCCUPATION \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

HOME ADDRESS (if different from student's) \_\_\_\_\_

\_\_\_\_\_

PHONE (Home) \_\_\_\_\_ MOBILE \_\_\_\_\_

MOTHER / GUARDIAN NAME \_\_\_\_\_

OCCUPATION \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

HOME ADDRESS: (if different from student's) \_\_\_\_\_

\_\_\_\_\_

PHONE (Home) \_\_\_\_\_ MOBILE \_\_\_\_\_

DO YOU HAVE ANY SPECIFIC DIETARY REQUIREMENTS? \_\_\_\_\_

\_\_\_\_\_

DO YOU PLAY A MUSICAL INSTRUMENT? \_\_\_\_\_

EXTRA-CURRICULAR ACTIVITIES (*Athletics, Community Service, Drama, Music*): \_\_\_\_\_

\_\_\_\_\_

ACTIVITIES AND INTERESTS OUTSIDE OF SCHOOL: \_\_\_\_\_

\_\_\_\_\_

HAVE YOU EVER SPENT TIME AWAY FROM YOUR FAMILY? (*when & how long*) \_\_\_\_\_

\_\_\_\_\_

DO YOU HAVE ANY PETS AT HOME? \_\_\_\_\_

\_\_\_\_\_

IS THERE ANY MEDICAL OR OTHER SITUATION THE HOST SCHOOL OR HOST FAMILY SHOULD BE AWARE OF?

\_\_\_\_\_

\_\_\_\_\_

**Academic & Service** (*a copy of your latest school report will be attached*)

FIRST LANGUAGE: \_\_\_\_\_

ADDITIONAL LANGUAGE(S) SPOKEN (please indicate if basic, advanced or fluent): \_\_\_\_\_

\_\_\_\_\_

NOTABLE ACADEMIC ACHIEVEMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

COMMUNITY SERVICE ACTIVITIES AND INVOLVEMENT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

LEADERSHIP POSITIONS HELD AT SCHOOL: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**SECTION B: School  
Teacher recommendation**

Name: \_\_\_\_\_ Position: \_\_\_\_\_

How long and in what capacity/ capacities have you know the candidate? \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

My rating of the candidate on the following scale is: *(please circle the appropriate response)*

	OUTSTANDING		GOOD	AVERAGE	
Ability to mix well with people .....	5	4	3	2	1
Application to study.....	5	4	3	2	1
Personality.....	5	4	3	2	1
Personal maturity.....	5	4	3	2	1
Willingness to be involved in co-curricular activities.....	5	4	3	2	1

Please add notes to clarify your response:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Dorm Parent Report**

Name: \_\_\_\_\_ Dorm: \_\_\_\_\_

**Please check the appropriate response:**

- I highly recommend      (    )
- I recommend              (    )
- I do not recommend      (    )      this candidate for exchange.

Please add notes to clarify your response:

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SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**SECTION C: Parent/ Guardian**

Consent to Apply and Financial Liability

I approve of my child \_\_\_\_\_ applying for a Marvelwood International Student Exchange and undertake to be financially liable for all travelling costs and incidental expenses incurred during this Exchange. I understand that my child's health forms packet will be provided to the exchange school as part of the application.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_ (BLOCK LETTERS PLEASE)

Relationship to child: \_\_\_\_\_

**SAFETY**

*This is a standard form for Round Square Schools*

All possible care is taken of each pupil's safety, health and general welfare. Safety regulations are applied in all the activities. The host school wishes to encourage a spirit of adventure and independence. Consequently, there is bound to remain a residual risk of personal accident and the School cannot acknowledge liability for accident or injury to a pupil.

Parents are asked to sign the form, which the Head of School will take to be acceptance by the parent of non-liability of the School.

To: The Coordinator of Exchange,

Permission is given for (name of student) \_\_\_\_\_  
to receive training and take part in the full adventure activities of the School, school sports, and co-curricular activities.

If there are activities from which he/she is to be excluded, please specify: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**I declare that my child shall be allowed to travel in any school vehicles, vehicles approved by the school, host family vehicles, or in public transport.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_ (BLOCK LETTERS PLEASE)