

# Gladstone School District 115

Code: JECBA-AR  
Revised/Reviewed: 9/12/01; 2/10/21  
Orig. Code: JECBA-AR

## Admission of International Exchange Students

The procedures for approving international exchange placement agencies and accepting international students shall be as follows:

### District-Approved Placement Agencies

1. Prior to enrollment, all placement agencies must have the school's permission to enter a student no later than May 31 of the preceding school year.
2. Each approved placement agency is limited to one international exchange student, per year. Gladstone High School is authorized to enroll a maximum of four students.
3. Fees required of resident students are also required of international exchange students.
4. International exchange students are expected to follow the rules and regulations of the district and Gladstone High School.
5. No later than August 1 of each year, all placement agencies must provide the school with the following information before a student is allowed to enroll:
  - a. Student's name;
  - b. Completed student application;
  - c. Country of residence;
  - d. The reason the student wishes to attend school in the U.S.A.;
  - e. A transcript or equivalent document indicating subjects taken and grades earned;
  - f. Certificate of immunization status and health records;
  - g. A statement from the student's school addressing the student's ability to read, write and speak English as well as TOEFL or SLEP test results;
  - h. A completed copy of an I20A or J1 VISA;
  - i. Date of entry;
  - j. A letter from the student's parents giving the host family complete responsibility in an emergency situation;
  - k. A copy of student's passport.
6. Exceptions of the above regulations must have the approval of the superintendent or designee.

## **New International Exchange Placement Agencies**

Placement agencies wishing to enroll international exchange students in the district must meet the following requirements:

1. New placement agencies must be approved by the superintendent no later than April 15;
2. The placement agency representative must provide information required by the district and have it on file at the district office;
3. The placement agency must be sponsored by a nonprofit organization;
4. The selection of the host family and home placement must be made prior to the student's arrival in Gladstone. Noncompliance with this provision can result in the immediate suspension or revocation of the approved status of an international exchange placement agency.

## **Continued International Exchange Placement Agencies**

1. All placement agencies must declare no later than May 31 their intent to enroll students the following year.
2. International exchange placement agencies will be evaluated on an as-needed basis. Those placement agencies that fail to meet district expectations will be removed from the approved list.

## **Educational Placement and Awards**

If the student is the appropriate age and has sufficient background, they may be enrolled as a senior. As a senior, the student may earn a diploma by taking at least three classes per semester, including United States history, government, language arts and other senior requirements. They must also meet all of the district requirements for graduation.

A certificate of completion will be awarded to the international exchange student who completes the above-named courses but does not meet the district requirements for graduation.

Students who do not meet the above requirements may receive a certificate of attendance.

A student who enters at the end of the first semester with the intent of staying for two consecutive semesters and is eligible to register as a senior may be allowed to participate in the graduation ceremony. However, a diploma will not be awarded until all necessary district requirements have been met. Diplomas will be issued as of the date of the next regularly scheduled graduation ceremony.

**INTERNATIONAL EXCHANGE STUDENT APPLICATION**

Today's Date (month/day/year): \_\_\_\_/\_\_\_\_/\_\_\_\_

Name (as appears on Passport)

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Gender:     Female     Male            Age \_\_\_\_\_ Date of Birth (month/day/year): \_\_\_\_/\_\_\_\_/\_\_\_\_

Applying for exchange to the USA during:     Fall  Winter  Spring  Academic year: \_\_\_\_\_

Type of Exchange             Reciprocal  One-Way  Sponsored Placement Service  Privately Sponsored

Applying to host a student in our home during the following academic year (for reciprocal exchanges only):

Fall  Winter  Spring  Academic year

Home (mailing) Address: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Mobile Phone: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Nationality (Country of your Passport): \_\_\_\_\_

City and Country of Birth: \_\_\_\_\_

Legal resident of (Country): \_\_\_\_\_

Nearest International Airport: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Mobile Tel: \_\_\_\_\_

Work Tel.: \_\_\_\_\_

Work Fax: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Mobile Tel: \_\_\_\_\_

Work Tel.: \_\_\_\_\_

Work Fax: \_\_\_\_\_

Emergency Contact (other than parents): Name: \_\_\_\_\_

Relation: \_\_\_\_\_ Address: \_\_\_\_\_

Tel.: \_\_\_\_\_

Siblings' names and ages: \_\_\_\_\_

## INTERNATIONAL EXCHANGE STUDENT APPLICATION

### Your School Information

Name of Your School: \_\_\_\_\_  
Name and Phone of Contact Person at Your School: \_\_\_\_\_  
School Director: \_\_\_\_\_  
School Address: \_\_\_\_\_ Date School Begins: \_\_\_\_\_  
\_\_\_\_\_ Date School Ends: \_\_\_\_\_  
School Tel.: \_\_\_\_\_

Which grade are you in now at school:  9/freshman     10/sophomore     11/junior     12/senior

Will you have graduated from your current high school before beginning your exchange in the USA?  Yes  No

List your favorite subject(s) in school: \_\_\_\_\_

What are your future education and career plans? \_\_\_\_\_

### Potential Host Family Information

Do you already have a potential host family in the US?     Yes  No

Potential Host Parent's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Describe how you have come to know this family: \_\_\_\_\_

### Your Current Interest, Habits and Hobbies

1. Please mark an "X" for **all** of your current interests, and 2. circle three of your current major hobbies.

#### Sports

- |  |   |                                      |                                       |                                       |   |
|--|---|--------------------------------------|---------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> American Ftbl | <input type="checkbox"/> Baseball       | <input type="checkbox"/> Basketball  | <input type="checkbox"/> Bicycling    | <input type="checkbox"/> Canoeing     | <input type="checkbox"/> Field Hockey     |
| <input type="checkbox"/> Fishing       | <input type="checkbox"/> Frisbee        | <input type="checkbox"/> Golf        | <input type="checkbox"/> Gymnastics   | <input type="checkbox"/> Hiking       | <input type="checkbox"/> Horseback Riding |
| <input type="checkbox"/> Ice Skating   | <input type="checkbox"/> Inline Skating | <input type="checkbox"/> Jogging     | <input type="checkbox"/> Kayaking     | <input type="checkbox"/> Martial Arts | <input type="checkbox"/> Sailing          |
| <input type="checkbox"/> Soccer        | <input type="checkbox"/> Snowboarding   | <input type="checkbox"/> Snow Skiing | <input type="checkbox"/> Swimming     | <input type="checkbox"/> Table Tennis | <input type="checkbox"/> Tennis           |
| <input type="checkbox"/> Track         | <input type="checkbox"/> Rugby          | <input type="checkbox"/> Volleyball  | <input type="checkbox"/> Water Skiing | <input type="checkbox"/> Other        |   |

**Music/Arts**

- Guitar                       Voice                       Violin                       Piano                       Other Musical Instruments

Dance: Describe \_\_\_\_\_  Drama: Describe: \_\_\_\_\_

Crafts/Sewing/Painting/Visual Arts: Describe: \_\_\_\_\_

**Other Activities**

- Chess               Computer Games/Programming               Cooking               Collecting               Gardening               Going to Movies
- Scouting               Surfing the Internet               Reading               Video Games               Other: Describe: \_\_\_\_\_

## Letter of Introduction to Host Family

Write a personal letter, minimum of two pages long, in your own handwriting to your prospective host family. This letter should give the family an accurate impression of you and an idea of what your lifestyle is like and what is important to you. Introduce yourself in detail; describe your favorite films, music, books and hobbies. Include any special needs or interests you may have.

## Essay and Video

Complete the following essay on extra paper, label as 'Essay' and attach to the application forms. Please use your own handwriting, a black pen and personal writing style to write about the following:

In approximately 500 words, write an essay in English and in your own handwriting about:

- a. Why you would like to visit America?
- b. What things you look forward to accomplishing and learning while overseas?
- c. What you, as an exchange student, can offer your host family and school?
- d. What concerns you have about living with a host family overseas?

Provide a three-five minute video introducing yourself and sharing your interests and hobbies, which is to be done in English.

## Languages

What is your native language? \_\_\_\_\_ How many years have you studied English? \_\_\_\_\_  
What other languages have you studied and for how long? \_\_\_\_\_

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## Short Essays

1. Why would you like to become an exchange student? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Describe your family, home and school. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Describe your relationship with members of your family and friends. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. How do your parents feel about you being away from home for a long time? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Describe your best friend and why this friendship is so special. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 
- 
6. Describe your three strongest character strengths. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. What would you like to accomplish during your academic year in the US? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent Letter**

This letter gives you, the natural parents, an opportunity to introduce your student to the host family, tell them about your child's personality, character and interests, share with them your child's and your concerns, and of their future plans. Type the letter or write clearly in black ink. Sign and date your letter.

## INTERNATIONAL EXCHANGE STUDENT APPLICATION

### Immunization Record

Vaccine	Date each dose was given (month/day/year)				
	1st	2nd	3rd	4th	5th
Polio (TOPV)					
DPT and/or TD (Diphtheria, Tetanus and Pertussis or whooping cough) OR (Tetanus and Diphtheria only)					

  

Vaccine	Date each dose was given				If no immunization, give date student had the disease	Date & result of antibody check	
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>			Date:	Result:
Measles (Rubeola-10day, red measles)	Date:	Date:	Date:	Date:	Date:	Date:	Result: Positive <input type="checkbox"/> Negative <input type="checkbox"/>
Rubella (German Measles - 3 day measles)	Date:	Date:	Date:	Date:	Date:	Date:	Result: Positive <input type="checkbox"/> Negative <input type="checkbox"/>
Mumps	Date:	Date:	Date:	Date:	Date:	Date:	Result: Positive <input type="checkbox"/> Negative <input type="checkbox"/>
Chicken Pox	Date:	Date:	Date:	Date:	Date:	Date:	Result: Positive <input type="checkbox"/> Negative <input type="checkbox"/>

If the candidate gets positive on an antibody check, it would be treated as physician verified disease.

### Immunization Required for School Admission into American High Schools

1. Polio (Trivalent Oral-TOPV) 4 doses
2. Diphtheria-Tetanus-Pertussis (must have had tetanus within the last 10 years) 5 doses  
Diphtheria-Tetanus (TD) Only 3 doses (7 years and over)
3. Measles (Rubeola, 10-day measles) one dose on or after one year of age and at four years of age  
Rubella (German Measles, 3-day measles) or physician-verified disease. Schools require third MMR within last three years.  
Mumps Vaccine
4. Chicken Pox 1 dose

TB Skin Test: Date \_\_\_\_\_ Result:  Negative  Positive (If positive, chest x-ray must be provided.)

I, the undersigned, have given a thorough physical examination and reviewed the medical history of the candidate. I certify that all important medical information has been included, and that the information is complete and accurate.

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician's Name (printed) \_\_\_\_\_  
Physician's Address (printed) \_\_\_\_\_





