



**PUBLIC SCHOOL PROGRAM
CHECK LIST SHEET**

Include all necessary documents with your application to prevent delays in the processing of our application.

Applicants Name _____ **Date Received** _____

1. Application check-off sheet	Necessary	
2. About ECI	Do not return	X
3. Application procedures	Do not return	X
4. Application pgs 1-2 personal information	Required	
5. Terms of Participation & Acknowledgement	Required	
6. Personal statement as to your purpose for wanting to participate in this program.	Required	
7. Letter of recommendation from English and Mathematics teacher	Required	
8. Translated transcripts and originals	Required	
9. Homestay Application Page 1	Required	
10. Letter of introduction for host family	Required	
11. Homestay introduction and photos	Required	
12. Medical and Liability Release	Required	
13. Student Health Report	Required	
14. Immunization History / Record	Required	
15. Liability Waiver	Required	
15. Proof of health and accident insurance. You may be denied entry without proof of insurance. ECI can buy for you and send you proof of insurance for entry into US.	Required for entry into US	



STUDENT APPLICATION FOR F-1 VISA SCHOOL PROGRAM

Type directly onto this form, print it out and then mail to the ECI address below. You can also print the form and fill it out by hand.

Complete and return with a \$100 nonrefundable application fee (money order, traveler's check or wire transfer to:

ECI Admissions
P.O. Box 2434
Aptos, CA 95001-2434

Attach passport size photo here.

I am applying for grade: ___ 9th ___ 10th ___ 11th ___ 12th

I am applying for the: ___ Fall semester (August) ___ Winter semester Other date: _____

___ Yes, I need airport transportation (Students must fly into nearest airport to their program location)

Student Family Name: _____ First Name: _____ Middle _____

Nickname _____ Date of Birth: _____ Age: _____ Gender: ___ Male ___ Female
Month / Day / Year
xx / xx / xxxx

Birth City: _____ Birth Country: _____ e-mail address: _____

Street Address: _____ City: _____

State / Province: _____ Country: _____ Postal Code: _____ Nationality: _____

Father's Family Name: _____ First Name: _____ Middle: _____ Speaks English: _____

Father's address if different from yours: _____
Street City Province Country Postal Code

Telephone number: _____ e-mail address: _____ Date of Birth: _____
Month / Day / Year

Father's Family Name: _____ First Name: _____ Middle: _____ Speaks English: _____

Mother's address if different from yours: _____
Street City Province Country Postal Code

Telephone number: _____ e-mail address: _____ Date of Birth: _____
Month / Day / Year

Please list all people living in your household:

Name	Relationship	Gender	Age	Name	Relationship	Gender	Age
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

**EDUCATIONAL CONSORTIUM INSTITUTE
F-1 VISA APPLICATION (PAGE 2)**

Father's occupation and company: _____

Mother's occupation and company: _____

Have you taken the TOEFL , SLEP. TOEIC, or other English proficiency test? Yes No If "yes",
name of test _____ Date taken _____ best score _____

Have you ever been suspended from a school? Yes No If yes, please explain the circumstances:

Are you taking any medications? Yes No Please list all medications and reason for taking them:

Do you have any allergies? Yes No What allergies? _____

Do you have any special diet requirements? Yes No What are they? _____

Do you have any relatives or friends in the US? Yes No If yes, who and where do they live?

Have you ever traveled or lived in another country? Yes No If yes, what countries and when?

PLEASE ATTACH OFFICIAL SCHOOL TRANSCRIPTS FROM YOUR MIDDLE AND SENIOR SCHOOL TO THIS APPLICATION. YOUR APPLICATION CANNOT BE CONSIDERED WITHOUT OFFICIAL TRANSCRIPTS WITH SCHOOL ADMINISTRATOR SIGNATURE AND SCHOOL SEAL.

TERMS OF PARTICIPATION AND ACKNOWLEDGEMENT

Please initial each statement to acknowledge you understand the Terms of Participation and sign at the bottom of the page.

_____ I understand my host family will be my family for the year and if I have any problem I will discuss it with my host family and ECI supervisor.

_____ I understand that I am to participate in this program as a member of the family. This may mean I can be asked to help with household chores.

_____ I understand I may not smoke cigarettes, use drugs, or drink alcohol during my participation in this program. Any violation of this clause can lead to the immediate termination of my participation in this program and my immediate return to my home country.

_____ I understand I must follow all school rules and that daily attendance in school is mandatory. If ill and absent from school my host family must submit reason for absence. A note from a medical doctor must be provided for any absences more than three days.

_____ I understand that I must attend all classes and be in the class and ready to participate at the start of each class. I understand that excessive tardiness may result in the termination of my participation in this program and my return to my home country.

_____ I understand I must maintain a "C" average in all my classes. I maybe required to use a tutor, at my own expense. If I am expelled from the school for poor grades or inappropriate behavior I understand I must return home immediately at my own expense.

_____ I understand I am not permitted to operate any motor vehicle while I am in this program, with the exception of being under the supervision of a certified or licensed driving instructor. I also understand any additional insurance cost is my responsibility. Program insurance does not cover driving insurance.

_____ I understand that I may not travel alone or hitchhike. I must notify my host family and ECI supervisor of any travel plans that are outside of my daily routine, such as traveling to another city or state by any means. I understand I MUST notify ECI if I plan to travel outside of the United States. Failure to notify ECI will result in your inability to return to the United States and termination of your program.

_____ I understand I may not participate in any extreme sports without my natural parents written permission, such as sky diving, bungee jumping or other sport that could lead to serious injury.

_____ I understand I may not pierce or tattoo any of my body parts while in this program.

_____ If I have any questions or I am unsure about any aspect of this program I will contact my ECI supervisor.

Signature of student

Date



PERSONAL STATEMENT

On this page explain your reasons for wanting to participate in this program. Include a description of the qualities you possess that make you a good candidate for this program.) You should fill this page! This page will be reviewed by the school as a measure of your writing skill, so explain clearly and completely Do not type. Write by hand.

Date: _____



LETTER OF RECOMMENDATION

English Teacher

The named student has applied to study in the United States. Please give us your assessment of this student. This information is very important for the student's placement in the most appropriate school and home environment. Your evaluation is kept strictly confidential. Please review the student's academic achievement, attitudes towards school, maturity and social development. Do you feel this student would be successful as an exchange student?

NAME OF STUDENT _____ GRADE _____

NAME OF SCHOOL: _____

ADDRESS OF SCHOOL: _____

NAME AND TITLE OF EVALUATOR: _____

HOW LONG HAVE YOU KNOWN THIS STUDENT: _____

Signature and Title: Date: _____



LETTER OF RECOMMENDATION

Mathematics Teacher

The named student has applied to study in the United States. Please give us your assessment of this student. This information is very important for the student's placement in the most appropriate school and home environment. Your evaluation is kept strictly confidential. Please review the student's academic achievement, attitudes towards school, maturity and social development. Do you feel this student would be successful as an exchange student?

NAME OF STUDENT _____ GRADE _____

NAME OF SCHOOL: _____

ADDRESS OF SCHOOL:

NAME AND TITLE OF EVALUATOR: _____

HOW LONG HAVE YOU KNOWN THIS STUDENT: _____

Signature and Title: Date: _____

You may e-mail this to: Admissions@eci-ca.org

EDUCATIONAL CONSORTIUM INSTITUTE
HOMESTAY APPLICATION (Page 1)

Every attempt will be made to place you with a compatible family. It is very important that you completely fill-out all the items on this page so we can place you in the most appropriate homestay environment.

What are your hobbies and what you like to do in your free time? _____

How would you describe your personality? Choose all those that apply.

- Cheerful Friendly Outgoing Serious Good sense of humor
 Quiet Shy Easy-going Flexible Sensitive
 Adventurous Cautious

Do you like small children? Yes No

Do you have any fear of animals or house pets? Yes No Please explain: _____

Are there any foods you do not like or cannot eat? Yes No Please list: _____

Do you take ANY medications? Yes No Please list: _____

Have you taken the TOEFL test? Yes No If YES, best score _____ Date taken _____

I have I have never been suspended from school. If you have explain the circumstances.

If you have have family or friends in the Unites States that would be willing to host you during your stay , Please write their name and address below so we can contact them.

Name and address _____



Letter of Introduction

Date _____

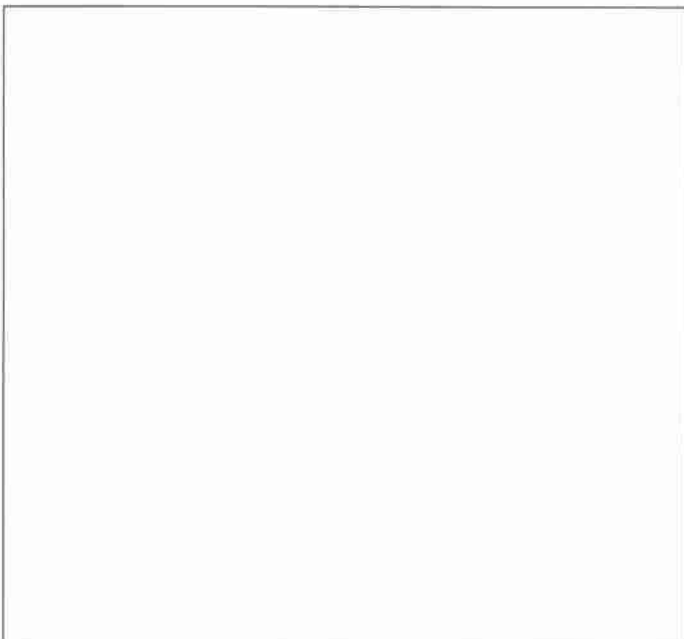
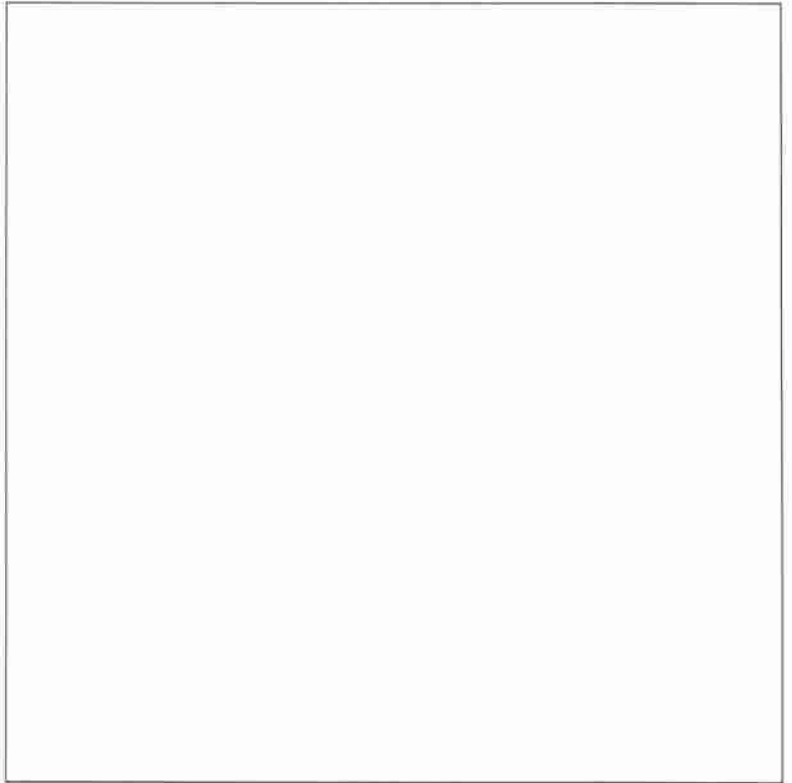
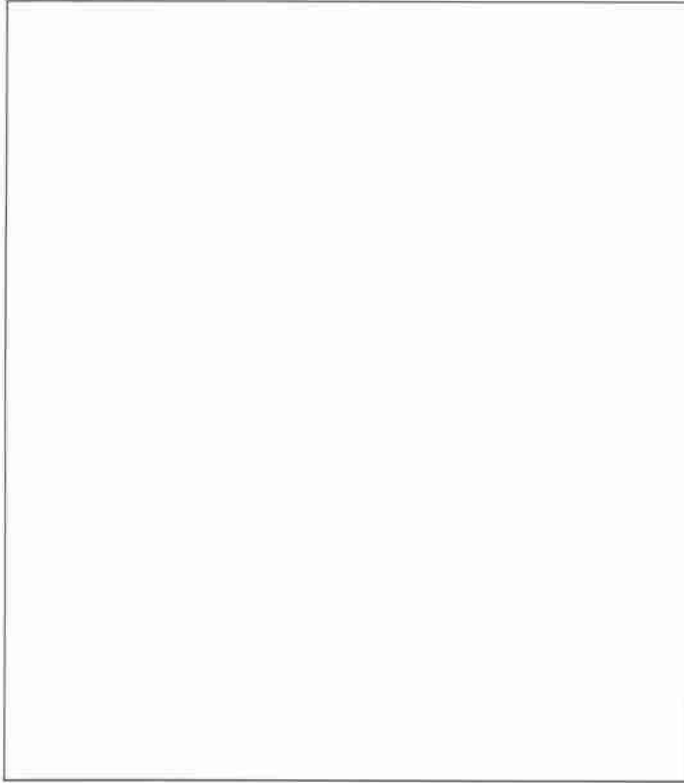
This letter of introduction is for your host family. It will also allow ECI pick the most appropriate family for you. Please explain in detail your hobbies, what you like to do in your spare time. Please tell us about all your family members and your relationship to each member. Also, tell us how you feel about school. Let us know your likes and dislikes.

Start your statement in the box.. Click your cursor in the box and start writing.



HOMESTAY INTRODUCTION AND PHOTOS

Below, please place pictures that represent who you are. Use pictures of your family, home, school, friends and pets.





Educational Consortium Institute

PO Box 2434
Aptos, CA 95001-2434
USA

831-684-2661 Tel
831-684-2753 Fax
www@eci-ca.org

MEDICAL AND LIABILITY RELEASE

We, the undersigned, parents of _____ do hereby designate (host family, if any) _____ and/or Educational Consortium Institute as guardian and authorize designated person(s) to provide consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said child under the general or special instructions of any physician or dental member of any qualified and licensed physician or hospital, whether such diagnosis or treatment is rendered at any office of said physician or hospital. We further authorize said physician or hospital to exercise his/her discretion in authorizing the disposal of any severed tissue or member.

Permission is also given for the transportation of said child to and from any qualified physician or hospital by a lic driver via ambulance, car, taxi, or other mode of transportation deemed necessary. We authorize a member of ECI staff or chaperoning adult to accompany our child to the selected doctor or facility as needed.

It is understood that this consent is given after all reasonable efforts to contact us have been exhausted and with consideration as to the urgency of the situation as advised by qualified medical professionals.

We, the parents, certify that we have purchased a health and accident insurance policy for said child that will be in effect from during his/her entire stay in the U.S. We, the parents, shall assume full financial responsibility for all medical bills incurred as a result of accident, injury or illness sustained by said child during his/her stay in the U.S. We, the parents, will not hold any officers, representatives, employees or agents of Educational Consortium Institute (herein called ECI) responsibility for any and all complications that may be ensue as a result of those treatments.

We, the parents, understand the inherent risks associated with this travel and agree that we will not hold ECI or any officers, representatives, employees, or agents of that organization responsibility for any sickness, damage caused by natural disaster, or any accident resulting from traveling by plane, train, bus, car, or any other form of transportation.

Further, we forever, waive, release and discharge any and all rights, demands, claims for damage and causes of suit or action that we may have against any and all officers, representatives, employees and agents of ECI.

We, the parents, hereby authorize representatives of ECI to obtain any and all documentation from a hospital or doctor as it relates to our child's treatment for the purpose of corresponding with us and/or presenting required documentation to the insurance company.

Signature of Parent/Guardian _____ Date _____

Print Parent's Name: _____

Contact Phone Numbers _____

FATHER BIRTH DATE: _____ MOTHER BIRTH DATE: _____

(Month / Day / Year)

(Month / Day / Year)

Your child is required to carry health and accident insurance during his/her stay. Please make a copy of the insurance policy and attach it to this form. If the student arrives without insurance, ECI will purchase the insurance and invoice family.

Insurance Carrier: _____

Carriers Address: _____

Policy No.: _____

Effective date from: _____ To: _____



SIGN AND RETURN THIS COPY TO ECI

LIABILITY WAIVER

We, as the parents or legal guardian of the student in this program hereby release all officers, Board of Directors employees, representatives and volunteers from and against all claims, damages, losses and expenses including attorney fees arising out of this exchange program. We also release anyone directly or indirectly employed by ECI or anyone for whose acts any of them may be liable, except where caused by the active negligence, sole negligence, or willful misconduct of State of California, their officers, employees, representatives and volunteers.

Signature of father or legal guardian: _____ date: _____

Signature of mother or legal guardian: _____ date: _____

TRAVEL AUTHORIZATION

We authorize ECI to make decisions on my behalf for participation in activities that may require my child to travel, such as school activities, home-leave travel by car, bus or train, under the rules and regulations of the schools, laws, regulations and the policy as established by ECI. ECI will contact me for my permission for any trips outside of these conditions.

Signature of father or legal guardian: _____ date: _____

Signature of mother or legal guardian: _____ date: _____

ACKNOWLEDGMENT

We have read, understand or have had explained to us the student handbook and the rules and regulations as they apply to this program. We also acknowledge that we have received the student handbook and accept responsibility for knowledge of its content.

Signature of student: _____ date: _____

Signature of father or legal guardian: _____ date: _____

Signature of mother or legal guardian: _____ date: _____

PHOTOGRAPHS FOR PROMOTION

I understand that by participating in this program I also give ECI permission to take and use my pictures to send to my family and use for promotional purposes.

Signature of student: _____ date: _____