

APPLICATION CHECK LIST

****This Check List Must be Included with the Application.****

- () 1. Application Form with length of stay indicated and Medical History included.
- () 2. Supplemental Health Report. **ALL IMMUNIZATIONS ARE REQUIRED**; including Hepatitis B Shots (series of 3 shots). Please indicate the number and date of each. Both the student's parents and physician **MUST** sign this form.
- () 3. Medical Release Form
- () 4. Five (5) photos. One (1) pasted to the Application and 4 additional small photos in an envelope.
- () 5. ****Two (2) Complete Copies of TRANSLATED School Transcripts and One (1) Original**
Bring most recent year completed with you when you arrive.**
- () 6. English/Language Teacher's Recommendation and Three (3) Student Reference Forms
- () 7. Student's Composition
- () 8. Parent's Letter
- () 9. Questionnaire
- () 10. **\$500 NON-REFUNDABLE** Deposit/Application Fee
- () 11. **Copy of Student's Birth Certificate & Passport**
- () 12. Please Indicate if the Student is Able to Pay Tuition
() **YES: Amount Range:** _____
() **NO**
- () 13. English Test & Score (TOEFL, ELTIS, SLEP)
- () 14. **PERSONAL INTERVIEW FORMS (Completed with Application, Signed & Dated)**
- () 15. **PRE-DEPARTURE ORIENTATION FORMS (Completed Prior to Student Departing for Program)**

*****An ENGLISH Translation of the School Transcripts
MUST BE INCLUDED with ANY NON-ENGLISH TRANSCRIPT*****

PLEASE PRINT OR TYPE

Please Send 5 Photographs; size 2" x 2", a \$500.00 Non-Refundable Application Fee and Complete School Transcripts (Translated) in Duplicate with this Application.

LENGTH of Stay - Check the program for which you are applying:

Summer: () Period varies with location and other factors.

Semester Beginning In: () August/September () December/January

Academic Year Beginning In: () August/September () December/January

Attach photograph here
Taken within the past year
Not a snapshot. Write full
name on back and enclose
5 additional photographs.

NAME _____ SEX _____ RELIGION _____
Last First Middle

ADDRESS _____

CITY/TOWN _____ STATE/COUNTRY _____ ZIP CODE _____

Telephone Number: _____ Cell Number: _____
(include country, state and city codes)

STUDENT'S EMAIL _____

PARENT'S EMAIL _____

HIGH SCHOOL _____

ADDRESS _____

TELEPHONE NUMBER: _____ PRINCIPAL _____

DURATION OF YOUR SCHOOL YEAR: Begins (month) _____ Ends (month) _____

YOUR CURRENT SCHOOL YEAR: (Check one) 9th _____ 10th _____ 11th _____ 12th _____

HAVE YOU GRADUATED? YES _____ NO _____

If yes, when did you graduate? (Month and Year) _____

If no, when will you graduate? (Month and Year) _____

EXTRA CURRICULAR ACTIVITIES _____

LANGUAGE ABILITY

Please list languages and indicate your abilities as Excellent, Good, Fair, or Poor. (Other than your native tongue)

Language	Speak	Understand	Read	Write
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

International Fellowship, Inc reserves the right to designate the country, state, city, school and family to which students will be placed. The program cost covers the services provided by International Fellowship. All other costs--including transportation, insurance, passport, visa, airport fees, books, clothing and personal expenses--are to be the responsibility of the student and/or parents/guardians--**Unless Otherwise Stated**.

CONFIDENTIAL HEALTH REPORT

PLEASE TYPE OR PRINT

PART 1

(To Be Completed By Student/Natural Parents)

NAME _____ DATE OF BIRTH _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____
Country

A. IF YOU HAVE EVER SUFFERED FROM THE FOLLOWING:

(Please indicate with an X)

	Yes	No		Yes	No
Asthma	___	___	Malaria	___	___
Appendicitis	___	___	Mental Disorder	___	___
Has your appendix been Removed?	___	___	Pneumonia	___	___
Allergies	___	___	Rheumatic Fever	___	___
Diabetes	___	___	Scarlet Fever	___	___
Epilepsy	___	___	Tuberculosis	___	___
Hernia	___	___	Typhoid Fever	___	___
Have you been operated on successfully?	___	___	Serious, persistent cough	___	___
			Vertigo	___	___
			Dizziness	___	___

B. HAVE YOU EVER BEEN HOSPITALIZED? YES _____ NO _____

ILLNESS/ACCIDENT _____ DATE _____ DIAGNOSIS _____

ILLNESS/ACCIDENT _____ DATE _____ DIAGNOSIS _____

ILLNESS/ACCIDENT _____ DATE _____ DIAGNOSIS _____

C. HAS THERE BEEN ANY HISTORY OF MENTAL ILLNESS, NERVOUSNESS, and DIABETES OR TUBERCULOSIS IN YOUR FAMILY? YES _____ NO _____

If yes, please explain: _____

D. DISEASES, IMPAIRMENTS OR ABNORMALITIES:

(Please indicate with an X)

	Yes	No		Yes	No
Eyes or Sight	___	___	Abdominal Organs	___	___
Ears and Hearing	___	___	Skin	___	___
Tonsils, Nose, Throat	___	___	Lungs/Respiratory System	___	___
Tonsils Removed?	___	___	Heart	___	___
Stomach/Digestive System	___	___	Bones	___	___
Genital/Urinary System	___	___	Joints	___	___
Blood	___	___	Locomotion System	___	___

E. PLEASE GIVE FULL INFORMATION ABOUT DISABILITIES OF THE ABOVE MENTIONED:

F. PLEASE LIST ALL MEDICATIONS YOU TAKE, STRENGTH AND FREQUENCY:

CONFIDENTIAL HEALTH REPORT

PLEASE TYPE OR PRINT

PART 2

(To Be Completed By The Student's Physician in English)

1. AGE _____ HEIGHT _____ WEIGHT _____ SEX _____

BLOOD PRESSURE: Sys _____ Dia _____ Pulse Rate _____ Regular _____

ARE REFLEXES NORMAL? Pupil _____ Knee _____ Other _____

2. IS THERE ANY EVIDENCE OF THE FOLLOWING?

(Indicate with an X either yes or no)

	Yes	No		Yes	No
Diabetes	___	___	Mental Disorder	___	___
Epilepsy	___	___	Rheumatic Fever	___	___
Hernia	___	___	Communicable Disease	___	___
Tuberculosis	___	___	Malaria	___	___

ANY DISEASE, IMPAIRMENT OR ABNORMALITY OF:

	Yes	No		Yes	No
Eyes, sight	___	___	Heart	___	___
Ears, hearing	___	___	Blood	___	___
Tonsils, nose	___	___	Other abdominal organs	___	___
Stomach	___	___	Lungs	___	___
Digestive system	___	___	Respiratory system	___	___
Blood system	___	___	Bones	___	___
Endocrine system	___	___	Joints	___	___
Genital-urinary system	___	___	Locomotion system	___	___
Brain system	___	___	Nervous system	___	___

3. IS THERE EVIDENCE OF ANY OTHER DISEASE, IMPAIRMENT OR ABNORMALITY? YES _____ NO _____

4. DESCRIBE IN DETAIL EACH DISEASE, IMPAIRMENT OR ABNORMALITY MENTIONED ABOVE: _____

5. DESCRIBE ANY LOSS OF MEMBER OR DEFORMITY: _____

6. DESCRIBE ANY SCARS: _____

7. DOES THE APPLICANT PRESENT TO YOU ANY HISTORY OR PRESENT EVIDENCE OF NERVOUS, EMOTIONAL OR MENTAL ABNORMALITY? _____

8. IN YOUR OPINION, IS THE CHILD EMOTIONALLY MATURE TO GO ABROAD? _____

9. IN MY OPINION, THE GENERAL STATE OF THE APPLICANT'S HEALTH IS:

EXCELLENT _____ GOOD _____ FAIR _____ POOR _____

NAME of DOCTOR (PRINTED) _____

DOCTORS SIGNATURE _____ PHONE NUMBER _____

ADDRESS _____ DATE OF EXAM _____

MEDICAL RELEASE FORM

I/We, _____, the parent(s) or legal guardian(s) of _____, an exchange student traveling under the auspices of International Fellowship, Inc. do hereby give permission to have the above named student immunized to comply with County, State, Country and/or School Laws. I/We agree to pay all expenses for said immunizations.

If it becomes necessary, permission is also given to administer Routine and Emergency Medical Treatment. I/We agree to pay all expenses, which are not covered by insurance or any other means.

International Fellowship, Inc., including All Staff and my/our child's Host Parents, are hereby appointed as my/our personal representatives to act on my/our behalf in all matters of medical treatment, medical care and health insurance related to my child. I/We understand that this designation gives the personal representatives the same rights to my/our child's medical information and health insurance information as myself/us. This appointment will expire at the end of the current academic/policy year.

PRINT NAME OF STUDENT

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Acknowledgment

Student Name and Student Number

I agree to abide by the Rules for Student Conduct while a participant of the International Fellowship Exchange Student Program. I understand that failure to comply with these rules, along with ALL other policies of the program, may result in the student's removal from the program without any monetary reimbursement. The student may also be returned to their home country at their natural parent's expense (forfeiture of return-trip tickets).

Student Signature

Date

Natural Father Signature

Date

Natural Mother Signature

Date

Host Father Signature

Date

Host Mother Signature

Date

*****Please sign and return to our Westfield Office IMMEDIATELY*****

STUDENT COMPOSITION

(Please type or print with black ink)

In the space below, type or print a letter in ENGLISH, which will introduce you to your host family. Please explain the reasons why you want to study abroad, why you want to live with a foreign family and describe your family, friends and your life in your home country. Also, describe your responsibilities and daily activities and include any other information that you want your host family to know. (Use a separate sheet if you need more space)

STUDENT NAME _____

STUDENT SIGNATURE _____ DATE _____

PARENT'S LETTER

(Please type or print with black ink)

In the space below, type or print a letter in ENGLISH to your child's host family. Include a general description of your child's strengths and weaknesses. Explain how you feel your child will react to a new culture and customs. What is your opinion about your child's participation in the exchange program? (Use a separate sheet if you need more space)

STUDENT NAME _____

PARENT SIGNATURE _____ **DATE** _____

PARENT SIGNATURE _____ **DATE** _____

STUDENT QUESTIONNAIRE

1. Check ALL ACTIVITIES that you ENJOY and have an INTEREST in:

SPORTS:

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Aerobics/Gym | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Badminton | <input type="checkbox"/> Hiking | <input type="checkbox"/> Swimming/Diving |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Hockey (Floor/Ice) | <input type="checkbox"/> Table Tennis |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Horseback Riding | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Bicycling | <input type="checkbox"/> Hunting | <input type="checkbox"/> Track & Field |
| <input type="checkbox"/> Billiards | <input type="checkbox"/> Ice-Skating | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Judo/Karate | <input type="checkbox"/> Water Sports |
| <input type="checkbox"/> Camping | <input type="checkbox"/> Sailing/Boating | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Fishing | <input type="checkbox"/> Skateboarding | <input type="checkbox"/> Other – Please List |
| <input type="checkbox"/> Football | <input type="checkbox"/> Skiing/Snowboarding | |
-
-

List ALL the Sports you Actually Practice and Describe:

ARTS, ENTERTAINMENT, HOBBIES and INTERESTS:

- | | |
|--|--|
| <input type="checkbox"/> Collector Of | <input type="checkbox"/> Playing Games – General |
| <input type="checkbox"/> Cooking/Baking | <input type="checkbox"/> Playing Games – Video |
| <input type="checkbox"/> Dance (Ballet, Jazz, Tap) | <input type="checkbox"/> Puzzles |
| <input type="checkbox"/> Dance (Modern/Hip-Hop) | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Drawing/Painting | <input type="checkbox"/> Sewing |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Singing – School Chorus / Church Choir / Solo |
| <input type="checkbox"/> Hand Crafts | <input type="checkbox"/> Theater – Acting / Stage Crew |
| <input type="checkbox"/> Listening to Music | <input type="checkbox"/> Traveling/Sightseeing |
| <input type="checkbox"/> Playing Musical Instruments | <input type="checkbox"/> Watching Television / Movies |
| <input type="checkbox"/> Photography | <input type="checkbox"/> OTHER INTERESTS – List Below |
-
-
-
-

SOCIAL ACTIVITIES:

- | | |
|--|---|
| <input type="checkbox"/> Discussing Current Events / Debates | <input type="checkbox"/> Participating in Clubs – Please List Clubs |
| <input type="checkbox"/> Community/Volunteer Service | <input type="checkbox"/> School Dances |

List the hobbies and social activities in which you participate in the most and explain:

2. Describe your relationship with each member of your family.

Father: _____

Mother: _____

Brother(s): _____

Sister(s): _____

3. Describe your relationship with your friends.

4. Describe your daily routine during the week.

5. Describe your weekend routine.

6. Indicate your Language Proficiency as: Excellent, Good, Fair or Poor

	Speaking	Reading	Writing	Understanding	Years Studied
English	_____	_____	_____	_____	_____
Spanish	_____	_____	_____	_____	_____
German	_____	_____	_____	_____	_____
French	_____	_____	_____	_____	_____
Latin	_____	_____	_____	_____	_____

7. Describe the main characteristics of your personality.

Positive: _____

Negative: _____

8. List your specific dislikes.

9. Do you help with housework? Yes No Will you help if asked? Yes No

What are you duties/chores (if any)? _____

10. Do you smoke cigarettes/cigars or use any tobacco product? Yes No Sometimes

Would you abstain if asked? []Yes []No []Not Sure []If against Community/School Rules

****Please remember that in most states in the United States it is illegal to purchase tobacco if you are under 18 years of age.****

11. What is your Religion? _____

How often do you attend church? [] Always [] Often [] Sometimes [] Rarely [] Never

Would you attend church with your host family?[] Always [] Often [] Sometimes [] Rarely

****Please Keep in Mind - The Host Family May NOT be of the Same Religion/Faith.****

12. Have you ever traveled outside of your home country? [] Yes [] No

If yes, how many times? _____

Where? _____

When? _____

For how long? _____

[] With Friends/Classmates [] By Yourself [] With Relatives/Family [] On Tour/Exchange

13. How and when did your interest in International Fellowship, Inc. arise? _____

14. Describe/Explain your reasons for wanting to study abroad? _____

15. Do you have any interests/activities you want to continue or start on your exchange program? _____

16. What are your favorite subjects in school? _____

17. Have you ever participated in any other exchange program prior to International Fellowship, Inc.?

[] Yes [] No If yes, for how long? _____

18. Please list any information that you think will assist us in making your exchange program a success. Also, do you have any documented allergies (Food, Pollen, Animal, etc.) by a Doctor that we should know about when securing a Host Family for you? _____

19. Host Family Information - Please answer the following questions to the best of your ability.

The questions below will assist our program in establishing your preferences. We will not guarantee that your “preferences” will all be able to be met. Thank you.

Do you understand that most host family placements are located in rural areas of the United States? Yes No

Do you have any issues with rural placement? Yes No

Are you comfortable with younger host siblings? Yes No

Are you willing to live with a family that has pets? Yes No

Please Indicate if the Student will Accept the Following:

Accept a Double Placement with a Student from a Different Country in the Same Home

YES NO

Accept a Placement with a Single Host Parent with Children

YES NO

Accept a Placement with a Single Host Parent without Children

YES NO

Are you comfortable living with a family of a different ethnic Background (African-American, Asian, Hispanic, etc.)? Yes No

Do you have any dietary restrictions? Yes No

If Yes to Dietary Restrictions, please explain. _____

What kind of food do you like? _____

What kind of food do you not like? _____

Would you accept a host family who may smoke inside at times? Yes No

Would you prefer the host family to smoke outside? Yes No

****Remember that you are applying for an exchange student program.****
****This will be a cultural and educational experience different from your home country.****

ENJOY AND LEARN

CONFIDENTIAL REQUEST FOR STUDENT REFERENCES

_____ has used your name as a reference on his/her application to become an exchange student on our program. Please complete the follow information:

1. How long have you known this student? _____

2. How does the student know you? _____

3. Based on your own opinion, please briefly tell us if you feel he or she has the potential to be a successful exchange student and why: _____

Your prompt reply will be greatly appreciated.

Yours truly,

International Fellowship, Inc.

NAME _____

ADDRESS _____

City, State/Province, Zip Code _____

Phone (including area code) _____

Signature _____ Date _____

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Yours truly,

International Fellowship, Inc.

NAME _____

ADDRESS _____

City, State/Province, Zip Code _____

Phone (including area code) _____

Signature _____ Date _____

RELEASE FORM FOR PICTURES AND GENERAL INFORMATION

We/I hereby authorize International Fellowship, Inc. to release into public viewing for any and all venues of advertisement, the picture and general information regarding our/my child.

PRINT NAME OF STUDENT

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Thank You.

**Guideline for Computers, Smart Phones, Ipads, Tablets, Etc. for
Host Families and International Fellowship Students**

1. Host Parents **must** authorize use of the family computer at all times. Students are permitted to bring their own personal computers and electronic devices.
2. The Internet/Email/Social Media privileges "should" **not** exceed 90 minutes a day for social purpose - Facebook, Twitter, Blogging, Gaming, etc., - whether on the host family computer or the student's personal computer or electronic device. - This does **NOT** include corresponding with natural parents.
3. The host family does **not** have to permit use of their computer every day of the week. The host family can schedule use as they see appropriate if it is taking away from other family member's use. Also, if the student is spending too much time on their own personal devices, the host family may impose "rules" as to appropriate times for use and may require the personal computer or other communication devices to be turned in by a certain hour each night.
4. There is **no guarantee** or requirement that a host family have Internet or a computer for the student to use.
5. The student should **try not** to email, Skype or chat via the Internet with family or friends back in their home country for the first two weeks of their exchange program. The student is permitted to correspond with his/her parents to advise them of his/her safe arrival and then preferably nothing more for the first two weeks. After the initial two-week period, email is considered the same as phone or Internet chatting privileges. The student is permitted to contact his/her parents **once or twice a week, (if necessary) for no more than an hour each time.** Email, phone or Internet chatting privileges to other International Fellowship exchange students is acceptable, but should be limited to **one to three times a week for no more than 60 minutes a day.**
6. Computer use for schoolwork purposes is the exception to the rule of "not exceeding 90 minutes a day" use of the computer. All school assignments that require the use of the **host family's computer must** be discussed with the host family.
7. It could be asked of the student to contribute to the cost of any supplies that are used by the student for the use of the host family's computer or printer (paper, ink, toner, disks, etc.).
8. At **NO TIME** should a student alter, add, delete or create any programs on the host family's computer. (Ex: Changing the Default Language or Password)
9. **AT NO TIME SHOULD A STUDENT VISIT ANY WEBSITES THAT INVOLVE PORNOGRAPHIC MATERIALS OR MATERIAL OF IMMORAL OR OF QUESTIONABLE CONTENT.** This applies to both the host family's and student's personal computers and electronic devices.
10. In regards to "Pocket Translators," the use of this device should be limited to home use when doing homework after the first month. After the student's first month in school, the Pocket Translator should be left at the host home. If there is additional time needed, we will review each student's situation on an individual basis with input from the host family, local representative and school.

The exchange student and host family must sign and date one copy of the Computer Use Policy and return to our office. The other copy is for the host family and student to reference. Please keep in mind that this is a "Guideline" leaving room for discussion and review of individual situations. Thank you.

Student _____ Date _____

Family _____ Date _____

In regards to "Smart Phones" and "Social Media Outlets" - It is understood that the student will be on their "Device(s)" more often than not, however it is not to be abused in respect to time or used inappropriately. International Fellowship will step in when necessary if problems arise.

Contract for International Fellowship, Inc.

In the city and country of _____ on the _____ day of the month of _____ of the year of _____, I/We, the undersigned _____ by my/our own right and in the name of and in the representation of my under-aged son or daughter, _____, before _____, who represents the institution named International Fellowship, Inc., which has its place of business at 8806 West Lake Road, P.O. Box 130, in the City of Westfield, New York 14787, appear and state:

That International Fellowship, Inc. assures me/us of the concession of a study program to my/our already mentioned child for the period of approximately _____ months in a foreign country, as long as the requirements set forth by this institution are met with. The program includes, among other benefits, studies in a secondary institution, if available at the time and place of travel, lodging in a private home with three meals a day (bag lunch only for school), laundry service (except dry-cleaning), as well as a comprehensive insurance policy. This policy covers all illnesses, which are not pre-existing and accidents in accordance with the description of coverage found on the form issued by the ***United Healthcare Student Resources (UHCSR)***. In consideration of what has been set forth, for my/our part, I/We promise to comply with and follow, and see that my/our child complies with and follows, what is specified in the following clauses:

1. My/Our child will obey the moral and disciplinary rules of the host home, school and International Fellowship, and give filial obedience to his/her host parents. Expulsion, Dismissal, Removal, Withdrawal of Voluntary School Acceptance or any form of a request for removal, dismissal or expulsion from the school will result in dismissal from the program and the student must return to his/her country of program origin **immediately** at the expense of the natural parents/guardians.
2. I/We promise and obligate my child to make the round-trip with the organized group, by the manner of transportation elected and/or approved by International Fellowship, Inc., and in compliance with all instructions given by International Fellowship, Inc., on the date designated. The failure on my/our part, or the part of my/our child, to comply with this clause will result in the cancellation of the student's program with International Fellowship and the loss of my/our child's return trip ticket (if applicable). Homeland Security/Immigration will be notified. I/We as parent(s) (guardian(s)) will be responsible for all expenses to return my/our child to the country of program origin.
3. Since this is an educational program, my/our child is obligated to attend classes and study at an accredited school in the foreign country where and when available. My/Our child is also required to obtain and maintain passing grades at his/her host school. Failure to attend school on a regular basis will result in the dismissal from the program and immediate return home to the student's country of program origin at the expense of the natural parents or guardians.
4. My/Our child **will not be permitted to travel alone, unless authorized by International Fellowship, Inc.** to do so, and must always travel accompanied by an adult of known moral character and authorized by the host parents and with the consent of International Fellowship, Inc. He/She will not be able to go on overnight stays outside his host home, without the authorization of his/her host parents and the consent of International Fellowship, Inc.
5. If my/our child drinks alcoholic beverages, is involved in the use or sale of illegal drugs, carries any type of concealed weapon (any type of knife, gun, etc.), or violates any other local, state or federal law, I/We concede from this moment my authorization for my child to be returned to the country of program origin at my expense.
6. I/We promise that my/our child will return as scheduled by International Fellowship, Inc., and should he/she be dismissed from, voluntarily leave or shorten the length of the program he/she was accepted in, there is no refund of any amount or part of any amount of the program price. If he/she extends his/her stay past International Fellowship's approval, his/her program will be cancelled and the cost of the return transportation and any other expenses will be my/our responsibility.

Continued on Next Page

7. My/Our child will maintain "passing" grades throughout his/her program. International Fellowship expects all students who are not doing well (D's and F's), to seek extra help to bring all D's and F's up to at least a C- average. If a tutor is required, that will be at my/our expense. Continued failure or refusal to bring D's and F's up to passing could possibly result in a school requesting for the Expulsion, Dismissal, Removal, Withdrawal of Voluntary School Acceptance or any form of a request for removal, dismissal or expulsion. This could result in the removal of the program per Clause #1 of the contract, however each case will be considered on an individual basis.
8. I/We understand that the entire application fee of U.S. \$500.00 is to cover administration expenses involved in the processing of this application and is Non-Refundable.
9. In the event that my/our child does not comply with or disobeys any of the clauses stated in 1 through 7, it remains understood that International Fellowship, Inc. reserves the right to return him/her to the country of program origin at my/our expense. International Fellowship will notify immigration and the student's visa will be cancelled.
10. I/We have read and accept the Cancellation/Refund Policy as stipulated separately.

In agreement with the above, and ratifying its content, I/We sign on the above date.

p/International Fellowship, Inc.

Father's (Guardian's) Signature

Mother's (Guardian's) Signature

Student Name & Signature: _____

NOTE: The length of stay for 3, 6 or 10 month programs may vary depending upon the student's scheduled departure and return dates. **Please be advised that the 6 and 10 month programs apply for any length of stay over 3 and 6 months respectively and are not on a prorated basis.**

**INTERNATIONAL FELLOWSHIP, INC.
ENGLISH/FOREIGN LANGUAGE TEACHER'S
RECOMMENDATION FORM**

(Please Type or Print)

Name of Student: _____

How long have you taught the student? _____ Years _____ Months

How many total years has the student studied English or Foreign Language? _____

School Name: _____

Address: _____ Telephone Number _____

Teacher's Signature: _____ Date _____

Briefly explain why you recommend this student to be a good candidate for the International Fellowship Exchange Student Program: _____

English or Foreign Language Instructor: Please indicated the student's English Language proficiency by marking the appropriate category. Please be as accurate as possible.

	Excellent	Good	Fair	Poor
Reading				
Writing				
Speaking				
Understanding				

Please consider the following aspects about the student, which will assist us to determine the student's potential success in an academic exchange program. Mark the appropriate category.

	Excellent	Good	Fair	Poor
Attendance/Tardiness				
Completes Work on Time				
Creativity				
Motivation				
Study Habits/Skills				
Leadership Ability				
Adaptability				
Relation to other Students				

PERSONAL MEDICAL HISTORY

For _____

Student Number _____

IMMUNIZATIONS

Check with your doctor for your actual immunization schedule.

	Date	Date	Date	Date	Date
DTaP/DTP/Tdap (3) Diphtheria & Tetanus toxoid w/ Pertussis				X	X
T/D Tetanus & Diphtheria toxoid w/ Pertussis			X	X	X
Polio (3) (IPV/OPV)				X	X
Hepatitis B (3)				X	X
Measles (Rubeola)				X	X
Rubella (German Measles)				X	X
Mumps				X	X
Tuberculin Skin Test (TB)		<u>Positive:</u>	<u>Negative:</u>	X	X
BCG <small>*Only if a Negative TB Skin Test</small>		X	X	X	X
Varicella (Chicken Pox) List Vaccine Date. Some States Require Two Vaccines.					
Meningococcal Conjugate (1) Before Age 16 Booster Vaccine (1) 16 or older List Vaccine Date. Some States Require Two Vaccines.			X	X	X

All 11 to 12 year olds should be vaccinated with a meningococcal conjugate vaccine. A booster dose is recommended at age 16 years.

- The second dose needs to be given on or after the 16th birthday.
- Teens who received their first dose on or after their 16th birthday do not need another dose.

Has the Student Ever Had the Chicken Pox Disease or Vaccination? _____

If yes to having the Chicken Pox Disease, When? _____

If the Student has been Vaccinated for the Chicken Pox Disease, When? _____

****Please Include Supporting Documentation for the Chicken Pox Disease / Vaccination.****

PERSONAL MEDICAL HISTORY

For _____

Student Number _____

IMMUNIZATIONS

COVID-19 Vaccine

Check with your doctor for your actual immunization schedule.

	Date	Date	Date	Date	Date
COVID-19 Vaccine Name of Vaccine:			X	X	X
COVID-19 BOOSTER SHOT **If Applicable**					
Has the Student had COVID-19? If YES, Please list the date(s).					



****Please Include Supporting Documentation for the COVID-19 Vaccination.****

International Fellowship, Inc.

P.O. Box 130 / Westfield, New York 14787
infelwes@gmail.com / www.internationalfellowship.org
716-326-7277 / 1-800-647-8839 / 716-326-7279 (fax)

Permission / Acknowledgement Form to Receive the COVID-19 Vaccine (Approved in the US) Signed by Natural Parents/Guardians

ONLY IF THE STUDEN IS NOT VACCINATED or REQUIRES A BOOSTER FOR COVID-19

Student Name: _____ Student Number: _____

Date: _____

To Whom It May Concern:

We/I give our/my child, _____ permission to receive the
COVID-19 Vaccine/Booster.
Student's Name

We the natural parents/guardians accept full responsibility for our child and will not hold the sponsor (International Fellowship, Inc.), host family, school or any other organization or family responsible for any and all possible reactions or calamities, including any additional costs or hardships incurred.

Sincerely,

Natural Father/Legal Guardian: _____
Print Name

Signature Date

Natural Mother/Legal Guardian: _____
Print Name

Signature Date

Personal Medical History for:

Name: _____

Address: _____

Phone Numbers: _____

Home: _____

Cell: _____

School: _____

Date of Birth: _____

Birth City/State/Country: _____

Sex: _____

Blood Type: _____

The information on this form must be completed for the Local Schools and Health Authorities in the United States. The information must be accurate and up to date to ensure that the student is in compliance with the Local and State Health Laws. Please include the month/day/year in order to be considered valid in the United States. This form MUST be SIGNED and DATED by the Student's Physician.

The Minimum Requirements are as follows:

1. Three (3) Oral Polio: The last immunization must be administered after 3 years of age.
2. Three (3) DPT (Diphtheria/Pertussis/Tetanus): The last immunization must be administered after 3 years of age.
3. 1 DPT of DT Booster: Administered within the last 10 Years.
4. * One (1) Mumps Vaccine OR the Disease.**
5. * One (1) Rubella (Measles) Vaccine OR the Disease.**
6. * One Rubella (German Measles) Vaccine OR the Disease.**
7. *One Meningococcal Vaccine if First Vaccine was Administered On or After the Student's 16th Birthday.
8. *Two Meningococcal Vaccines if First Vaccine was Administered Before the Student's 16th Birthday.

* MMR Vaccine must have been administered ON or AFTER the Student's First Birthday.

** If a Student has had the Disease, Titer Test results showing immunity may be submitted in lieu of receiving the MMR Booster. The MMR Vaccine combines the Measles, Mumps and Rubella.

General State of Student's Physical Health:

Excellent _____ Good _____ Fair _____ Poor _____

General State of Student's Mental Health:

Excellent _____ Good _____ Fair _____ Poor _____

Physician's Signature _____ Date _____

Physician's Name (Print or Type) _____

Address _____

Phone Number _____ Fax _____

Email Address _____

Health Insurance (if Applicable)

Carrier Name and Address _____

Group Number & Subscriber Number _____

****CONFIDENTIAL INFORMATION****

International Fellowship, Inc.

CANCELLATION/REFUND POLICY

(For Travel in August/September ONLY)

***** ALL applications must include the \$500 **Non-Refundable** deposit, which will be applied to the cost of the program.

***** ALL balances must be **PAID IN FULL NO LATER THAN MAY 1st**.

***** ANY application sent **after MAY 1st** **MUST INCLUDE THE FULL PAYMENT.**

***** **CANCELLATIONS AND REFUNDS ARE AS FOLLOWS:**

- A) Cancellations received in writing prior to June 1 and prior to the purchase of transportation (where applicable) by International Fellowship will receive a refund of 75%. **** (See below)**
- B) Cancellations received in writing between June 1 and July 1 and prior to the purchase of transportation (where applicable) by International Fellowship will receive a refund of 50%. **** (See below)**
- C) Cancellations received in writing after July 1 and prior to the purchase of transportation (where applicable) by International Fellowship will receive a refund of 25%. This includes Cancellations **Before the Department of State (DOS) Placement Deadline (August 31st or any Extension for Placement approved by the DOS)** **** (See below)**
- D) Cases involving the student being denied a visa will be reviewed on an individual basis. Generally, providing the denial was not based on misrepresentation of or by the student and a copy of the official denial is received in our New York office, there will be a refund of the paid program price less U.S. \$1,500.00. **** (See below)** Otherwise the normal refund schedule as described in parts A, B, and C applies.
- E) Once transportation for the student has been purchased by International Fellowship (where applicable) or the student has departed from the country of program origin per schedule as approved by International Fellowship, there will be **NO REFUND**.
- F) Once the student has departed from the country of program origin, should he or she be dismissed from, voluntarily leave, or shorten the length of the program the student was accepted in, there is **NO REFUND** of any amount or part of the paid program price.
- G) **REFUSAL of a Valid Placement - If the Student is Not Replaced by the DOS Deadline (See C above), the Refund is the Program Fee, less the \$500 Non-Refundable Deposit and less an additional \$1000 for Refusing a Valid Placement. If the Student/Parent(s) Cancel after Refusing a Valid Placement - See Parts A, B and C above regarding Cancellation Refunds depending on date of Cancellation.**

**** Providing transportation (where applicable) has not been purchased by International Fellowship.**

**** All Amounts are in US Dollars and are from the Program Fee less the Non-Refundable Deposit.**

***** **VERY IMPORTANT PLEASE NOTE:**

All Forms, including DS-2019 and I-20 Forms, along with complete host family and school information will be released only **AFTER RECEIPT OF FULL PAYMENT.**

I have read and accept the above Cancellation/Refund Policy.

Date

Father's (Guardian's) Signature

Mother's (Guardian's) Signature

International Fellowship, Inc.

CANCELLATION/REFUND POLICY

(For Travel in December/January ONLY)

***** ALL applications must include the \$500 **Non-Refundable** deposit, which will be applied to the cost of the program.

***** ALL balances must be **PAID IN FULL NO LATER THAN OCTOBER 1st**.

***** ANY application sent **after OCTOBER 1st** **MUST INCLUDE THE FULL PAYMENT.**

***** **CANCELLATIONS AND REFUNDS ARE AS FOLLOWS:**

- A) Cancellations received in writing prior to November 1 and prior to the purchase of transportation (where applicable) by International Fellowship will receive a refund of 75%. **** (See below)**
- B) Cancellations received in writing between November 1 and December 1 and prior to the purchase of transportation (where applicable) by International Fellowship will receive a refund of 50%. **** (See below)**
- C) Cancellations received in writing after December 1 and prior to the purchase of transportation (where applicable) by International Fellowship will receive a refund of 25%. This includes Cancellations **Before the Department of State (DOS) Placement Deadline (January 15th or any Extension for Placement approved by the DOS)** **** (See below)**
- D) Cases involving the student being denied a visa will be reviewed on an individual basis. Generally, providing the denial was not based on misrepresentation of or by the student and a copy of the official denial is received in our New York office, there will be a refund of the paid program price less U.S. \$1,500.00. **** (See below)** Otherwise the normal refund schedule as described in parts A, B, and C applies.
- E) Once transportation for the student has been purchased by International Fellowship (where applicable) or the student has departed from the country of program origin per schedule as approved by International Fellowship, there will be **NO REFUND.**
- F) Once the student has departed from the country of program origin, should he or she be dismissed from, voluntarily leave, or shorten the length of the program the student was accepted in, there is **NO REFUND** of any amount or part of the paid program price.
- G) **REFUSAL of a Valid Placement - If the Student Refuses a Valid Placement and is Not Replaced by the DOS Deadline (See C above), the Refund is the Program Fee, less the \$500 Non-Refundable Deposit and less an additional \$1000 for Refusing a Valid Placement. If the Student/Parent(s) Cancel after Refusing a Valid Placement - See Parts A, B and C above regarding Cancellation Refunds depending on date of Cancellation.**

**** Providing transportation (where applicable) has not been purchased by International Fellowship.**

**** All Amounts are in US Dollars and are from the Program Fees less the Non-Refundable Deposit.**

***** **VERY IMPORTANT PLEASE NOTE:**

All Forms, including DS-2019 and I-20 Forms, along with complete host family and school information will be released only **AFTER RECEIPT OF FULL PAYMENT.**

I have read and accept the above Cancellation/Refund Policy.

Date

Father's (Guardian's) Signature

Mother's (Guardian's) Signature

Student Number: _____

Supplemental Agreement with International Fellowship, Inc.

ONLY For Students Applying to the 12 Month Program

In addition to the Contract for International Fellowship Inc., I promise to comply with and adhere to, and see that my child complies with and adheres to, the following clauses:

1. Once my child has been accepted for the first part//half of the program which begins with the second semester, (January to June), he/she will be accepted only PROVISIONALLY for the second half/part of the program (August/September to December). Providing there are no complications and the student is in good standing with International Fellowship Inc., the school and the host family, we will welcome and accept the student to return for the second part/half of the program which begins with the first semester (August/September to December).
2. My child will arrive to the United States no earlier than two weeks prior to the beginning of the second (Spring) semester classes and return to the country of program origin no later than two weeks from the last day of the second (Spring) semester classes/exams.
3. My child must return to the country of program origin after the end of the Spring semester and during the summer break.
**Remaining in the United States during the “summer” months is by invitation and approval only by the School, Host Family and International Fellowship.
There are additional fees associated with being invited to remain during the US “summer” months (\$700 USD).
4. My child will arrive/return to the United States no earlier than two weeks prior to the beginning of the first (Fall) semester classes and return to the country of program origin no later than two weeks after the last day of the first (Fall) semester classes/exams.
5. Refunds, except if a student has been refused a visa, will be made according to International Fellowship’s refund policy. If a student has been refused a U.S. visa, proof of such must be submitted to our Westfield, New York office. If the refusal is not due to misrepresentation by the student and/or his/her family, the student will receive a full refund less U.S. \$1,500.00.
6. If for any reason the school and/or the host family do not invite or welcome the student back for the fall Semester due to, for example, poor academic performance or behavioral problems or the student has been removed by International Fellowship from our program for violating his/her contract, the student’s participation on our program will be terminated at the time of such determination or infraction. The student must return to his/her home country immediately at the expense of the Natural Parents.
7. In the event that there is a school/family change required for the Fall Semester of the 12 Month Program, additional fees **may** apply.

Date

Father’s (Guardian’s) signature

Mother’s (Guardian’s) signature

Student Name: _____

This Form is ONLY for January to January 12 Month Applicants.

RULES FOR INTERNATIONAL FELLOWSHIP

THE STUDENT

1. The student must obey the rules of the Host Family.
2. The student should **NOT** stay overnight at a friend's home during the first two (2) weeks while he/she is adjusting to the customs and habits of their new home, school and country.
3. The student is expected to become part of the host family.... To do the **SAME** chores, which are expected of the other children in the home, and to, take part in family activities and functions.
4. The student **MUST** attend school on a daily basis. **NO EXCEPTIONS.**
5. The student may **NOT** purchase/consume **ALCOHOLIC BEVERAGES.**
6. Involvement in the use or sale of Drugs/Narcotics or **VIOLATION** of any Local, State or Federal Law will result in the **IMMEDIATE** return of the student to his/her own country at the expense of the **NATURAL FAMILY.**
7. Students are covered by medical insurance, but **MUST** inform his/her host parents of **ANY** illness or accident, so that proper medical attention can be obtained.
8. The student may **NOT** drive any motor vehicle or take driver education courses.
9. The student may **NOT** accept employment for pay during his/her stay abroad.
10. A responsible **ADULT MUST** accompany the student in all overnight travel away from the host family and community. The itinerary, including dates names and telephone numbers must be sent to and approved by International Fellowship, Inc, in Westfield, New York **PRIOR** to travel. This permission is not necessary for routine overnight visits with friends within the community.
11. **ANY** and **ALL** visits or travel involving **NATURAL FAMILY** while on the International Fellowship program **MUST** be **APPROVED** by **HEADQUARTERS** in Westfield, New York **PRIOR** to any arrangements or reservations being finalized. Visits **during** the Student's Program are strongly **DISCOURAGED**. It is preferred that visits from the Natural Parents occur at the **END** of the Student's Program. Visits from extended natural family and natural family friends are not permitted under any circumstances. All **REQUESTS** for Visits or Travel with the immediate natural family must be submitted in writing to International Fellowship (infelwes@gmail.com) at **least 4 weeks in advance**. Each Request for Travel/Visit from the Natural Parents will be reviewed on an individual basis.
12. **DATING** - Our program **discourages exclusive dating**. At **NO TIME** is **PROMISCUITY** or **any form of Sexual Activity Acceptable**. This could result in the Removal from the Program and Immediate Return to the Student's Home Country. Social and Sexual "customs" are not always the same as they are in the Student's Home Country.
13. The student **MUST** return to his/her home country on the date specified by International Fellowship since the **IMMIGRATION DEPARTMENT** and **AIRLINE COMMITMENTS** are involved. **NO SPECIAL EXTENSIONS CAN BE ALLOWED.**
14. If International Fellowship receives a request from a Student's School (Expulsion) and/or Host Family to have a student removed due to behavior unbecoming to a Foreign Exchange Student (Unauthorized Smoking in the Host Home, Consumption of Alcohol, Drugs, Legal Issues, Engaging in Sexual Intercourse, etc.) that student will be subject to the immediate return to his/her own country at the expense of his/her **NATURAL FAMILY**. Any issue involving Expulsion from the Host High School or Behavior "Unbecoming of a Foreign Exchange Student," will be taken under individual consideration.

THE HOST FAMILY

1. The host family should exchange greetings and letters with the natural family of the student. Under **NO** Circumstances should the host family carry on business transactions, make agreements **OR** private arrangements concerning the student without **PRIOR APPROVAL** from International Fellowship.
2. The host family is required to furnish a clean and orderly home, a private bed (if not a separate bedroom), space for studying, clothing storage, laundry facilities and meals (bagged lunch for school is included, **cafeteria bought lunch is not**). **The Student is able to prepare his/her own breakfast and bagged lunch.**
3. Must see that the student attends school daily.
4. The host family should provide the opportunity for the student to attend church of his/her own faith, if available. **(Weekly if possible)**
5. The host family should refrain from lending money to the student. The students come with their own spending money. The natural parents will periodically send money to the student.
6. The host family should give the student a great amount of Love, Sympathy, Understanding, Guidance and a proper amount of Discipline. Treat the student as a regular family member.

****FAILURE TO COMPLY WITH THE ABOVE-MENTIONED RULES MAY RESULT IN REMOVAL FROM THE INTERNATIONAL FELLOWSHIP, INC. PROGRAM WITHOUT REIMBURSEMENT AND THE POSSIBILITY OF FORFEITING RETURN TRIP TICKETS (IF APPLICABLE)****

BASIC RESPONSIBILITIES OF INTERNATIONAL FELLOWSHIP

- ❖ Student Application and Screening Process
- ❖ Host Family Application and Screening Process
- ❖ Assistance with Visa Arrangements for the Student
- ❖ Student Placement Services with a Host Family
- ❖ Domestic & Foreign Air Transportation for the Student to and from the Host Country, **if Applicable**.
- ❖ Detailed Travel Itinerary Provided to the Student, Host Family, I.F. Local Representative and the High School.
- ❖ Official Approval of Student Enrollment in a Local High School
- ❖ Support and Guidance of I.F. Foreign Chapter Director and National Office Staff.
- ❖ Pre and Post-Arrival Student Orientations, Host Family Interview and Orientation and Pre-Departure Information.
- ❖ Comprehensive Student Health and Accident Insurance; Medical Treatment Release from Natural Parents
- ❖ Emergency Assistance **24 hours a day, seven days a week**, by a qualified national staff member. This is through a **Toll-Free**, phone number **(1-800-647-8839)**.

BASIC RESPONSIBILITIES OF HOST FAMILY

- ❖ An Orderly Home with a Private Bed (if not a separate bedroom) for the Exchange Student
- ❖ Space for the Student to Write Letters, Study and Store Clothing
- ❖ Laundry Facilities
- ❖ Welcome the Student at the Airport upon Arrival and Accompanies the Students to the Airport for Departure Home. The Local Representative may also Greet and Bid the Student Farewell.
- ❖ Daily Meals (students able to prepare own breakfasts) Lunch is Included if it is a bagged lunch from home for School.
- ❖ Insures that the Student is Registered at a High School and Attends on a Daily Basis.
- ❖ Provides Opportunities for the Student to Attend Church of His or Her Faith, if possible.
- ❖ Offers the Student Patience and Understanding, Guidance, with a Proper Degree of Discipline, as the Student would be a Regular Family Member.
- ❖ Acts in **Voluntary Capacity**, with **No** Compensation from any Source (Charitable Deduction of \$50/month for Hosting in Claiming Taxes)

BASIC RESPONSIBILITIES OF THE EXCHANGE STUDENT AND NATURAL FAMILY

- ❖ **ALL** Program Fees
- ❖ Passport, Travel Documents and Travel Expenses from Home to Point of Departure
- ❖ Round-Trip Transportation if **not** included with the Student's Program.
- ❖ Immunization/Physical Examinations
- ❖ Personal Expenses (Clothing, Toiletries, Souvenirs, Entertainment, Public Transportation, School Supplies, Cafeteria (school) Lunches, Telephone Calls...)
- ❖ **Possibly** Return-Trip Airfare if the Student and/or Parents Violate any of the Rules, Regulations (laws) or Policies of International Fellowship, the Host Family, the School or the Community.
- ❖ **ALL** Costs associated with the International Fellowship Tour (Student Participation is **OPTIONAL**)

International Fellowship, Inc.

P.O. Box 130
Westfield, New York 14787

Student Travel Rules

1. Students may accompany their host families on overnight or weekend trips. Please advise the Westfield Office, whether by letter, email, fax or calling the **1-800-647-8839 toll free line**, where the student can be reached in case of an emergency.
2. School sponsored day trips and day trips with the host family may be taken by the student without prior approval from International Fellowship.
3. Overnight visits with other families in the community are permitted if the host family approves it.
4. **ALL** travel involving spending the night away from the host family and community must have International Fellowship approval. A **complete** itinerary, names and addresses of chaperones and **written approval from the Natural Parents, Host Parents and School** must be sent to the Westfield Office **PRIOR** to the trip. Sending in the required documents does **NOT** constitute an APPROVAL from the Westfield Office. **NOTE:** School Approval is needed **ONLY** if the student will miss school during the trip. ****If Travel Involves Adults other than the Host Family for more than a weekend-overnight, Background Checks Must be Completed for ALL ADULTS who are 18+ Years Old.****
5. The **STUDENT MUST TRAVEL** in the company of a **RESPONSIBLE ADULT** at **ALL** times. International Fellowship **must** approve the responsible adult if it is not one of the host parents. Normally a “responsible adult” is anyone who is at least 21 years of age or older. For Example, the Host Family **MAY NOT** put the student on a plane, train, bus, etc., to be met at another point by someone else. The “approved” adult **MUST** actually travel with the student. Host Siblings **DO NOT** qualify as “Responsible Adults” if they are not **at least 21 years of age**. ****The “Responsible Adult” must be fully Vetted by International Fellowship by Completing a Criminal Background Check Form provided by International Fellowship. Our Program does not permit the use of Airline Representatives as Chaperones. Thank you.****
6. **RULES #4 and #5** apply to **ALL** travel with the **Natural Parents** as well. Travel with the Natural Family is **HIGHLY DISCOURAGED until the END of the Student’s Program**. ****We must have at LEAST a TWO WEEK NOTICE on Visits Involving the Natural Parents.****
7. **For any prolonged trip**, such as a vacation with the Host Family, School or Church trips, etc., **written permission from the NATURAL PARENTS** should be obtained and sent to the Westfield Office with ALL other necessary information required in Rule #4.
8. The **ONLY** exception to these rules is when a student is meeting or returning from the International Fellowship Tour organized by International Fellowship and when the students are traveling according to schedules arranged by International Fellowship when they arrive in the United States and return to their home countries. **(PLEASE NOTE RULE #5)**

****ALL INTERNATIONAL TRAVEL – INCLUDING TRIPS to CANADA and MEXICO****
****THE HEADQUARTER’S OFFICE MUST BE CONTACTED AT LEAST**
4 WEEKS IN ADVANCE FOR REVIEW AND AUTHORIZATION. NO EXCEPTIONS.**

IMPORTANT NOTE: If APPROVAL of the Westfield Office is required for a trip, please notify our office at least two (2) weeks prior to the trip. Allow sufficient time for the required letters, etc. to be received in the Westfield Office. **DO NOT** assume permission has been granted after mailing the required letters and forms. Please wait for a reply from the Westfield Office as to whether or not permission has been granted for the specific trip. The Westfield Office **must** APPROVE each “new or different” trip. ****Failure to comply with any or all of these requirements may result in the student’s removal from the International Fellowship Exchange Student Program. The student and natural family would then forfeit ALL benefits of the Program (Airfare, if Purchased by IF Program, Insurance and the Student’s J-1 Visa Status) in the event the student fails to comply with the Rules & Regulations of International Fellowship, Inc. **NOTE:** If the Host Family “assists” the exchange student to “bend or break” any of International Fellowship’s Rules & Regulations, the student is still held accountable for their actions. The student and natural parents are informed of ALL Rules & Regulations during the Pre-Departure Orientation in their Home Country and again once the Student arrives during the Post-Arrival Orientation conducted by an International Fellowship Representative.

Thank you.

For any questions or concerns, please call International Fellowship at:

1-800-647-8839 (Toll-Free, 24-hour Phone Line US & Canada) / 716-326-7277 (24 Hour Phone Line Outside US & Canada)
Email: infelwes@gmail.com Fax Number: 716-326-7279 Website: www.internationalfellowship.org