



**DESCRIBE YOUR FAMILY'S DAILY ROUTINE, INTERESTS, COMMUNITY INVOLVEMENT,**

**AND ACTIVITIES (e.g. camping, crafts, art, music, sport participation, etc.):** \_\_\_\_\_

**RELIGIOUS AFFILIATION:** \_\_\_\_\_

**ATTITUDE TOWARDS OTHER FAITHS:** \_\_\_\_\_

**DOES ANYONE IN YOUR FAMILY SMOKE?** \_\_\_\_\_

**WOULD YOU PERMIT YOUR EXCHANGE STUDENT TO SMOKE?** \_\_\_\_\_

**DO YOU HAVE PETS?** \_\_\_\_\_

**Inside** \_\_\_\_\_ **Outside** \_\_\_\_\_

**Preference in Hosting:** \_\_\_\_\_ **Male** \_\_\_\_\_ **Female** \_\_\_\_\_ **Either** \_\_\_\_\_ **Age Preference**

**Preferred Length of Student's Stay:** **School Year** \_\_\_\_\_ **Semester** \_\_\_\_\_

**WOULD THE STUDENT:**

**Share a Bedroom?** \_\_\_\_\_ **Age of Host Sibling:** \_\_\_\_\_ **Have a Private Bedroom?** \_\_\_\_\_

(PLEASE NOTE: STUDENTS MUST HAVE THEIR OWN BED)

**Host Home Located in:** \_\_\_\_\_ **Town** \_\_\_\_\_ **Country** \_\_\_\_\_ **Miles from Town/School**

**PLEASE COMPLETE THE FOLLOWING STATISTICAL INFORMATION:**

**LEVEL OF EDUCATION:**

**Parent:** ( ) **High School** ( ) **College** ( ) **Other** \_\_\_\_\_

**Parent:** ( ) **High School** ( ) **College** ( ) **Other** \_\_\_\_\_

**ANNUAL FAMILY INCOME:**

( ) **Under \$25,000** ( ) **\$25,000 - \$35,000** ( ) **\$35,000 - \$45,000** ( ) **\$45,000 - \$55,000**

( ) **\$55,000 - \$65,000** ( ) **\$65,000 - \$75,000** ( ) **\$75,000 and above**

The income data collected will be used solely for the purposes of ensuring that the basic needs of the exchange students can be met including three quality meals daily and transportation to and from school activities.

**REFERENCES: (OTHER THAN RELATIVES)**

Please give one of the attached Host Family Reference forms to each of your three (3) references that you have indicated below. Please have your references fill out these forms and return the forms to the Westfield Office as soon as possible. The return mailing address is indicated at the bottom of each of the Host Family Reference Forms for the Westfield, New York Office. Thank You.

1. NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE NUMBER ( ) \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

2. NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE NUMBER ( ) \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

3. NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE NUMBER ( ) \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

**WOULD YOU CONSIDER SENDING YOUR SON OR DAUGHTER ABROAD ON AN EXCHANGE PROGRAM?**

Yes \_\_\_\_\_ No \_\_\_\_\_ Undecided \_\_\_\_\_

**SCHOOL THE EXCHANGE STUDENT WILL ATTEND: (Circle One: Public or Private)**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

TELEPHONE NUMBER ( ) \_\_\_\_\_

PRINCIPAL \_\_\_\_\_

NAME, TELEPHONE NUMBER, & E-MAIL OF CONTACT PERSON AT SCHOOL:

\_\_\_\_\_

**PRESS RELEASE INFORMATION (OPTIONAL)**

Name of Local Newspaper: \_\_\_\_\_

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

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

Phone Number ( ) \_\_\_\_\_ Email: \_\_\_\_\_

**PARENT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PARENT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_



# *International Fellowship, Inc.*

## HOST FAMILY APPLICATION SUPPLEMENT

The following information and responses are required by the U. S. Department of State of all sponsors and their host families as part of the U. S. Department of State's recently extended host family screening process.

### HOST FAMILY AND HOME INFORMATION

1. In addition to the photos submitted with the host family application, please describe your type of home (e.g. single family home, condominium, duplex, apartment, mobile home): \_\_\_\_\_  
\_\_\_\_\_
2. Describe primary rooms and bedrooms: \_\_\_\_\_  
\_\_\_\_\_
3. Number of bathrooms: \_\_\_\_\_
4. Describe the student's bedroom: \_\_\_\_\_  
\_\_\_\_\_
5. Will the exchange student share a bedroom? Y / N If yes, with whom? \_\_\_\_\_
6. Describe amenities to which the student will have access: \_\_\_\_\_
7. Utilities: \_\_\_\_\_
8. Are there any relevant behavioral (or other) characteristics of a family member that could affect the successful integration of the student into the household? Y / N If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
9. Does anyone in the family follow any dietary restrictions? Y / N If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_
10. Do you expect the student to follow any dietary restrictions? Y / N If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_
11. Would you feel comfortable hosting a student who follows a particular dietary restriction (e.g. Vegetarian, Vegan, etc.)?  
Y / N
12. Would your family provide three (3) square meals daily? Y / N
13. Does anyone residing in the home receive any kind of public assistance (financial needs-based government subsidies for food or housing)? Y / N If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_
14. Please identify those personal expenses expected to be covered by the student. \_\_\_\_\_  
\_\_\_\_\_
15. Describe your expectations regarding the responsibilities and behavior of the exchange student while in your home (e.g. homework, household chores, curfew (school night and weekend), access to refrigerator and food, drinking of alcoholic beverages, driving, smoking, computer/internet/e-mail, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
16. What is the language spoken in the home? \_\_\_\_\_
17. Would anyone in the household have difficulty hosting a student whose religious beliefs were different from their own?  
Y / N **Note:** A host family may want the exchange visitor to attend one or more religious services or programs with the family. The exchange visitor cannot be required to do so, but may decide to experience this facet of U.S. culture at his or her discretion.

18. How did you learn about being a host family? \_\_\_\_\_  
 \_\_\_\_\_
19. Has any member of the household been charged with a crime? \_\_\_\_\_  
 \_\_\_\_\_
20. Have you ever hosted an exchange student? \_\_\_\_\_ If yes, when and with what program? \_\_\_\_\_  
 \_\_\_\_\_

**HIGH SCHOOL AND COMMUNITY INFORMATION**

1. What is the approximate size of the school student body? \_\_\_\_\_
2. What is the approximate distance between the school and your home? \_\_\_\_\_
3. What is the approximate start date of the school year? \_\_\_\_\_
4. How will the exchange student get to the school? \_\_\_\_\_
5. Would the family provide special transportation for extracurricular activities after school or in the evenings, if required?  
 Y / N
6. Which, if any, of your family's children presently attend the school in which the exchange student visitor is enrolled? \_\_\_\_\_  
 \_\_\_\_\_ Also, if applicable, list sports/clubs/activities, if any,  
 your children participate(s) in at school. \_\_\_\_\_  
 \_\_\_\_\_
7. Does any member of your household work for the high school in either a coaching/teaching or administrative capacity?  
 Y / N If yes, please describe: \_\_\_\_\_  
 \_\_\_\_\_
8. Has any member of your household had contact with a coach regarding the hosting of an exchange student with particular athletic ability? Y / N If yes, please describe: \_\_\_\_\_  
 \_\_\_\_\_
9. In what type of community do you live (e.g. urban, suburban, rural, farm)? \_\_\_\_\_
10. What is the population of the community? \_\_\_\_\_
11. Briefly describe your neighborhood and community. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
12. Are there any areas in or near your neighborhood to be avoided? Y / N If yes, please describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please note that completion of the Host Family Application and Supplement does not obligate you to host an exchange student. This application and supplement are part of the recently extended host family screening process required by the U.S. Department of State that must be completed before you have access to our student profiles. As always, it is your prerogative to withdraw your application at any time without obligation.

**PARENT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_  
**PARENT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

# *International Fellowship, Inc.*

## Community Information

Name of Student: \_\_\_\_\_ Student # \_\_\_\_\_

Name of Host Family: \_\_\_\_\_

Name of City: \_\_\_\_\_ State: \_\_\_\_\_

Population of City(Town): \_\_\_\_\_

City or Town Website: \_\_\_\_\_

Name of Nearest Major City: \_\_\_\_\_

Distance: \_\_\_\_\_ Population: \_\_\_\_\_

Distance to the following:

Shopping/Mall \_\_\_\_\_ Church \_\_\_\_\_ School \_\_\_\_\_ Town \_\_\_\_\_

Please Describe the Following:

Local Weather:

Summer: \_\_\_\_\_

\_\_\_\_\_

Fall: \_\_\_\_\_

\_\_\_\_\_

Winter: \_\_\_\_\_

\_\_\_\_\_

Spring: \_\_\_\_\_

\_\_\_\_\_

Describe Community:

Location: \_\_\_\_\_

\_\_\_\_\_

History/Landmarks: \_\_\_\_\_

\_\_\_\_\_

Points of Interest (parks, museums, etc.): \_\_\_\_\_

\_\_\_\_\_

Special Events: \_\_\_\_\_

\_\_\_\_\_

Items a Student Should Have for Weather Conditions and Activities in the Local Community: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# *International Fellowship, Inc.*

## CONFIDENTIAL REQUEST FOR HOST FAMILY REFERENCES

\_\_\_\_\_ have used your name as a reference on their application to host one of our exchange students. Please complete the following information:

1. How long have you known the family? \_\_\_\_\_
2. Do you know why they want to be a host family? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Based on your own opinion, please briefly tell us if you feel they will be a good host family and why: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State/Province, Zip Code \_\_\_\_\_

Telephone Number (     ) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Yours truly,

*International Fellowship, Inc.*

**YOUR PROMPT REPLY WILL BE GREATLY APPRECIATED**

**Please Send To:**

**[infelwes@gmail.com](mailto:infelwes@gmail.com)**

**716-326-7279 (Fax)**

**OR**

**Mail To:**

**International Fellowship, Inc.**

**P.O Box 130**

**Westfield, New York 14787**



# *International Fellowship, Inc.*

## CONFIDENTIAL REQUEST FOR HOST FAMILY REFERENCES

\_\_\_\_\_ have used your name as a reference on their application to host one of our exchange students. Please complete the following information:

4. How long have you known the family? \_\_\_\_\_

5. Do you know why they want to be a host family? \_\_\_\_\_

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

6. Based on your own opinion, please briefly tell us if you feel they will be a good host family and why: \_\_\_\_\_

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

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State/Province, Zip Code \_\_\_\_\_

Telephone Number (     ) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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Westfield, New York 14787**

# *International Fellowship, Inc.*

## CONFIDENTIAL REQUEST FOR HOST FAMILY REFERENCES

\_\_\_\_\_ have used your name as a reference on their application to host one of our exchange students. Please complete the following information:

7. How long have you known the family? \_\_\_\_\_

8. Do you know why they want to be a host family? \_\_\_\_\_

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

9. Based on your own opinion, please briefly tell us if you feel they will be a good host family and why: \_\_\_\_\_

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

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State/Province, Zip Code \_\_\_\_\_

Telephone Number (     ) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Yours truly,

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**Westfield, New York 14787**

# 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**. The Student **CAN NOT** miss School. ***\*\*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](mailto:infelwes@gmail.com) Fax Number: 716-326-7279 Website: [www.internationalfellowship.org](http://www.internationalfellowship.org)**