

# STUDENT EXCHANGE PROGRAMS 2019/20

## APPLICATION INSTRUCTIONS – PART I (Student)

Before you fill out Part I of the student exchange application form, please note:

- The application consists of two parts. Part I is completed by the applicant and given to the liaison teacher. Part IIA and IIB are completed by the liaison teacher. While it is **the liaison teacher's responsibility to ensure that the complete application is submitted to Alberta Education, it is the student applicant's responsibility to ensure that the liaison teacher has all of the necessary documentation (eg, passport-size photo, home photos) from Part I.**
- Because the majority of communication between Alberta Education and exchange candidates will be conducted through e-mail, **separate e-mail addresses must be listed for the student applicant, the parent(s) and the liaison teacher.** Please ensure that you list reliable e-mail addresses. We have experienced problems with Hotmail accounts in the past.
- Alberta students travelling on a non-Canadian passport may be required to obtain a visa for specific country destinations. Please contact our office prior to submitting an application for more information.
- **All individuals who are 18 years of age and older and are residing in the home during the period that the exchange student is in Alberta must complete and submit a Police Information Check** to Alberta Education. Further instructions and documentation will be provided upon receipt of the student exchange application. Prior to the matching of the Alberta student, Alberta Education's International Exchange Coordinator must be advised if anyone living in the Alberta student's home has an unsatisfactory police information check. An unsatisfactory police information check may prohibit the Alberta family from hosting an exchange student. Failure to disclose this information could result in termination of the application or exchange.
- A complete application (**single-sided only**) includes:
  - Part I of the application form (completed by the student and parents)
    - Passport-size photo of student applicant adhered to top right corner as indicated in Part I of the application.
    - **Labelled colour photos of the home, the family and the applicant in collage format (maximum of two pages) in a PDF or Word document only. NO INDIVIDUAL OR ORIGINAL PHOTOS WILL BE ACCEPTED.**
    - Commitment and Medical Release Form signed by the applicant and the applicant's parents (**must be signed by all legal guardians, not just custodial parent**).
  - Part IIA of the application form completed by liaison teacher
  - Part IIB Commitment form signed by the liaison teacher and principal

**It is the responsibility of the applicant to ensure that Part I (including scanned colour photos) attached to application is submitted to the liaison teacher. No scanned or faxed copies will be accepted. Must be original copy only. Incomplete applications will not be accepted**

**NOTE TO PARENTS: It is your responsibility to review this application before it is submitted to the liaison teacher.**

**Complete applications are due on March 15 (no later).**

**This application is an  
interactive form (typed).**

**Handwritten, missing information or  
photocopied/emailed applications will  
NOT be accepted and processed.**

**When submitting pictures (coloured),  
please refer to the samples in the  
application form.**

**When printing the application, it must be  
SINGLE sided (coloured is not required  
except for pictures).**

**Please make sure your Adobe is up-to-date  
on your computer or the application may  
not save or print.**

**Thank you!**

## Student Exchange Programs

Information you provide to Alberta Education is collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act and is managed in accordance with Part 2 of the FOIP Act. The personal information you provide will be used by Alberta Education for the purpose to operate Alberta Education's Student Exchange Programs (the Programs) as administered by Alberta Education. The information will be used to achieve a compatible match for the student, schools and host family in the endeavour to provide a successful exchange experience.

Alberta Education will share your approved application with its exchange administrative partner and your host family. Your personal information will not be used or disclosed for any other purpose by Alberta Education without your consent or unless required to do so by law. Should you wish to have your personal information removed, corrected or have concerns pertaining to the Student Exchange Programs, please contact International Exchange Coordinator at 780-644-4470.

**Head/Shoulders  
Photo**

### PART I: Student Application

Program: (You may check more than one)

Quebec   
  Germany   
  Japan   
  Spain   
  Mexico

#### STUDENT INFORMATION

			M <input type="checkbox"/>	F <input type="checkbox"/>	Other <input type="checkbox"/>
Student's Surname	Given Name	Name commonly used	Gender		
Grade (at present time)	Birthday (Month/Day/Year):		Religion:		
		AB			
Home Mailing Address	Town/City	Postal Code			
Home Phone No.	Student Cell No	Student email address			
Canadian Passport: <input type="checkbox"/>		Passport No			
If other, please indicate what type:		Expiry date			

#### SCHOOL INFORMATION

School Name	Principal's Name	Principal's E-mail	
		AB	
School Address	Town/City	Postal Code	
Liaison Teacher's Surname	Liaison Teacher's First Name	Work email address	School Phone No.
School Jurisdiction Name	Superintendent's Name		
		AB	
Address	Town/City	Postal Code	

# PRIMARY

(PLEASE LIST PRIMARY RESIDENCE WHERE EXCHANGE STUDENT WILL LIVE)

PARENT/GUARDIAN INFORMATION			
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Miss. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Miss. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.	
Last Name	First Name	Last Name	First Name
Address			
City		Province	Postal Code
Home Phone Number	Business Phone Number	Home Phone Number	Business Phone Number
Cellular Phone Number	Fax Phone Number	Cellular Phone Number	Fax Phone Number:
Email:		Email:	
Parent Occupation:		Parent Occupation:	

## PRIMARY – FAMILY INFORMATION

Please indicate all family members who will be living in the Alberta home during the hosting period. (Check all that apply)

Father                       Mother                       Legal Guardian(s)

Sisters Names and Ages: \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( )

Brothers Names and Ages: \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( )

If anyone else, please detail:    Relationship \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

**Note: At least one parent or guardian is required to be living at the home during the entire hosting period. Please also note that all individuals who are 18 years of age and older and who will be residing in the home during the exchange period must complete and submit a Police Information Check prior to the arrival of the exchange student (see application instructions for further information).**

Which of these best describes the location of your home: (Please check only one box)

Metropolitan centre (200,000+)     Town/village     Suburb of city     Acreage     Small city (50,000+)     Farm

What is the nature of your home?                       House                       Apartment                       Mobile Home

Will your partner have a separate bedroom?     Yes     No    If no, with whom will he/she share a bedroom? \_\_\_\_\_

Would you and your family accept an exchange with:                       Male                       Female                       Either

## NON-CUSTODIAL – PARENT/GUARDIAN INFORMATION (If applicable: please complete for situations where biological parents/legal guardians of students live in a separate location.)

<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Miss. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Miss. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.	
Last Name	First Name	Last Name	First Name
Home Phone Number	Business Phone Number	Home Phone Number	Business Phone Number
Cellular Phone Number		Cellular Phone Number	
Email:		Email:	

Please indicate if you would like to receive correspondence and program contact list:     Yes     No

# SECONDARY

(PLEASE COMPLETE ONLY IF THERE IS A JOINT CUSTODY SITUATION)

## PARENT/GUARDIAN INFORMATION

Please indicate what the custody situation is for your child (eg. spends weekends at **SECONDARY** home or alternates weeks between **PRIMARY + SECONDARY** home).

Comments:

Will the exchange student be expected to follow the same arrangements as the Alberta student?

- Yes, Exchange student will be living in both homes  
 Yes, although exact schedule to be determined  
 No, Exchange student will be living in primary home only

\*if yes, please note that **police information check will be required**

Mother     Father     Legal Guardian  
 Other (specify) \_\_\_\_\_  
 Ms.     Mr.     Miss.     Mrs.     Dr.

Mother     Father     Legal Guardian  
 Other (specify) \_\_\_\_\_  
 Ms.     Mr.     Miss.     Mrs.     Dr.

Last Name	First Name	Last Name	First Name
Address			
City		Province	Postal Code
Home Phone Number	Business Phone Number	Home Phone Number	Business Phone Number
Cellular Phone Number	Fax Phone Number	Cellular Phone Number	Fax Phone Number
Email:		Email:	
Parent Occupation:		Parent Occupation:	

## SECONDARY – FAMILY INFORMATION

Please indicate all family members who will be living in the Alberta home during the hosting period. (Check all that apply)

Father     Mother     Legal Guardian(s)

Sisters Names and Ages: \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( )

Brothers Names and Ages: \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( )

If anyone else, please detail: Relationship \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

*Note: At least one parent or guardian is required to be living at the home during the entire hosting period. Please also note that all individuals who are 18 years of age and older and who will be residing in the home during the exchange period must complete and submit a Police Information Check prior to the arrival of the exchange student (see application instructions for further information).*

Which of these best describes the location of your home: (Please check only one box)

Metropolitan centre (200,000+)     Town/village     Suburb of city     Acreage     Small city (50,000+)     Farm

What is the nature of your home?     House     Apartment     Mobile Home

Will your partner have a separate bedroom?     Yes     No    If no, with whom will he/she share a bedroom? \_\_\_\_\_

## **1. Personal Objectives**

To begin, please state briefly what you want to accomplish through the exchange. What are your main objectives for participating in this exchange program?

## **2. Diet and Health**

Do you have any special eating habits or diet restrictions?  Yes  No

If yes, please detail: \_\_\_\_\_

Do you have any allergies?  Yes  No

If yes, please detail and be very specific: \_\_\_\_\_

Are you receiving medical treatment for these allergies?  Yes  No

If the only proposed match were one where one of these allergens existed, would you accept the exchange?  Yes  No

Conditions? \_\_\_\_\_

Do you have any physical/emotional conditions or health restrictions that a host family, school or education authorities should be aware of?

Yes  No If yes, specify: \_\_\_\_\_

Do you have any physical disabilities?  Yes  No

If yes, please elaborate:

## **3. Smoking**

Do you smoke?  Yes  No

Does anyone in your home smoke?  Yes  No

If yes, please indicate where  Indoors  Outdoors  Both

Please specify who and how much: \_\_\_\_\_

Would your family accept a smoker into the home?  Yes  No

Any specific conditions (outside only, certain part of house)?

If the only match available was a home where someone smokes, would you accept?  Yes  No

Any specific conditions (outside only, certain part of house)?

Does anyone consume cannabis in your home?  Yes  No

If yes, please explain the purpose (e.g. medicinal, recreational, etc.).

#### **4. Animals**

Do you have animals at home?

Yes

No

If yes, how many and what type of animal(s): (Check all that apply)

Dog(s) # \_\_\_\_\_

Cat(s) # \_\_\_\_\_

Bird(s) # \_\_\_\_\_

Horse(s) # \_\_\_\_\_

Other(s) Please specify type & quantity \_\_\_\_\_

Would you agree to live with a family that has domestic animals?

Yes

No

#### **5. Religious Belief**

Is it important for you to attend religious services?

Yes

No

If yes, please specify denomination or place of worship: \_\_\_\_\_

Would you still participate in exchange, if it were not possible for you to attend?

Yes

No

Comments:

#### **6. Work and Volunteer Activities**

Do you work/volunteer part-time?

Yes

No

If yes, describe the nature of the job/volunteer position and time devoted weekly:

Do you intend to continue working/volunteering during your exchange partner's stay?

Yes

No

If yes, how many hours per week? \_\_\_\_\_

**NOTE: It is expected that during the first month of hosting the exchange partner limit or reduce the hours of work/volunteering (no more than 6-10 hours/week).**

## 7. Activities, Interests, and Leisure

Which of the following categories would best describe you, given your favorite pursuits?

Choose only one or two:

- Artistic   
  Intellectual   
  Athletic   
  Computer   
  Social

### GENERAL

In which of the following activities are you interested or involved? Please give some details outlining your involvement, and indicate whether your participation is regular (R) or occasional (O) as well as how many hours per week you spend on the activity.

- |   | Reg/Occ | No of hours |
|---|---------|-------------|
| <input type="checkbox"/> Creative pursuits (types?)             |         |             |
| <input type="checkbox"/> Travel (type? where?)                  |         |             |
| <input type="checkbox"/> Watching TV (programs?)                |         |             |
| <input type="checkbox"/> Going to movies/watching DVDs (types?) |         |             |
| <input type="checkbox"/> Going out with friends (where?)        |         |             |
| <input type="checkbox"/> Shopping (where?)                      |         |             |
| <input type="checkbox"/> Social media/internet (sites)          |         |             |
| <input type="checkbox"/> Playing computer/video games (types?)  |         |             |

### MUSIC

Please number from 1 through 11 your preference in the following musical categories (1 indicates your favourite; 11 your least favourite):

Pop \_\_\_\_\_   
 Rock \_\_\_\_\_   
 Heavy metal \_\_\_\_\_   
 Hip hop \_\_\_\_\_   
 Rap \_\_\_\_\_   
 Alternative \_\_\_\_\_  
 Techno \_\_\_\_\_   
 Country \_\_\_\_\_   
 Jazz \_\_\_\_\_   
 Classical \_\_\_\_\_   
 Other \_\_\_\_\_

Please specify any types of music you dislike passionately: \_\_\_\_\_

Do you play a musical instrument or sing?  Yes     No

Detail:

Do you take music lessons?  Yes     No

If yes, specify the type [indicate how many hours per week are involved] \_\_\_\_\_ hrs/week

Do you hope to continue lessons while on exchange?  Yes     No

Are there musical instruments in your home?  Yes     No

If yes, which instrument(s)? \_\_\_\_\_

If necessary, could lessons or practice sessions for music, dance or sports be arranged for the exchange partner with minimal difficulty?  Yes     No

Comments:



## SPORTS

How important are sports to you?

Very important

Slightly important

Not important

Please list the activities that are most important to you.

Team sports (i.e. football, soccer, hockey, basketball, etc.):

Number of hours per week

Individual Sports (i.e. swimming, cycling, rollerblading, etc.):

Number of hours per week

## 8. Personal Profile

What type of partner would you like to have? List important qualities and interests.

Are there any qualities in a partner that would be difficult to accept?

## 9. Personality Traits (check the box that reflects your personality scale)

2   1   0   1   2

I prefer to listen      I love to talk

I like to stay home      I like to go out

Sometimes, I'd rather be alone      I'd rather spend time with my friends

I think before I act      I am spontaneous

## 10. Language Background

What is your competence in the target language? (**Check one of the following**)

- Basic* I can understand and use daily expressions and can ask and give personal information but I'm unable to hold a conversation.
- Tourist* I can order meals, ask for directions, read to a certain extent, and follow basic conversations.
- Spectator* I can follow and understand television and radio programs. I can understand texts and read the language well. I can discuss abstract concepts and explain my position on an issue and can hold a basic conversation.
- Fluent/Bilingual* I can communicate with native speakers on a wide range of topics without a great deal of effort on either side, and I can appreciate a joke

What level do you hope to reach by departure? \_\_\_\_\_

Explain in detail your past and current study of the target language.

Course: \_\_\_\_\_ Year \_\_\_\_\_

Comments:

Have you had, or do you currently have, any other opportunities to speak the target language?  Yes  No

Please explain:

Do you or your parents speak any other language(s) at home?  Yes  No

If yes, specify: \_\_\_\_\_

How often? (**check one only**)  Regularly  Often  Seldom

Explain the circumstances:

*Please note that the family who receives an exchange student must agree to provide a completely English-speaking environment, as this is a program to enhance English language skills. English should be the language spoken at home, during activities, in conversation and on television programs*

## **11. Personal Letter of Introduction**

Please write a letter of introduction or a self-portrait. **This will be the first impression your exchange partner and family will have of you so please give it careful consideration.**

Describe “who you are” giving character traits, likes and dislikes, goals, favorite activities, interests, qualities, tastes. Please include what type of activities you like to do with your family, your friends; what you like to read, your favourite subjects. **Please provide lots of details.**

**Please do not simply repeat information that is available in other parts of your application (e.g. siblings age).**

The letter should be a minimum of 500 words, double-spaced and typed.

**Submitted in a separate word document (please label)**

- Labelled colour photos of the home, the family and the applicant in collage format (maximum of two pages) in a PDF or Word document only. NO INDIVIDUAL OR ORIGINAL PHOTOS WILL BE ACCEPTED.

Scanned copy of coloured pictures of you and your family (2 only), favourite activities, friends, pets (2 only)

**Cut and paste your photos into a separate coloured word document.**

**Please label photos**

**No hard copies of pictures accepted**

**COLLAGE OF FAMILY, FRIENDS, PETS, INTERESTS  
(MAXIMUM OF TWO PAGES)**



My family and animals



My friends



Sports



Music

**SAMPLE**

Scanned copy of coloured picture of exterior of home (1 only), interior of home (3 only)

**Cut and paste your photos into a separate coloured word document.**

**Please label photos**

**No hard copies of pictures accepted**

**COLLAGE OF HOME  
(MAXIMUM OF TWO PAGES INCLUDE ONE OF OUTSIDE OF HOME)**



Living room



Kitchen



Exchange Student Bedroom

## Medical Information Release Form

**This medical form will not be shared with the exchange family until the arrival of the Alberta student in the exchange phase of the program.**

Information you provide to Alberta Education is collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act and is managed in accordance with Part 2 of the FOIP Act. The personal information you provide will be used by Alberta Education for the purpose to help ensure adequate supervision and protection for students participating in the exchange.

Once you are matched with a host family, Alberta Education will share your personal information with our exchange administrative partner and your host family. Your personal information will not be used or disclosed for any other purpose by Alberta Education without your consent or unless required to do so by law. Should you wish to have your personal information removed, corrected or have concerns pertaining to the Student Exchange Program, please contact International Exchange Coordinator at 780-644-4470.

This form is to be signed by a parent(s)/guardian(s) and returned to Alberta Education. Accurate and complete information is essential to ensure adequate supervision and protection while students participate in a student exchange. This information is confidential and will be available only to those responsible for the participant, and a physician, if necessary. The parent(s)/guardian(s) is assuming full responsibility for the participating student's health being such that the program activities will in no way aggravate any condition present and will ensure that the participant takes valid health insurance on the exchange.

Name of participant: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Home mailing address: \_\_\_\_\_

Home phone: \_\_\_\_\_

Father/Guardian work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Mother/Guardian work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Emergency contact (other than parent/guardian): \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Family doctor's name: \_\_\_\_\_

Family doctor's phone: \_\_\_\_\_

Alberta Health Care Number: \_\_\_\_\_

**Personal Health Record**

1. Please check any of the following conditions which the participant is subject to:

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> asthma            | <input type="checkbox"/> skin condition  | <input type="checkbox"/> sleepwalking |
| <input type="checkbox"/> kidney trouble    | <input type="checkbox"/> convulsions     | <input type="checkbox"/> diabetes     |
| <input type="checkbox"/> audio impairment  | <input type="checkbox"/> motion sickness | <input type="checkbox"/> epilepsy     |
| <input type="checkbox"/> visual disability | <input type="checkbox"/> heart condition |                                       |
| <input type="checkbox"/> other: _____      |  |                                       |

Please give details of the signs/symptoms and appropriate treatment should any conditions indicated above occur.

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2. Any other illness or chronic condition(s) of which exchange organizers should be aware?

No  Yes

Please specify and give details of any medication necessary.

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3. Please check any of the following illnesses which the participant has had:

- |  |  |   |                                       |
|--|--|---|---------------------------------------|
| <input type="checkbox"/> appendicitis    | <input type="checkbox"/> chicken pox   | <input type="checkbox"/> German measles | <input type="checkbox"/> mumps        |
| <input type="checkbox"/> jaundice        | <input type="checkbox"/> measles       | <input type="checkbox"/> mononucleosis  | <input type="checkbox"/> pleurisy     |
| <input type="checkbox"/> pneumonia       | <input type="checkbox"/> heart disease | <input type="checkbox"/> scarlet fever  | <input type="checkbox"/> tuberculosis |
| <input type="checkbox"/> rheumatic fever |  |   |                                       |
| <input type="checkbox"/> other _____     |  |   |                                       |

4. Please list any disabilities or special needs and the required accommodation.

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5. Please check any of the following conditions which the participant has or has had:

- |   |                                   |   |
|---|-----------------------------------|---|
| <input type="checkbox"/> depression       | <input type="checkbox"/> anorexia | <input type="checkbox"/> anxiety disorder |
| <input type="checkbox"/> bipolar disorder | <input type="checkbox"/> bulimia  | <input type="checkbox"/> other: _____     |

Please give details of the signs/symptoms and appropriate treatment should any conditions indicated above occur.

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6. Are you currently or have been in the past under the direct supervision of a medical doctor/psychologist/psychiatrist

No  Yes  If yes, please explain: \_\_\_\_\_

7. Please list recent operations/injuries (give dates and nature) and precautions that have been advised.

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8. Has the participant had a dental examination within the last year? No  Yes

9. Please check what immunizations the Alberta student has received to date:

- |                                  |                                    |                                  |                                      |
|----------------------------------|------------------------------------|----------------------------------|--------------------------------------|
| <input type="checkbox"/> Measles | <input type="checkbox"/> Mumps     | <input type="checkbox"/> Rubella | <input type="checkbox"/> Diphtheria  |
| <input type="checkbox"/> Tetanus | <input type="checkbox"/> Pertussis | <input type="checkbox"/> Polio   | <input type="checkbox"/> Hepatitis B |

Please list any additional vaccinations and date taken:

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(Note: If deemed necessary, students are responsible for taking the appropriate immunization precautions for their exchange destination.)

10. Is the participant currently taking any medication? No  Yes

Name of drug:

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Condition for which the drug was prescribed:

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Dosage: \_\_\_\_\_

**Note: Please be certain that your son/daughter has all the necessary medication required for the length of their exchange program.**



As the parent(s)/guardian(s) of the participant, under circumstances as stated below, I authorize Alberta Education and individuals responsible for the administration of the exchange program the authority to acquire the necessary medical services/treatments required to ensure the health and safety of my son/daughter,

\_\_\_\_\_  
PLEASE PRINT Name of Student

1. Where the health and well-being of my child is involved;
2. Where medical advice has been such that further services are required and such services require the consent of a parent/guardian;
3. Where all attempts to contact the parent(s)/guardian(s) have failed or where, due to the nature of the emergency, there is insufficient time to contact such parent(s) or guardian(s). In such circumstances, it will be at the discretion of Alberta Education and exchange administration authorities as to what steps must be taken for the health and welfare of the participant.

I understand that any associated costs will be my responsibility, and have made provision for my son/daughter to be covered by out-of-country medical insurance.

\_\_\_\_\_  
PLEASE PRINT Student

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
PLEASE PRINT Parent/Guardian 1

\_\_\_\_\_  
Signature of Parent/Guardian 1

\_\_\_\_\_  
Date

\_\_\_\_\_  
PLEASE PRINT Parent/Guardian 2

\_\_\_\_\_  
Signature of Parent/Guardian 2

\_\_\_\_\_  
Date

INTERNATIONAL EDUCATION EXCHANGE PROGRAM STUDENT EXCHANGE

**RELEASE OF INFORMATION**

**Please indicate the program you are involved with:**

- Germany   
  Spain   
  Japan   
  Quebec   
  Mexico   
  Macau   
  Yamate

**CONSENT FOR SHARING PERSONAL CONTACT INFORMATION**

By signing below I authorize Alberta Education to add the student’s personal contact information (names, address, phone numbers and e-mail addresses) on the exchange participant contact list. This contact list is shared with other host families participating in the same student exchange program to connect participants together for events and meetings. Should you wish to have your personal information removed, corrected or have concerns pertaining to the Student Exchange Programs, please contact International Exchange Coordinator at 780-644-4470.

\_\_\_\_\_  
Signature of Alberta Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**CONSENT FOR COLLECTION, USE AND DISCLOSURE OF PHOTOGRAPHIC IMAGES**

I am the parent or guardian of \_\_\_\_\_ (the “Student”).

I understand that Alberta Education has the authority under of Section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act to collect the student’s personal information in the form of photographic images and captions during their participation in the student exchange program. The photographs will be used for the purpose of publishing same in the Student Exchange Programs' internal and public publications both in print and online. Your personal information will not be used or disclosed for any other purpose by Alberta Education without your consent or unless required to do so by law.

My signature below indicates that I consent to the above-described collection, use and disclosure of the student’s photographic images for the stated purposes.

I understand that Alberta Education’s International Exchange Coordinator is available to answer any questions I may have regarding the collection, use, and disclosure of these photographic images. International Exchange Coordinator can be reached at 780-644-4470.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Print name

For more information on Alberta Education's privacy policy, visit [www.servicealberta.ca/foip/legislation/foip-act.cfm](http://www.servicealberta.ca/foip/legislation/foip-act.cfm)

\_\_\_\_\_  
Date

## Student and Parental Commitment

### Student's Commitment

I \_\_\_\_\_, fully understand the provincial objectives as well as the guidelines of this exchange program and agree to fulfill my responsibilities as an exchange host and exchange partner to the best of my abilities.

I also agree that during the period of the exchange, my exchange partner will be a top priority.

I agree to attend the orientation and pre-departure sessions coordinated by the Student Exchange Programs.

I will not withdraw from the program unless extenuating circumstances prevail and full consultation with my partner, school, and Alberta Education has taken place.

I understand that the information and photographs in this package will be shared with a proposed partner/family, host school as well as with the exchange officials in the host province/country of destination.

I understand that illegal or disruptive behavior or the use of drugs, alcohol or other intoxicating substances is sufficient reason for termination of the exchange by Alberta Education.

***Should I default on any of the above, the exchange may be terminated and any additional costs incurred will be my parents' expense.***

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date

### Parents' Commitment (All legal guardians must sign this commitment form)

I/we \_\_\_\_\_, approve participation in the exchange and will endeavour to make the experience as successful as possible.

I/we agree to accommodate the exchange student in our home and provide him/her with reasonable care and supervision during the exchange period.

I/we will be responsible for transportation and other costs as outlined in the program guidelines and agree to purchase the airline ticket and insurance through the coordination of Alberta Education.

I/we will be responsible for costs of special return travel arrangements where an exchange is terminated by us or by the coordinator because of student behaviour that is detrimental to the objectives of the program.

I/we agree to provide Police Information Checks for all individuals 18 years of age and older that will be residing in our home and to ensure that completed criminal record checks are received by our office prior to the arrival of the exchange student.

I/we understand that should our son/daughter be matched, the application form (including photographs and the interview schedule) will be shared with the exchange officials in the host province/country, as well as with the host school and the proposed partner/host family.

I/we agree to cooperate fully with Alberta Education in the administration of this program.

\_\_\_\_\_  
Parent/Guardian's Name (please print)

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Name (please print)

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

**Please check off the following list and submit it along with your completed application to your liaison teacher**

**Labelled colour photos of the home, the family and the applicant in collage format (maximum of two pages) in a PDF or Word document only. NO INDIVIDUAL OR ORIGINAL PHOTOS WILL BE ACCEPTED.**

- Collage and labeled scanned coloured photos of the interior of your home (3 only)
- Collage and labeled scanned coloured photos of the exterior of your home (1 only)
- Collage and labeled scanned coloured photos of you and your family (2 only)
- Collage and labeled scanned coloured photos of your favourite activity, friends, pets etc. (2 only)
- Tape on page 1 (top right) a coloured photo of yourself (head/shoulder photo) (1 only)
- Your signature and Parents/Guardian’s signature on the Medical Release Form (pages 12–15)
- Your signature and one Parent/Guardian signature on the Release of Information Form (page 16)
- Your signature and Parent/Guardian’s signatures on the Student and Parental Commitment Form (page 17)
- Students and parents must save a copy for your own records
- Print single-sided only**
- Please submit ORIGINAL application to your Liaison teacher

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Print Full Legal Name (first, middle, last)

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Date

**SAVE**

**PRINT**