

Student Application

2015



ADMISSION APPLICATION

General Information

Applicant Information

First Name	Middle Name	Family Name	Preferred Name or Nickname
Home Address		City	
State/Province		Country	Zip/Postal Code
<input type="checkbox"/> Male	Age	Date of Birth (M/D/Y)	Country of Birth
<input type="checkbox"/> Female			Country of Citizenship
Email Address			
Home Telephone (include country, city and area codes)		Fax Number (include country, city and area codes)	

Family Information Parent

Name	Occupation	Name of Company
Home Address	City	
State/Province	Country	Zip/Postal Code
Home Phone (include country, city and area code)	Business Phone (include country, city and area code)	
Fax Number (include country, city and area code)	E-mail Address	Marital Status

Sibling Information

Name	M/F	Date of Birth (M/D/Y)	School
Name	M/F	Date of Birth (M/D/Y)	School



Release for Medical Treatment

I hereby give permission for _____ to receive emergency medical treatment at a hospital or medical center designated by the AHLI host family. This emergency medical treatment may include surgery, if deemed necessary by the attending physician. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned son/daughter pursuant to this authorization. Should it be necessary for my son/daughter to return home, due to medical reasons or otherwise, the undersigned shall assume all transportation costs and expenses.

I give permission for my child to receive medical attention and medication as deemed necessary by the attending physician or recognized health care provider.

We, the undersigned (parents/legal guardians) hereby release American Home Life International, Inc., its Board of Directors, Student Coordinators, Host Family Guarantors, Host Families and Academic Institutions from any and all current and future claims, charges, costs and/or causes of action for loss of property, personal injury, illness, accident or death sustained by my child during the time that he/she is participating in the program, whether covered by current insurance or not. I further agree to indemnify and hold harmless all of the above named from any and all liabilities, including liabilities to third parties, which may arise from my child's participation in the program.

Parent/Guardian Signature:

Parent/Guardian: _____ Date: _____
(Required if student is under 18 years of age)

Student Signature: _____ Date: _____
(Required if student is 18 years of age or older)