

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

Medical Information

Do you smoke? Yes No (Please circle one)

Do you drink alcohol? Yes No (Please circle one)

Have you ever had an eating disorder? Yes No (Please circle one)

If yes, are you currently under treatment? Yes No (Please circle one)

Have you ever been treated for depression or other mental illness? Yes No (Please circle one)

If yes, please list any current medications you are taking: _____

Do you have any allergies? Yes No (Please circle one) If yes, please list: _____

Please list any other health concerns: _____

Health Insurance: _____

Company Name

Policy #

Date of Expiration

Personal Interests

Please check some of your hobbies: music () reading () outdoor activities () video games () sports () movies () other _____

Please list some activities you are involved in: _____

Foods you like: _____

Foods you dislike: _____

What is your religion? _____

Do you have a fear of domestic pets? Yes No (Please circle one)

Would you enjoy living with a host family that has children? Yes No (Please circle one)

Circle the following word(s) that best describe you: shy talkative friendly loner happy melancholy

Please enclose a letter of introduction to your host family.



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)