



## APPLICATION FORM

Please complete and return to your home school's Network Advisor

### Applicant Information:

Full Name: \_\_\_\_\_

Home School: \_\_\_\_\_ Network School: \_\_\_\_\_

Grade: \_\_\_\_\_ Date of Birth/Age: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ / \_\_\_\_

Student cell phone : \_\_\_\_\_ Student e-mail \_\_\_\_\_

Parent/Guardian Name(s):  
\_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent Cell Phone: \_\_\_\_\_

Family e-mail \_\_\_\_\_

### Emergency Contact:

Name \_\_\_\_\_ Relation \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

Other emergency contact:

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone(s) \_\_\_\_\_

**Please list any courses your HOME SCHOOL will require you to continue during your Network Program:**

\_\_\_\_\_  
\_\_\_\_\_  
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ADVISOR COMMUNICATION (To be completed by Home School Advisor only):

Range of available dates for Network Program : \_\_\_\_\_

Duration of stay: \_\_\_\_\_

Notes:

## **ESSAY**

Write and attach (word processed, please) a 1-page essay for your Host School introducing yourself. Be sure to include the following information:

- Your extracurricular commitments
- Your favorite leisure activities
- Any experiences (summer or in school) which you feel prepare you for the Network program you have selected
- Your reasons for wanting to participate in this Network exchange
- Some interests you would like to pursue and expectations you have for the program
- What you might contribute to the host school

## **GENERAL EXPECTATIONS FOR NETWORK STUDENTS**

As a Network of Complementary Schools Exchange participant:

- I will participate fully in the Network Program I have chosen.
- I will be on the job or in class regularly (unless I am ill), and will fulfill my responsibilities while on exchange.
- I will maintain regular contact with my home and host school Network advisors.
- Whether I live in a dormitory or with a host family, I will work with the adults in charge, commit myself to the program, and write appreciation notes at the end of the program.
- I agree to accept the expectations and follow the rules of my host school, and to obey local, state and federal laws while in the host community.
- I will not operate motorized vehicles (other than those involved in an approved program).
- I will not use alcohol and/or other controlled substances.
- I understand that I may be sent home at my parents' expense should I fail to follow these expectations.
- I agree to write a reflection essay or keep a blog about my Network experience as required to my home school and submit it to my Network Advisor upon return.

By this application I acknowledge my permission to the Network of Complementary Schools, any of its agents or member schools, to use photos or segments of student reports submitted in print and/or non-print format for the purpose of publicizing, promoting or describing Network Programs.

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**Student Signature**

**date**

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**Parent Signature**

**date**

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**Advisor Signature**

**date**

## **HEALTH AND SAFETY QUESTIONNAIRE**

(To be completed by parent/guardian)

1. Describe any health condition, which might inhibit or limit your child's activity during participation in a Network exchange (Attach an explanatory note from a physician or school nurse if necessary)
2. Does your child have any allergies to medication, foods, pets, tobacco smoke, insect bites, etc.? Please describe the reaction, treatment and severity.
3. List any prescription and non-prescription medication your child takes on a regular basis. Please include the name of the medication, the dosage, and the purpose.
4. Please describe any dietary restrictions or concerns (for religious, medical or personal choice reasons):
5. Are there any other concerns about safety or any prohibited activities, curfew, etc. that you wish to make known to the host school and/or host family?

ATTACH THE FOLLOWING TO YOUR APPLICATION:

- Photocopy of BOTH sides of your medical insurance card
- Photocopy of your most recent immunization records

EMERGENCY RELEASE AND PERMISSION FORM

I, the undersigned parent or legal guardian of \_\_\_\_\_, birth date \_\_\_\_\_, for and in consideration of \_\_\_\_\_'s participation in the Network of Complementary Schools, Inc. Program, acknowledge that I have read the "Dear Parent" letter and understand the terms and conditions thereof, that I have completed the Student Health Questionnaire, and that I have familiarized myself with the General Expectations for Network Students as listed on the student application. I consent to \_\_\_\_\_'s participation in any and all activities associated with the Network of Complementary Schools Inc. Program. In the event of an accident or other health emergency, I give permission to the host family parent or responsible adult at the host school to consent to any emergency procedure necessary for the treatment of my child if I cannot be reached.

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

\_\_\_\_\_  
Print Additional Parent/ Guardian Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address (if different)

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Home phone (if different)

\_\_\_\_\_  
Business/Cell/Emergency Phone

\_\_\_\_\_  
Business/Cell/Emergency Phone

\_\_\_\_\_ I give permission for my child to be included in the Network of Complementary Schools alumni database (please initial if giving permission).