

Student Admission Process

1. Submit transcript & English score & student info & passport.
2. Recommend 2-3 schools for each student.
3. Submit AnB Education™ Application documents + School Documents + School application fee (Vary due to school's decision) +Homestay Application Fee (\$600)
4. Arrange interview
5. Receive Admission Decision
6. Submit I-20 application fee to AnB Education™ (This may vary due to school requirements)
7. Receive I-20 from school and copy of I-20 will be sent to designated agency by email
8. After AnB Education™ receives a deposit of \$5000 for the program fee from agency, the original I-20 will be sent to the agency
9. Obtain a visa from the American Embassy in students' country (If the visa is denied after 2 attempts, AnB Education™ will refund the program fee deposit.)
10. Host Family information will be sent to the agency two weeks to a month before the start of school. Wire transfer the balance of the program fee and send the student's arrival information.
11. AnB Education™ will send final host family information with airport pick up confirmation.
12. Student meets host family.
13. New student orientation will be held within two weeks of arrival. Local Coordinator (LC) will communicate with students and school. LC will be available at all times. LC is required to contact a student at least a once a month, will provide monthly report for natural parents, and meet students at least every other month. Student activity will be held twice a year.
14. Academic support, tutoring support, and college consulting is available upon request.
15. AnB Education™ will send monthly report to designated agency for natural parents.
16. AnB Education™ will help during any emergency situations.

ADMISSION CHECKLIST

- _____ **1. AnB Education™ student application form** with all questions answered and signed by the student and parents/guardians.
- _____ **2. Copy of passport & Color copy of student's picture and family pictures**
- _____ **3. Copy of transcript** with a translation in English (most recent 2 years)
- _____ **4. School application documents**
- _____ **5. Certificate of TOEFL test score (or English test score)**
- _____ **6. Bank Statement** with a signature of a bank official on bank letterhead is needed to verify that you have the financial support to pay for a full academic year. The current bank account balance must demonstrate at least \$30,000 US Dollars and indicate that the account is in good standing.
- _____ ***7. I-134** (Not required for transfer students from US school to US school)
- _____ ***8. I-20 Supportive document** (Not required for transfer students from US school to US school)
- _____ **9. Application fee: \$600 (Non-refundable) : Payable to : Summa Global Education Group**
- _____ **10. School Application fee \$ _____**

* Catholic school only.

CREDIT CARD PAYMENT AUTHORIZATION FORM

Please sign and complete this form to authorize **Summa Global Education Group** to make a onetime charge to your credit card listed below.

By signing this form you give us permission to charge your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated charge or credits to your account.

Please complete the information below:

I _____ authorize **Summa Global Education Group** to charge my credit card
(full name)

account indicated below for _____ on or after _____. This payment is for
(Amount) (Date)

_____ (Student's Name : _____).
(description of services)

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover
Cardholder Name _____
Account Number _____
Expiration Date _____
CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

SIGNATURE _____ DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

STUDENT APPLICATION

***Please submit student application with application fee of \$600 (Non-refundable)**

STUDENT INFORMATION			
First Name:	Last Name:	English Name:	Student's picture
Address:			
Phone:	E-mail Address		
Date of Birth :	Age in USA:	Gender:	
Student's SKYPE ID:		School name you are applying for:	
If you plan to transfer, what is the reason? (*Only for transferring students)			
Grade Applying for:	Semester Applying for:	What is the last grade you completed?	
City and Country of Birth:		Country of Citizenship:	
INFORMATION FOR HOST FAMILY			
English Proficiency:	Fluent	Proficient	Intermediate
Please describe your personality:			How many years have you studied English?
<input type="checkbox"/> Friendly <input type="checkbox"/> Shy <input type="checkbox"/> Fun <input type="checkbox"/> Serious <input type="checkbox"/> Outgoing <input type="checkbox"/> Conservative			
Do you have any allergies to food, animals, plants, medicine or anything else?		If yes, what are you allergic to?	
Have you lived or traveled abroad?		If yes, when and where?	
My eating habits : I can eat anything the host provides except			
FAMILY INFORMATION			
<i>Please list your natural parents' information</i>			
Name (Father):		E-Mail:	
Occupation:		Cell Phone:	Work Phone:
Company Name and Address:			
Date of Birth:		City of Birth:	
Name (Mother):		E-Mail:	
Occupation:		Cell Phone:	Work Phone:
Company Name and Address:			
Date of Birth:		City of Birth:	
Address if different from applicant :			
<i>Please list your siblings information</i>			
Name:		Relationship:	Age:
Name:		Relationship:	Age:

STUDENT'S PREFERENCE	
Religion:	How often do you attend services?
Specialty:	Do you have a pet?
Do you smoke?	Do you drink alcohol?
Are you vegetarian?	
Have you participated in an exchange program before?	If yes, when and where?
Favorite subject:	
Your merit:	Demerit:
What would you like to be when you grow up?	
Have you ever done the following? <i>Please check as many as you can:</i>	
<input type="checkbox"/> Prepared a meal for yourself	<input type="checkbox"/> Washed your own clothes
<input type="checkbox"/> Prepared a meal for your family	<input type="checkbox"/> Cleaned your own bedroom
<input type="checkbox"/> Cleaned part of the house	<input type="checkbox"/> Washed the dishes
<input type="checkbox"/> Cleaned a Bathroom	<input type="checkbox"/> Done Yard work
<input type="checkbox"/> Washed a car	<input type="checkbox"/> Vacuumed carpet

STUDENT'S EDUCATION DATA	
Current School: _____ r	
Dates Attended : From _____ To _____	Present Grade: _____ Completed? _____
School Address: _____	
Principal or Counselor Name: _____	E-mail: _____
Phone #: _____	Fax: _____
Previous School: _____	
Dates Attended : From _____ To _____	Grade: From _____ To _____
How long have you studied English in school? Years Months Hours per week	
Have you ever studied English in an English speaking country?	
If so, which country? _____	How long? _____ What type of visa did you have? _____
Other languages: _____	Length of study: _____

HEALTH DATA

Have you ever had a serious injury, illness or disability?

If so, please explain

Have you ever had counseling or psychological/psychiatric evaluation or treatment?

If so, please explain

INTEREST AND HOBBIES (CHECK ONES THAT YOU CURRENTLY ENJOY OR PARTICIPATE IN)

Sports:

- Football
- Baseball
- Basketball
- Track
- Skiing
- Bowling
- Golf
- Badminton
- Volleyball
- Soccer
- Hiking
- Camping
- Field Hockey
- Fishing
- Horseback Riding
- Gymnastics
- Kung fu
- Taekwondo
- Swimming
- Tennis

Others:

Music:

- Choir
- Vocal
- Piano
- Violin
- Cello
- Viola
- Flute
- Clarinet
- Oboe
- Harp
- Guitar
- Saxophone
- Trombone
- Drum

Others:

Art:

- Drawing
- Painting
- Handcrafts
- Cooking
- Dancing
- Photography
- Knitting

Others:

DISCLAIMER AND SIGNATURES

I certify that my answers are true and complete to the best of my knowledge. I, the undersigned parent or guardian of _____ (student's name) and I grant only AnB Education™ located in the state of Pennsylvania, USA the right to: Start and complete the school's application process, arrange host family, gain access to transcripts, and gain access to all other documents regarding school during his/her stay in USA on my behalf. I agree to abide by the policies of the school and of AnB Education™. I also agree to follow the law as set by the USA.

Parent's Signature:

Date:

Student's Signature:

Date:

STUDENT ESSAY TO HOST FAMILY

Blank area for student essay.

Signature:

Date:

PARENTS ESSAY TO HOST FAMILY

Blank area for parents essay.

Signature:

Date:

Private or School PHYSICAL EXAMINATION OF SCHOOL AGE STUDENT

PARENT / GUARDIAN / STUDENT:
Complete page one of this form **before**
student's exam. Take completed form to
appointment.

Student's name _____ Today's date _____

Date of birth _____ Age at time of exam _____ Gender: Male Female

Medicines and Allergies: Please list all prescription and over-the-counter medicines and supplements (herbal/nutritional) the student is currently taking:

Does the student have any allergies? No Yes (If yes, list specific allergy and reaction.)

Medicines Pollens Food Stinging Insects

Complete the following section with a check mark in the YES or NO column; circle questions you do not know the answer to.

GENERAL HEALTH: <i>Has the student...</i>	YES	NO
1. Any ongoing medical conditions? If so, please identify: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infection Other _____		
2. Ever stayed more than one night in the hospital?		
3. Ever had surgery?		
4. Ever had a seizure?		
5. Had a history of being born without or is missing a kidney, an eye, a testicle (males), spleen, or any other organ?		
6. Ever become ill while exercising in the heat?		
7. Had frequent muscle cramps when exercising?		
HEAD/NECK/SPINE: <i>Has the student...</i>	YES	NO
8. Had headaches with exercise?		
9. Ever had a head injury or concussion?		
10. Ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
11. Ever had numbness, tingling, or weakness in his/her arms or legs after being hit or falling?		
12. Ever been unable to move arms or legs after being hit or falling?		
13. Noticed or been told he/she has a curved spine or scoliosis?		
14. Had any problem with his/her eyes (vision) or had a history of an eye injury?		
15. Been prescribed glasses or contact lenses?		
HEART/LUNGS: <i>Has the student...</i>	YES	NO
16. Ever used an inhaler or taken asthma medicine?		
17. Ever had the doctor say he/she has a heart problem? If so, check all that apply: <input type="checkbox"/> Heart murmur or heart infection <input type="checkbox"/> High blood pressure <input type="checkbox"/> Kawasaki disease <input type="checkbox"/> High cholesterol <input type="checkbox"/> Other: _____		
18. Been told by the doctor to have a heart test? (For example, ECG/EKG, echocardiogram)?		
19. Had a cough, wheeze, difficulty breathing, shortness of breath or felt lightheaded DURING or AFTER exercise?		
20. Had discomfort, pain, tightness or chest pressure during exercise?		
21. Felt his/her heart race or skip beats during exercise?		
BONE/JOINT: <i>Has the student...</i>	YES	NO
22. Had a broken or fractured bone, stress fracture, or dislocated joint?		
23. Had an injury to a muscle, ligament, or tendon?		
24. Had an injury that required a brace, cast, crutches, or orthotics?		
25. Needed an x-ray, MRI, CT scan, injection, or physical therapy following an injury?		
26. Had joints that become painful, swollen, feel warm, or look red?		
SKIN: <i>Has the student...</i>	YES	NO
27. Had any rashes, pressure sores, or other skin problems?		
28. Ever had herpes or a MRSA skin infection?		

GENITOURINARY: <i>Has the student...</i>	YES	NO
29. Had groin pain or a painful bulge or hernia in the groin area?		
30. Had a history of urinary tract infections or bedwetting?		
31. FEMALES ONLY: Had a menstrual period? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: At what age was her first menstrual period? _____ How many periods has she had in the last 12 months? _____ Date of last period: _____		
DENTAL:	YES	NO
32. Has the student had any pain or problems with his/her gums or teeth?		
33. Name of student's dentist: _____ Last dental visit: <input type="checkbox"/> less than 1 year <input type="checkbox"/> 1-2 years <input type="checkbox"/> greater than 2 years		
SOCIAL/LEARNING: <i>Has the student...</i>	YES	NO
34. Been told he/she has a learning disability, intellectual or developmental disability, cognitive delay, ADD/ADHD, etc.?		
35. Been bullied or experienced bullying behavior?		
36. Experienced major grief, trauma, or other significant life event?		
37. Exhibited significant changes in behavior, social relationships, grades, eating or sleeping habits; withdrawn from family or friends?		
38. Been worried, sad, upset, or angry much of the time?		
39. Shown a general loss of energy, motivation, interest or enthusiasm?		
40. Had concerns about weight; been trying to gain or lose weight or received a recommendation to gain or lose weight?		
41. Used (or currently uses) tobacco, alcohol, or drugs?		
FAMILY HEALTH:	YES	NO
42. Is there a family history of the following? If so, check all that apply: <input type="checkbox"/> Anemia/blood disorders <input type="checkbox"/> Inherited disease/syndrome <input type="checkbox"/> Asthma/lung problems <input type="checkbox"/> Kidney problems <input type="checkbox"/> Behavioral health issue <input type="checkbox"/> Seizure disorder <input type="checkbox"/> Diabetes <input type="checkbox"/> Sickle cell trait or disease Other _____		
43. Is there a family history of any of the following heart-related problems? If so, check all that apply: <input type="checkbox"/> Brugada syndrome <input type="checkbox"/> QT syndrome <input type="checkbox"/> Cardiomyopathy <input type="checkbox"/> Marfan syndrome <input type="checkbox"/> High blood pressure <input type="checkbox"/> Ventricular tachycardia <input type="checkbox"/> High cholesterol <input type="checkbox"/> Other _____		
44. Has any family member had unexplained fainting, unexplained seizures, or experienced a near drowning?		
45. Has any family member / relative died of heart problems before age 50 or had an unexpected / unexplained sudden death before age 50 (includes drowning, unexplained car accidents, sudden infant death syndrome)?		
QUESTIONS OR CONCERNS	YES	NO
46. Are there any questions or concerns that the student, parent or guardian would like to discuss with the health care provider? (If yes, write them on page 4 of this form.)		

I hereby certify that to the best of my knowledge all of the information is true and complete. I give my consent for an exchange of health information between the school nurse and health care providers.

Signature of parent / guardian / emancipated student _____ Date _____

STUDENT'S HEALTH HISTORY (page 1 of this form) REVIEWED PRIOR TO PERFORMING EXAMINATION: Yes No

Physical exam for grade: K/1 <input type="checkbox"/> 6 <input type="checkbox"/> 11 <input type="checkbox"/> Other <input type="checkbox"/>	CHECK ONE			*ABNORMAL FINDINGS / RECOMMENDATIONS / REFERRALS
	NORMAL	*ABNORMAL	DEFER	
Height: () inches				
Weight: () pounds				
BMI: ()				
BMI-for-Age Percentile: () %				
Pulse: ()				
Blood Pressure: (/)				
Hair/Scalp				
Skin				
Eyes/Vision Corrected <input type="checkbox"/>				
Ears/Hearing				
Nose and Throat				
Teeth and Gingiva				
Lymph Glands				
Heart				
Lungs				
Abdomen				
Genitourinary				
Neuromuscular System				
Extremities				
Spine (Scoliosis)				
Other				

TUBERCULIN TEST	DATE APPLIED	DATE READ	RESULT/FOLLOW-UP

MEDICAL CONDITIONS OR CHRONIC DISEASES WHICH REQUIRE MEDICATION, RESTRICTION OF ACTIVITY, OR WHICH MAY AFFECT EDUCATION

(Additional space on page 4)

Parent/guardian present during exam: Yes No

Physical exam performed at: Personal Health Care Provider's Office School Date of exam _____ 20____

Print name of examiner _____

Print examiner's office address _____ Phone _____

Signature of examiner _____ MD DO PAC CRNP

HEALTH CARE PROVIDERS: *Please photocopy immunization history from student's record – OR – insert information below.*

IMMUNIZATION EXEMPTION(S):

Medical Date Issued: _____ Reason: _____ Date _____ Rescinded: _____
 Medical Date Issued: _____ Reason: _____ Date _____ Rescinded: _____
 Medical Date Issued: _____ Reason: _____ Date Rescinded: _____

NOTE: The parent/guardian must provide a written request to the school for a religious or philosophical exemption.

VACCINE	DOCUMENT: (1) Type of vaccine; (2) Date (month/day/year) for each immunization				
Diphtheria/Tetanus/Pertussis (child) Type: DTaP, DTP or DT	1	2	3	4	5
Diphtheria/Tetanus/Pertussis (adolescent/adult) Type: Tdap or Td	1	2	3	4	5
Polio Type: OPV or IPV	1	2	3	4	5
Hepatitis B (HepB)	1	2	3	4	5
Measles/Mumps/Rubella (MMR)	1	2	3	4	5
Mumps disease diagnosed by physician <input type="checkbox"/>	Date: _____				
Varicella: Vaccine <input type="checkbox"/> Disease <input type="checkbox"/>	1	2	3	4	5
Serology: (Identify Antigen/Date/POS or NEG) i.e. Hep B, Measles, Rubella, Varicella	1	2	3	4	5
Meningococcal Conjugate Vaccine (MCV4)	1	2	3	4	5
Human Papilloma Virus (HPV) Type: HPV2 or HPV4	1	2	3	4	5
Influenza Type: TIV (injected) LAIV (nasal)	1	2	3	4	5
	6	7	8	9	10
	11	12	13	14	15
Haemophilus Influenzae Type b (Hib)	1	2	3	4	5
Pneumococcal Conjugate Vaccine (PCV) Type: 7 or 13	1	2	3	4	5
Hepatitis A (HepA)	1	2	3	4	5
Rotavirus	1	2	3	4	5
Other Vaccines: (Type and Date)					

Statement of F-1 Student Responsibility

The following statement is to be completed by the F-1 student and parents before the student arrives in United States. The statement should be scanned along with other required documents. The student and parents should be provided with a photocopy of the document. I, understand that I must follow the rules and regulations listed below in order to legally maintain my F-1 status.

- ____ 1. Students must maintain satisfactory progress, that means attend all classes regularly and actively participate in all classes of their school.
- ____ 2. Students may not work off campus in the U.S. Yard work or Babysitting is allowable.
- ____ 3. If a student fails to comply with any of these regulations, may be required to report this to the Department of Homeland Security and may be required to terminate the student's F-1 visa without demanding refund of program fee.
- ____ 4. Students should discuss and decide with their host families if they need rides for after- school activities.
- ____ 5. Students must use computer only in a family's room or public place at certain time. They can't use computer or any internet accessible device in their room. (If students have to use computer with any reason, they use computer at certain time only under host's permission)
- ____ 6. Students should buy health insurance plan in the U.S. before they arrive.
- ____ 7. Students pay their personal expenses when they travel with host family.
- ____ 8. Students are responsible to pay for school lunch at school
- ____ 9. When the students have an issue with host family, they discuss with **AnB Education™** personnel first.
- ____ 10. Students should pay for their personal expenses.
- ____ 11. Students agree that AnB Education™ has the right to ask school to terminate their I-20 and ask students to return to their native country immediately if the student gets caught watching inappropriate TV, DVD, Internet such as pornography or gets involved sexual behavior.
- ____ 12. If the students damage or steal school property or house property the student is responsible for compensation of the loss according to the law.
- ____ 13. Students are fully responsible for the school's and AnB Education™'s rules and student. The student must accept punishments of expulsion from school without argument.
- ____ 14. Students have to understand that the host family can host another student without permission of the students and/or their parents
- ____ 15. Fighting is absolutely prohibited. Students agree that should they get into any altercation, they will be expelled from the program and sent to their home country immediately

Student Signature

Parents Signature

Date

International student Agreement

Please read carefully and initial at each term and condition if you agree.

1. Expenses: The following expenses are not included in the program fee: Application fee, school registration fee, uniforms, textbooks, school lunch fee and other school materials, personal spending money, medical insurance, airfare, ESL costs (if not enrolled in an ESL program) and special tutorials or private lessons such as music lessons, sports activity fees, school bus fee etc.

2. Regulations: Students are subject to the rules of the school as well as the laws of the US government. Serious infractions may warrant dismissal from the program, repatriation to the home country, and legal prosecution.

3. Tuition Payment and program fee deposit:

1) New students

Tuition as well as other school expenses should be paid to AnB Education™ or to schools directly. The program fee deposit is due when a student obtains his or her visa. Upon the receipt of the deposit, AnB Education™ will start to locate a host family. The program fee balance is due when the natural parents confirm the host family placement.

1) Re-enrolling students

Students and/or parents cannot contact the school to make any separate arrangement. As long as the student attends the school arranged by AnB Education™, the student is under the Private School Program of AnB Education™. To extend the participation in the program at the end of the school year (2 semesters), the student and his/her natural parents must sign the re-enrollment contract and should pay the school re-registration fee and program fee deposit, no later than January 10th of the following year (for Fall students) or no later than October 10 of the following year (for Spring students)

4. Students are required to enroll for at least 1 full academic year.

5. Cancellations & Refund:

1) Re-enrollment

The program fee deposit is non-refundable even if the parents did not sign the re-enrollment contract yet.

If the student withdraws from participating in the AnB Education™ program between May 1st and June 30th, the student is still responsible for a penalty of 20% of the Program Fee. If the student withdraws from participating in the AnB Education™ program between July 1st and August 15th, the student is responsible for a penalty of 50% of the Program Fee. After August 15th, there are no refunds of the Program Fee. Exceptions to AnB Education™'s refund policies may include medical emergency and extenuating circumstances and will be looked at on a case by case basis.

Decisions about refunds are at the discretion of AnB Education™ and are final. School tuition may be refunded depending on the schools' own policies. For students enrolling for only the spring term, once the student has

begun school in the US, the Program Fee is no longer refundable. The same refund exceptions noted above apply in these instances as well. In all instances, if a student is dismissed from his/her school, violates U.S. law, or fails to comply with the Student Agreement & Contract, there will be no refunds given.

2) New students

The program fee deposit and the program fee are non-refundable. In case of medical emergency or extenuating circumstances occurred before the arrival of the student in the U.S., AnB Education™ refunds 100% except for the application procession fee.

3) Refund policy for Exceptions after student's arrival

Exceptions to AnB Education™'s refund policies may include medical emergency or extenuating circumstances. After arrival, there is no refund but for those exceptions, AnB Education™ refunds as the following ways: If student goes back to his/her original country within one month 70% will be refunded, two months 60%,

three months 50%, four months 40%, and five months 30%. After 5 months, program fee will not be refunded in any circumstances.

6. Liability and Release:

I/We, the undersigned, agree to release, indemnify and hold harmless AnB Education™ and its affiliates, its staff, its representatives and its agents for any injury (bodily, emotional or mental), property damage or loss, or expense incurred by or at the hands of the student while the student is participating in the AnB Education™ Program.

I/We, the undersigned, understand that AnB Education™ is not responsible for any loss or injury suffered by the student during periods of independent travel or absence from the program. I/We, the undersigned understand and agree that AnB Education™ shall have no liability, financial or otherwise, for the student when absent from the Program or during periods of independent

travel. We also release AnB Education™, its staff, its representatives, its agents and its affiliates from any liability, and agree to indemnify them, for any expenses or liabilities that the student may incur or cause, such as personal injury or loss of property while participating in the AnB Education™ program.

I/We, the undersigned, understand that the student's participation in the program may be terminated at the discretion of AnB Education™ or the school without any refund of fees or monies paid if the student violates any rules or regulations of the school; AnB Education™ or the United States; including but not limited to all federal, state or local laws; and that the student may be sent home at his/her own expense.

____7. while we, the parents of _____, and the student, participate in the Private School Program of AnB Education™, we fully appreciate your sincere investment of time and manpower to find the school(s) and to make arrangement of host family either through working with the school or by your local staff; and hereby we agree that we will not contact the school to work directly with them after we complete semesters of your program or during your program. **In case we need or want to stop participating in your program, we will transfer to another school and change host family we find on our private basis.**

____8. **Use of film likenesses:**

I/We, the undersigned, understand and consent that AnB Education™ may use any film likenesses taken of the student and any quotes made by the student while participating in the AnB Education™ program in any promotional materials and that the publication and distribution of these materials may extend for several years beyond this date.

____9. **Travel release/Authorization**

We, the undersigned (parents/legal guardians), authorize our child to travel within the guidelines as established in the Private School Program Student guideline and accept full responsibility for our child's participation in any approved travel activities and agree to indemnify and hold harmless AnB Education™ and its overseas partners and their designated agents/representatives from any claims and/or liability to third parties arising from our child's participation.

It is understood that this Travel Release/ Authorization is signed in advance and eliminates the necessity of obtaining our signatures at the time of any Private School Program approved travel for the duration of our child's participation in the AnB Education™ Private School Program.

Required Signatures:

I/We, the undersigned, have read, understand and agree to comply with all AnB Education™ terms and conditions.

I/We, the undersigned, agree to the terms and conditions as set forth in this application and understand that any agreement written or otherwise between AnB Education™ and the undersigned cannot be modified except in writing by AnB Education™.

I/We, the undersigned, certify that all information provided in this application including the personal Statement/essay is the student's own work and is factually true and honestly presented.

I/We, the undersigned, certify that we have funds in amount of _____ to cover the educational and personal expenses of the student and will be responsible for all expenses incurred while enrolled in the program.

Parent's/Guardian's Signature (mother): _____ Date: _____

Parent's/Guardian's Signature (father): _____ Date: _____

Student Signature: _____ Date: _____

***** AnB Education™ recommends that the student's family retain a copy of this page.**

AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)

(To Custodian)

STUDENT'S Information

Student's name in full:

Date of Birth:

Grade:

PARENTS' Information

Father's name in full:

Date of Birth:

Passport No.:

Home Address:

Phone Number:

Email:

Mother's name in full:

Date of Birth:

Passport No.:

Home Address:

Phone Number:

Email:

CUSTODIAN'S Information

Name in full: AnB Education™

Contact Address:

Phone Number(s):

1. I/We, the parent(s) named above, do hereby declare that I/We are the parents of the above-named student and/or child (hereinafter the "**Student**") and that I/We have legal custody of the Student.

2. I/We hereby grant and confer onto AnB Education™ (hereinafter the "**Custodian**") custodianship for all purposes relating to the Student's school application and selection process, school work, school activities, school grades, communications with schools, making arrangements for and communicating with the host family, medical decision-making and communications with medical care providers, medical insurance, medical insurance claims submission and processing and communication with medical insurance companies, during the Student's stay in the USA while he/she is under the legal age in the US. Where used herein the term "medical" includes, but is not limited to, medical, surgical, dental and psychological.

3. In addition to the above and not in limitation thereof, I/We hereby grant my full permission and consent for Custodian to establish a place of residence for the Student, and for the Student to reside and travel with Custodian or with the host family selected.

4. In addition to the above and not in limitation thereof, I/We hereby grant Custodian my/our full authorization to make all decisions related to the Student's educational and recreational activities and undertakings. I/We understand and agree that we will not contact the Student's school directly.

5. In addition to the above and not in limitation thereof, I/We hereby grant the Custodian my/our full authorization to consent to any x-ray or other diagnostic tests, examination, anesthetic, medical, diagnosis, medical treatment, medical care, psychological care and/or hospital care, to be rendered to the Student under the general or special supervision and on the advice of any physician, surgeon, therapist or dentist licensed or certified to practice in any state in the United States of America, whether such diagnosis or treatment is rendered at the office of said physician, surgeon or dentist, at a hospital, or elsewhere. In addition to the above and not in limitation thereof, I/We hereby grant the Custodian my/our full authorization to have access to any and all records, including, but not limited to, insurance records regarding any such services.

6. In addition to the above and not in limitation thereof, I/We, further acknowledge and understand that if the Student becomes ill or incapacitated, Custodian may take any action they deem necessary for the Student's safety and well-being, including securing medical treatment and psychological treatment as above and/or transporting the Student, at the Student's expense. I/We release Custodian from any liability in regard to such actions.

7. In addition to the above and not in limitation thereof, I/We also acknowledge and understand that the Student is required to have specific immunizations prior to enrolling in classes, and if these immunizations need to be administered, it will also be at the Student's expense.

8. The powers and authorizations granted herein to Custodian may be exercised by Custodian, as well as employees, staff and representatives of AnB Education™.

9. I/We expressly direct that for all purposes, a photocopy of this Authorization and Consent shall be deemed to be an original and that any person shall be authorized to act upon such a copy as if it were an original.

10. I/We consent hereto and confer the powers and authority granted herein freely and knowingly in order to provide for the Student and not as a result of pressure, threats or payments by any person or agency.

11. By his/her signature below, the Student understands, acknowledges, and agrees to this Authorization and Consent and to the extent required, authorizes, agrees and consents to the terms of this Authorization and Consent.

Parent's/Guardian's Signature (mother): _____ Date: _____

Print Name: _____

Parent's/Guardian's Signature (father): _____ Date: _____

Print Name: _____

Student Signature: _____ Date: _____

Print Name: _____

- h. To request and receive any and all medical information and documentation, including but not limited to those sent to or received by the Student's school; and
 - i. To furnish and provide care and services to Student as may seem necessary, proper, or desirable in the Student's best interests and welfare; including, but not limited to, food, clothing, shelter and education.
5. I/We expressly direct that for all purposes, a photocopy of this Authorization and Consent shall be deemed to be an original and that any person shall be authorized to act upon such a copy as if it were an original.
6. I/We consent hereto and confer the powers and authority granted herein freely and knowingly in order to provide for the Student and not as a result of pressure, threats or payments by any person or agency.
7. I/We agree that this Authorization and Consent is subject to consent by AnB Education™ by its signature below. This Authorization and Consent may be terminated by AnB Education™ and the consent of AnB Education™ may be rescinded, upon receipt of written notice from AnB Education™ to the particular person or entity to whom this Authorization and Consent has been submitted for reliance, including but not limited any applicable school.
8. By his/her signature below, the Student understands, acknowledges, and agrees to this Authorization and Consent and to the extent required, authorizes, agrees and consents to the terms of this Authorization and Consent.

Parent's/Guardian's Signature (mother): _____ Date: _____

Print Name: _____

Parent's/Guardian's Signature (father): _____ Date: _____

Print Name: _____

Student Signature: _____ Date: _____

Print Name: _____

Acceptance by Guardian: _____ Date: _____
Print Name of Guardian

Acceptance by AnB Education™ : _____ Date: _____

By: Print name and title: _____