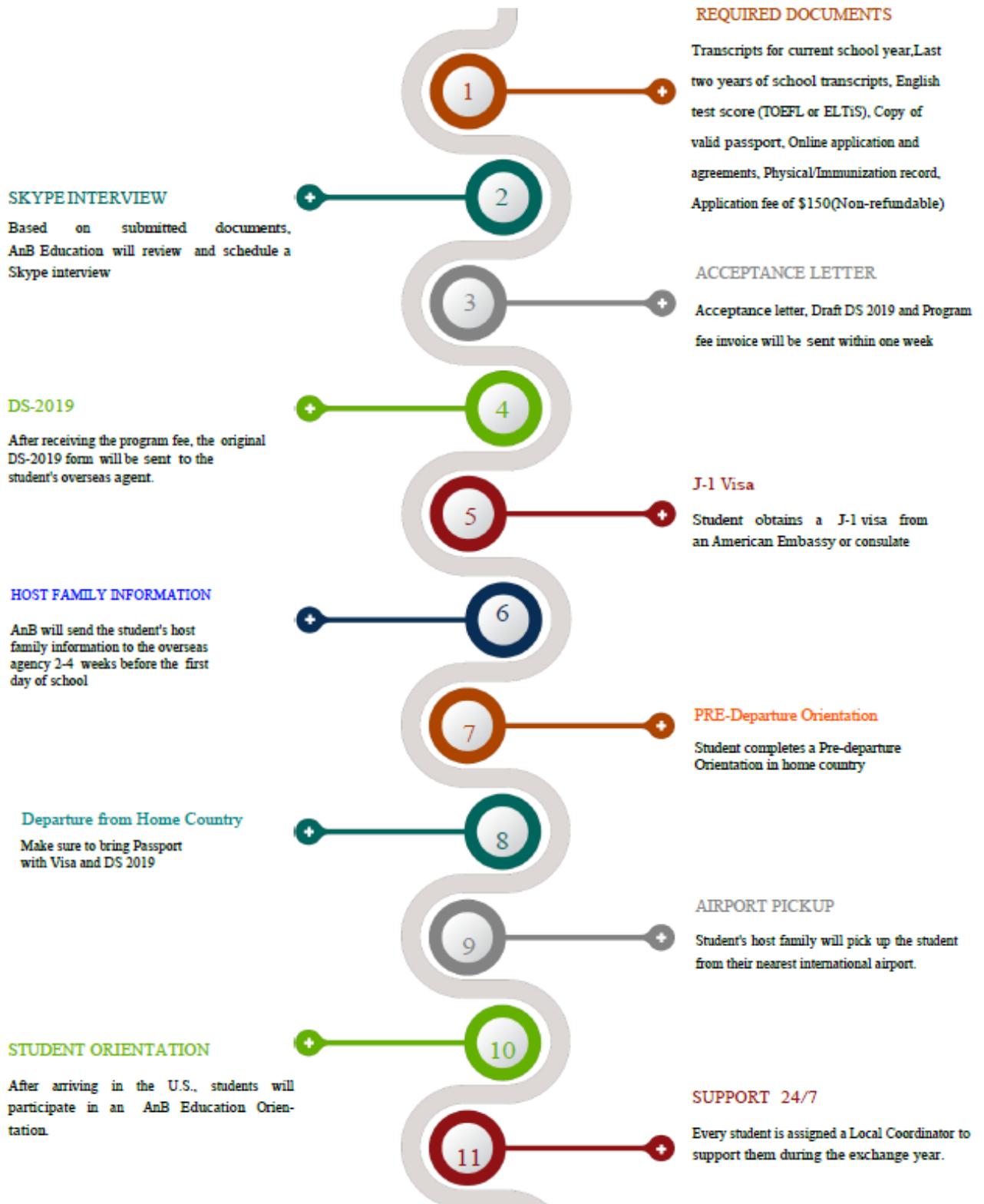




## ADMISSION PROCESS J-1





# 1. Student Application

Complete in English

I am applying for <input type="checkbox"/> One Semester High school program <input type="checkbox"/> One Academic year high school program			
<b>STUDENT INFORMATION</b>			
First Name:	Last Name:	English Name:	Student's picture
Address:		City:	
Province/State:	Country:	Zip code:	
Phone:	Email:		
Date of Birth:	Age (Upon arrival in the US):	Gender:	
Student's SKYPE or WhatsApp ID:		WeChat/KaKao ID:	
School name you are applying for:			
Grade Applying for	Semester Applying for	What is the last grade you completed?	
Passport #:	Issue Date:	Expire Date:	
City of Birth:	Country of Birth:	Country of Citizenship:	
<b>INFORMATION FOR STUDENT ENGLISH LEVEL</b>			
Have you ever lived in a foreign country? If yes, when and where?			
Have you ever resided in the United States with a J-1 or F-1 visa?			
How would you describe yourself (ex, Kind, Honest, Smart, Shy, Outgoing, Talkative, Funny, Quiet, Loving, etc.)			
How many years have you studied English?			
English Proficiency Test Score: ELTiS _____ / TOEFL _____ / TOEFL Jr. _____ / SSAT _____ / ITEP _____ or _____			
How would you rate your English level? Poor Fair Good Advanced			
List other languages you have studied and rate them			
1.	_____	Fair	Good Advanced
2.	_____	Fair	Good Advanced
3.	_____	Fair	Good Advanced
List any honors or awards you have received			
List your favorite classes in school			
<b>FAMILY INFORMATION</b>			
<i>Please list your natural parents' information</i>			



Student resides with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other			
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Other			
Name (Father):		Occupation:	
Email:		WeChat/Kakao ID:	
Cellphone:		Work Phone:	
Company Name :		Address:	
City :	Province/State:	Country:	Zip Code:
Date of Birth:		City of Birth:	
Name (Mother):		Occupation:	
Email:		WeChat/Kakao ID:	
Cellphone:		Work Phone:	
Company Name :		Address:	
City:	Province/State:	Country:	Zip Code:
Date of Birth:		City of Birth:	
Address if different from applicant			
<i>Please list your siblings information</i>			
Name:		Relationship:	
Date of Birth:		Present Grade/Occupation :	
Name:		Relationship:	
Date of Birth :		Present Grade/Occupation :	
<b>STUDENT'S EDUCATION DATA</b>			
Current School:			
School Type: <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Other _____			
Date Attended: From To		Present Grade: Completed?	
School Address:			
City :	Province/State :	Country :	Zip Code :
Principal or Counselor Name:		Email:	
Phone#:		Fax:	
Previous School:			
School Type : <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Other _____			
Dates Attended: From To		Grade: From To	
School Address:			
City:	Province/State :	Country :	Zip Code :
Has the applicant ever repeated a grade		If yes, what grade	
Has the applicant ever been suspended, expelled or withdrawn from any school for any reason?			



HEALTH DATA					
Have you ever had a serious injury, illness or disability? Yes      No					
If so, please explain					
Have you ever had counseling or psychological/psychiatric evaluation or treatment? Yes      No					
If so, please explain					
Do you have any allergy ? Yes      No					
If so, please explain					
INTEREST AND HOBBIES (CHECK ONES THAT YOU CURRENTLY ENJOY OR PARTICIPATE IN)					
<b>Sports:</b>	<input type="checkbox"/> Football	<input type="checkbox"/> Baseball	Basketball	Track	Skiing
	<input type="checkbox"/> Bowling	<input type="checkbox"/> Golf	Badminton	Volleyball	Soccer
	<input type="checkbox"/> Hiking	<input type="checkbox"/> Camping	Field Hockey	Fishing	Horseback Riding
	<input type="checkbox"/> Gymnastics	<input type="checkbox"/> Kung Fu	Taekwondo	Swimming	Tennis
	Other:				
<b>Music:</b>	Choir	Vocal	Piano	Violin	Cello
	Viola	Flute	Clarinet	Oboe	Harp
	Guitar	Saxophone	Trombone	Drum	
	Other:				
<b>Art:</b>	Drawing	Painting	Handcrafts	Cooking	Dancing
	Photography	Knitting			
	Other:				
Religion					
Do you practice any religion? Yes      No      If yes, please specify.					
How often do you attend religious services? Once a week      Once a month      Seasonal      Other					
Are you comfortable accepting a host family of a different religion? Yes      No					
If asked to attend religious activities with your host family, how often would you be willing to participate?					
Most American families attend church regularly. You are expected to attend church with your host family as part of your cultural exchange experience.					

If we have to place you in F1 program, what is the maximum tuition and program fee that you can pay?				
1. \$20,000	2. \$25,000	3. \$30,000	4. \$35,000	5. Do not want to apply



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## 2. Student Agreement

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### AnB Education Program Services (J-1)

#### 1) General Services

- AnB Host family or staff will pick up AnB students from the nearest international airport to the school and send arrival photos to parents through oversea agency
- AnB Staffs and affiliates will greet students in a courteous and professional manner. Our Local Coordinators and Student advisors will greet our students by phone or by face-to-face within 24 hours upon their arrival in the US.
- AnB will keep the communication channel open 24hours/365days to the students.
- AnB will listen effectively to our students' requests and promptly take the necessary actions to assist them.
- AnB will contact the students at least once a month via phone call or email to develop strong relationships and to generate the monthly report for the parents. Students can always reach out to AnB Education staffs when needed.
- AnB will respond to emails, phone calls, and texts within 24 hours during normal business hours.
- AnB will contact parents directly for emergency situation such as; medical matters, unexpected moving, serious discipline issues or any other situation deemed an emergency.
- AnB will be fair to all host families and all students in any conflict. AnB will listen to both parties without any bias and will try to resolve the problem effectively, in a courteous and professional manner.
- AnB will work to anticipate the needs of the students AnB serves.
- AnB Staffs will hold each other accountable for the service provided.
- If the host family has issues/disagreements which may affect the student's personal security, and the disagreements could not be resolved between the student and the host family; and such issues/ disagreements were not caused by the student, the AnB Education program will provide a temporary host family and try to find permanent host family, but the location can be changed.

#### 2) Safety Assurance

- AnB takes guardianship of the student and is on-call 24-7 should the student have an emergency.
- AnB follows the overall wellbeing of the student through a Local coordinator who maintains a relationship with the student's host family and the school. Each month, the coordinator talks with the student and the host family and submits a report.
- AnB's host family and staffs will assist in reporting insurance claims when the student seeks medical treatment.

#### 3) Cultural Guidance

- AnB provides students with an orientation for guidelines for living with a host family, and the fundamentals of the American culture.

### AnB Education International Student Agreement

**Please read carefully and initial at each term and condition.**

#### Initial

\_\_\_1. **Expenses:** The following expenses are not included in the program fee: personal spending money, airfare, ESL costs (if not enrolled in an ESL program) and special tutors or private lessons such as music lessons, sports activity fees, etc.

\_\_\_2. **Regulations:** Students are subject to the rules, regulations and requirements of the school, as well as the laws of the US government. Infractions may warrant dismissal from the program and repatriated and may in appropriate cases result in legal prosecution. Student is further subject to and must comply with all of the rules, regulations and requirements of AnB Education ("AnB"), including but not limited to all rules, regulations and requirements set forth in the AnB Education program student handbook and in the attached Exhibit "A"



### **3. AnB Education minimum Enrollment Period:**

Students are required to enroll for at least 1 semester or a full academic year.

### **4. AnB Education Program Official Period:**

The service period for the AnB Education program covers an Academic year which will begin 5 days before the official school commencement date and conclude within one week after the last official day of school.

### **5. Airport Pickup Rule:**

The Host Family or the Local Coordinator or other AnB Staff will pick up the student from the airport. The student should arrive at the nearest international airport to the school that has been agreed to. If there are not any international airports nearby, the student needs to choose a local airport within 60 miles from the school. Otherwise, they have to pay extra for airport pick-up/drop-off service. Student must arrive between 9am and 9pm. If they choose an earlier or later time, they may have to pay extra fees.

### **6. Host Family Placement and Host Family Change Policy:**

No guarantee is made with regard to placement in a particular region of the United States, in a town of a certain size, or with a particular kind of host family. Students must accept a placement with any type of family in any part of the US. If students have a genuine concern about their relationship with their host family after arrival, the Local Coordinator will first attempt to improve the relationship between the student and their host family. Host family changes will only take place to keep a student safe or in the event the host family experiences a sudden life change that no longer allows them to host an exchange student. If AnB is required to find additional host families due to students' or host family member discrepancies, students must accept the host family provided by AnB Education.

### **7. Living Conditions:**

The Student is expected to adapt to the culture and lifestyle of the US and their host family. There may be significant cultural, economic, and lifestyle differences between the Student's home country and the US. Some services, conditions, or systems may be relatively inadequate, unsafe, or unreliable in comparison to the Student's home country. Other services, conditions, or systems may be superior to the standards in the home country. Living conditions also vary from one host family to another, even in the same community. Any such differences may not necessarily be sufficient reason for a change in host family. Students must be aware of and accept these differences and the risks associated with traveling and living in another country. The Student's level of maturity must be adequate to recognize and cope with these differences and risks.

AnB Education staff is available by telephone to provide assistance on an ongoing basis during the Student's participation in the exchange program. However, AnB Education cannot and does not provide constant direct supervision of the Student. As a condition of acceptance into the AnB Education program, Students agree to hold AnB Education harmless for all injuries and/or damages incurred during the Student's participation in the program resulting from risks associated with international travel and living abroad, and any negligence and/or intentional acts caused by any third party, including but not limited to any member, guest, employee, or agent of the host family or other people in the US.

### **8. Cancellations & Refund:**

The the program fee are non-refundable upon the student's arrival in the USA or after the AnB Education sends placement confirmation. However, AnB Education will provide a refund of the program fee deposit excluding an administration fee of the \$500. The total refund will be \$7,500 (\$8,000 Program Fee less \$500 Administration Fee) in the following circumstances:

- a) In case of medical emergency or extenuating circumstances, as to be determined by AnB Education, which occurred before the arrival of the student in the U.S. or;
- b) If the student's visa is denied after proof of two attempts;
- c) If AnB Education fails to place a student to qualified volunteering host family by 2 weeks before school starts.

### **9. Program termination policy.**

The Student will be terminated from the AnB Education if

- AnB received false documentations/applications and/or was not disclosed of any /academic problem.
- The student violates ANY rules, regulations and/or laws.
- The student fails to improve their decorum/behavior after the first warning.
- The student gets expelled from the school.
- The student has suicidal tendencies or dangerous mental issues that need assistance from the parents.
- The student has severe health issues that were not disclosed to the AnB Education or happened to get severe health issue during AnB program.



## **10. Liability and Release:**

Parents and the students agree to release, indemnify and holds no harm to AnB and its affiliates, staff, representatives and 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.

Parents and the students understand that AnB is not responsible for any loss or injury suffered by the student during periods of independent travel or absence from the AnB Education program. Parents and the student also release AnB, staff, representatives, agents and 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.

Parents and the students must understand that the student's participation in the AnB Education program may be terminated at the discretion of AnB or the school without any refund of fees or monies paid, if the student violates any rules, regulations, or laws of the school, AnB or the United States, including but not limited to all federal, state or local laws; and the student may be sent home at his/her own expense. Including, but not limited to, underage drinking, smoking of cigarettes, violence, theft and drug use.

**11.** Parents and the students agree not to contact AnB Education's affiliates, schools and host families privately. If the students want to terminate the AnB Program, the students are required to return to their home country.

## **12. Use of film likenesses:**

AnB hold rights to use any pictures or videos taken of students during the participation of AnB Education Programs. Any promotional materials created containing photos or videos of AnB students may be used for several years.

## **13. Travel Release and Natural Family/Friend Visits:**

A Travel Release form must be received from the Student and signed in advance to eliminate the necessity of obtaining the signatures at the time of the travel. By signing the Travel Release form before each planned trip, natural parents hereby grant travel release to AnB Education and understand and agree to indemnify and hold AnB harmless along with AnB's affiliates from any claims and/or liability to third parties arising from the student's participation in travel.

Visits to or from natural family and friends can be disruptive to the Student's cultural adjustment in the US and their relationship with their host family. No natural family or friend visits will be allowed until the Student has been in the US for at least 3 months. Any natural family or friend visits after 3 months must be approved by AnB Education, the host family, and the Local Coordinator. Trips back to the Student's home country during the Program year are not allowed.

## **14. Summa Global Education and its Affiliates**

AnB conducts business with other companies to better serve the students. AnB acquired number of affiliates such as Global Vision Management. It is understood that whenever the term "AnB" is used in this agreement, the term shall not only refer to AnB Education but, Summa Global Education and any AnB Affiliates. By initialing, the parents are authorizing Summa Global Education and its affiliates to conduct and carry out responsibilities of AnB Education.

**15.** EXHIBIT "A" (The AnB Education Program Rules) is attached to this Agreement, contains the AnB Education program rules, and is made a part of this Agreement.

**16.** This Agreement in English is binding. This Agreement has been prepared in English and its English language version shall prevail and will be binding even though other language translation may be prepared in whole or in part.

## **Required Signatures:**

IN WITNESS WHEREOF, the undersigned, have read, understand and agree to comply with all AnB's terms and conditions, including but not limited to, those set forth in EXHIBIT "A". and understand that any agreement between AnB and the undersigned cannot be modified without prior consent and from the AnB



# AnB Education

IN WITNESS WHEREOF, 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 AnB Education program.

Print student name	Signature	Date
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Print Father/Guardian name	Signature	Date
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Print Mother/Guardian name	Signature	Date
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**\*\*\* A copy of this document, including EXHIBIT "A" attached, should be retained by the parents and the student.**





**EXHIBIT “A” (The AnB Education Program Rules)**

These rules are subject to change by AnB without advance notice and in the sole discretion of AnB. The following list is not an exhaustive list of all of the rules, regulations and/or requirements.

1. The Student should not be employed in the US. However, yard work and/or babysitting is allowed.
2. The Student understands and agrees that the Student cannot express the Student’s anger and frustration through any physical action with any person, household items or animals while in the AnB Education program. Fighting is prohibited and if the student gets into any physical altercation, he/she will be expelled from the AnB Education program and sent back to Student’s home country immediately.
3. If AnB Education becomes aware that the Student has failed to comply with any of these rules, in addition to any other consequences, AnB Education can terminate the Student’s DS-2019 without providing a program fee refund.
4. The Student must discuss and decide with the Student’s host families should the Student need rides to and from after-school activities or any other activities.
5. The Student must buy/have a health insurance plan before arriving in the US.
6. The Student must pay for their personal expenses when they travel with the host family.
7. The Student is responsible for paying for lunch during school days, if Student chooses not to bring the provided packed lunch from their host family.
8. If the Student damages or steals school property, or host family’s property, the student is responsible for compensation of the loss according to the law.
9. If the Student has any issues or complaints with the host family, the Student must discuss with an AnB Education staff person or their Local Coordinator first.
10. The Student is obligated to make every effort to integrate into the Student’s host family. This means participating in family activities, following all rules set by the Student’s host family, and showing respect to the host parents and siblings.
11. The Student must adhere to the Host Family Rules; which could include curfews, basic chores, dating policy and use of electronics to name a few. Additionally, the Student must inform the Host Family of Student’s whereabouts regularly.
12. The Student understands and agrees that smoking and the use of tobacco products, or any illegal substance is not permitted while in the AnB Education program. If the Student violates this rule, he/she is subject to dismissal from the AnB Education program and will be sent home. This policy applies regardless of the student’s legal age to smoke.
13. The Student understands and agrees that drinking alcohol is not permitted while in the AnB Education program. If Student violates this rule, he/she is subject to dismissal from the AnB Education program and will be sent home. This policy applies regardless of the Student’s legal age to drink.
14. The Student understands and agrees that downloading from the Internet or any other source, or otherwise watching on internet, TV, DVD or through any other medium- pornographic, sexually explicit, or any other inappropriate materials will result in additional consequences and immediate termination from the AnB Education program.
15. The Student understands and agrees that they must respect of the host family’s possessions. If any host family possessions are lost, stolen or damaged as a result of the Student’s irresponsibility, the Student’s natural family or the Student will be required to pay for the lost, stolen, or damaged possessions.
16. The Student understands and agrees that they will not commingle their money with the host family. Student will open a separate bank account and maintain control of their own money. The Student further understands that if they do co-mingle their money with the host family, AnB Education is not liable for any consequences.



17. The Student understands that they may participate in school-sanctioned and sponsored extra-curricular activities, including athletics, if such participation is authorized by the local school district they are enrolled and the State authority responsible for determination of athletic eligibility, if applicable. Athletic eligibility or participation is not guaranteed.

18. The Student understands that they are not guaranteed a placement in a certain grade level and are never guaranteed that a diploma will be awarded at the end of their program year. These decisions are made at the discretion of the high school or school district.

19. The Student understands and agrees that while participating in the AnB Education program, the Student is always under the jurisdiction of the U.S. federal, state and local laws as well as the rules of the attending school and they are responsible to abide by all laws and regulations. The use of illegal -prescription drugs is not permitted, therefore, may use only those medications which are prescribed by their doctor or “over the counter” medications such as aspirin. Involvement with illegal drugs during the AnB Education program is grounds for expulsion from school and termination from the AnB Education program.

20. The Student understands and agrees that the student may not make any “life-changing” decisions or actions while in the AnB Education program. The Student also understands and agrees that the Student will not be sexually active while in the AnB Education program. Marriage and sexual relations affect people long after such actions are taken, and would be advisable to wait to explore such experiences and attachments until they can be viewed from the perspective of the Student's own culture before making such a permanent decision.

21. The Student understands and agrees that Student will not acquire new tattoos or body piercings while in the AnB Education program. If the Student violates this rule he/she is subject to dismissal from the AnB Education program and will be sent home.

22. The Student understands and agrees they have been accepted into the AnB Education program based on the information provided in the application. Many host families choose a student to host based on student's application (hobbies, interests, sports, etc.) and wish to participate in those activities and interests of the student. Should any information in the application prove to be false, the Student understands that he/she may be terminated from the AnB Education program.

23. The Student understands and agrees that they must have sufficient English comprehension and conversation skills to succeed in an American high school. Should a U.S. school determine that the Student's English skills are not proficient to succeed in their school or if the ELTiS score in the Student's Student Application is incorrect or false, the Student may be terminated from the AnB Education program and sent back to their home country at the student's expense.

24. The Student understands and agrees that if the student is on probation he/she will not be permitted to go on trips or have visits from relatives or natural family.

25. The Student understands and agrees that the immunizations listed in the Student application may be required prior to arrival in the United States and must bring the most up-to-date copy of the Student's immunization records with them when he/she arrives.

26. The Student understands and agrees that AnB Education is at its sole discretion, reserves the right to terminate the Student's participation in the AnB Education program for the violation of any program rules, regulations and/or requirements and/or when a participant's mental and/or physical health or well-being are in jeopardy.

27. The Student understands and agrees that provocative behavior and/or suggestive or revealing clothing may not be appropriate in most host families and schools. The Student further understands that this term of participation is to protect their reputation as an exchange student and uphold high standards of the AnB Education program. If the Student is suspended or expelled from school as a result from this or any other reason, the Student may be dismissed from the AnB Education program.

28. The Student understands and agrees that the Student is expected to follow and obey all the rules, regulations and requirements of the AnB Education program, including but not limited to all those in this Exhibit “A” and those contained in the Student Handbook. The Student also understands and agrees that if the Student does not, in addition to any other consequences, the Student may be sent back to the Student's home, immediately, at the Student's expense. All AnB Education program fees are non-refundable.

29. The Student understands and agrees that the AnB Education J-1 program is a cultural exchange student program and attendance at school is mandatory. Students must maintain satisfactory progress, including but not limited to, attending all classes, and actively participating in all classes. Students must not receive a failing grade in any class. If the Student's school recommends tutoring or otherwise determines that the Student's grades or academic performance is not satisfactory, private tutoring at the Student's own expense may be required to maintain a satisfactory standing in the AnB Education program. If the Student fails to maintain a passing grade in all classes, the Student may not be authorized to continue in the AnB Education program. Students must follow all attendance requirements at



the Student's high school. If the Student is expelled from high school due to poor behavior or low grades, the Student will be sent home at the Student's own expense.

30. The Student understands and agrees that the Student may not travel alone or hitchhike. If the Student plans to travel, the Student must be accompanied by a responsible adult (25 years of age or older) and have the written permission from the Student's host parents, the Student's natural parents, and the Student's Local Coordinator. If the Student is to be absent from school, the student must have written permission from the Student's school. The Student may not travel while school is in session without the written permission from the Student's school. In such case the Student must have written permission from the Student's natural parents and signed Travel Release Form. Travel outside of the U.S. requires the AnB Education program office authorization and AnB Education's validation on the Student's DS-2019 form.

31. The Student understands and agrees that he/she is not permitted to operate any motorized vehicles or be a passenger on motorcycles, motorbikes, ATVs, or scooters, or purchase any motorized vehicle while in the US. If the Student violates this rule the Student is subject to dismissal from AnB Education program and will be sent home.

32. In addition to the regulations above, the Student is fully responsible for the compliance with all of the Student's school's rules. The Student must accept punishments of suspension or expulsion from the Student's school without argument.

32 The Student understands and agrees that employees, agents, local coordinators, student advisors, directors and staff of AnB and its affiliates are focused on the student's education and providing advice, maintaining the well-being of the student, and providing for the student and must be treated with respect by the Student. The Student may be terminated from the AnB Education program and sent back to their home country at the student's expense if proper decorum towards staff members is not followed.

33. The Student understands and agrees that violence in any way, shape, or form is not acceptable in the AnB Education program. Any student found participating or enticing violence via physical, mental, emotional or abusive attacks on others including, but not limited to physical violence, threats, and cyber bullying may be terminated from the AnB Education program and sent back to their home country at the student's expense.

34. The most current rules and regulations will be posted and maintained on [www.anbeducation.com](http://www.anbeducation.com), Student agrees that they will abide by all rules and regulations listed above as well as those posted on [www.anbeducation.com](http://www.anbeducation.com).



**PLACEMENT AGREEMENT**

**Double Placement**

The Department of State requires that sponsor organizations have signed double placement Agreement on file before the placement can be finalized. Once we complete your admission process, we will provide your placement information for you and your parents. We will try our best to match you with host family. Double placements with two students who speak the same native language are not allowed. Double placements are quite common, and past students have greatly enjoyed having another student to share their experience with. By participating in a double placement, you will have the excellent opportunity to share your culture as well as discover the culture of another student in addition to the culture of your American family.

- As a participant, I am open to being placed in a home with another exchange student
- As a participant, I am not willing to be placed in a home with another exchange student.

**Placement with Single parent with No children in the home**

In accordance with US Department of State regulations, a potential single adult host parent without a child in the home must undergoes a secondary level of review by AnB Education. This review serves to document evidence of the individual’s friends or family who can provide an additional support network for the exchange student and of the individual’s ties to the community. Both the exchange student and his/her parents must agree in writing in advance of the student’s placement with a single adult host parent without a child in the home.

- As a participant, I am open to being placed in single parent without child in the home.
- As a participant, I am not willing to be placed in home with a single parent without child in the home.

**Placement with a same-sex couple**

According to demographic changing in the U.S.and the world is that a growing number of homes are headed by a couple of the same sex. It is the choice of the student and parents whether or not to be placed in a home headed by a same-sex couple.

- As a participant, I am open to being placed in home with a same-sex couple.
- As a participant, I am not willing to be placed in home with same-sex couple.

Print student name	Signature	Date
Print Father/Guardian name	Signature	Date
Print Mother/Guardian name	Signature	Date



**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: 607 Wistar Rd Fairless Hills PA 19030

Phone number: 215-361-8588

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 and any of its affiliates or management company, at AnB's sole discretion, (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 selected host family.

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.



# AnB Education

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.

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.

12. We, the undersigned, agree and authorize that AnB to conduct and carry out all of the responsibilities through its affiliates and/or management company, Global Vision Management, Inc. at all times. Whenever "AnB" is used in this Agreement, the term shall also include and refer to AnB Education and its affiliates.

_____	_____	_____
Print student name	Signature	Date
_____	_____	_____
Print Father/Guardian name	Signature	Date
_____	_____	_____
Print Mother/Guardian name	Signature	Date



## **AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)** **(To Host Family as Guardian)**

### STUDENT'S INFORMATION:

Name of School:

Student's name in full:

Date of Birth:

Grade:

### PARENTS' OR LEGAL GUARDIAN'S 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:

### HOST FAMILY (GUARDIAN) INFORMATION:

Name in full:

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").
2. I/We consent to Student residing with the Guardian named and identified above (hereinafter the "**Guardian**") while attending school in the United States as above.
3. I/We appoint Guardian as guardian of the Student to provide for the care, custody, and control of Student as provided herein.
4. I/We grant and confer onto Guardian the following powers and authority (Where used herein the term "medical" includes, but is not limited to, medical, surgical and dental):
  - a. To seek appropriate medical treatment or attention on behalf of the Student as may be required by the circumstances, including, but not limited to, medical doctor, psychological counseling and/or hospital visits;
  - b. To authorize medical treatment or medical procedures on behalf of Student in an emergency situation;
  - c. To pick Student up from school or other activities;
  - d. To sign release forms for sports and field trips;
  - e. To travel with the Student around the State and/or outside of the State;
  - f. To enforce the agreed-upon terms in the Host Family Agreement;
  - g. To represent the interests of the Student in any interaction with his/her/their school;



- 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. Such consent of AnB Education shall be indicated by acceptance below only. Without AnB Education's signature of acceptance below, this Agreement shall be null and void. This Authorization and Consent may be terminated by AnB Education for any or no reason, at the sole discretion of AnB Education immediately upon notice.

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.

Print student name	Signature	Date
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Print Father/Guardian name	Signature	Date
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Print Mother/Guardian name	Signature	Date
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Acceptance by Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name of Guardian

By: \_\_\_\_\_

Acceptance by AnB Education: \_\_\_\_\_ Date: \_\_\_\_\_





AnB Education

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### *3. Copy of student's Passport*

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Please insert Copy of student's passport here.



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#### *4. Copy of student's two years of recent transcript*

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Please insert copy of student's 2 years of recent transcript with an English translation here.



## 5. TEACHER RECOMMENDATIONS

### ENGLISH TEACHER RECOMMENDATION

Student's Full Name:

Grade Level of Above Student:

Teacher's Full Name:

Teacher's Phone Number:

School Name:

School Address:

	BELOW AVERAGE	AVERAGE	GOOD	SUPER
<b>ENGLISH SKILLS</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Listening comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Speaking skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Reading comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Writing skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>BEHAVIOR AND INTERPERSONAL SKILLS</b>				
a. Follows teacher's directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is able to stay on task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Is able to work in a team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Contributes to group discussions/activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Is able to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Perseveres in spite of difficulty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Enjoys new challenges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Responds positively to constructive criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Shows respect to peers and faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Shows self-esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Is willing to take responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Demonstrates self-control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Exhibits emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

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Signature \_\_\_\_\_ Date: \_\_\_\_\_



## MATH TEACHER RECOMMENDATION

Student's Full Name:

Grade Level of Above Student:

Teacher's Full Name:

Teacher's Phone Number:

School Name:

School Address:

	BELOW AVERAGE		AVERAGE		SUPER
<b>GOOD</b>					
<b>MATHEMATICAL SKILLS</b>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
a. Computational skills	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
b. Problem-solving skills	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
c. Mathematical reasoning					
d. Mathematical applications					
<b>BEHAVIOR AND INTERPERSONAL SKILLS</b>					
a. Follows teacher's directions	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
b. Is able to stay on task	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
c. Is able to work in a team	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
d. Contributes to group discussions/activities	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
e. Is able to work independently	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
f. Perseveres in spite of difficulty	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
g. Enjoys new challenges	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
h. Responds positively to constructive criticism	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
i. Shows respect to peers and faculty	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
j. Shows self-esteem	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
k. Is willing to take responsibilities	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
l. Demonstrates self-control	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
m. Exhibits emotional maturity	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

**Comments**

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Signature \_\_\_\_\_ Date: \_\_\_\_\_



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*6. Certificate of English test score (TOEFL,ELTiS..)*

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Please insert Certificate of English test score here.



## *7. Student Interview*

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1. Please briefly introduce yourself

2. What is your motivation to study abroad?

3. What goals do you have for your experience abroad?

4. What would you like to be in the future?

5. Please describe your main interests and hobbies



6. What is your most memorable experience?

7. What activities do you hope to participate in during your exchange year?

8. Do you have any dietary restrictions? If you have any allergies or health concerns, please describe here.

9. What are your favorite foods? Please list 3.

10. Would you mind living with a host family who has certain pets? If so, please list them.

11. Please indicate any personal restrictions, specific requests, or other needs you would like us to consider in the selection of your host family.



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## *8. Student and Family Letters and Photo Album*

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Student name: \_\_\_\_\_

- **Student letter for host family**

- **Parents letter of Introduction**





AnB Education

- **Photo Album**

Please insert at least 6 photos including a family photo, a photo of the student with friends, photos of the student participating in sports, music, hobby or activity and a photo of student traveling. Please briefly describe each photo.



## *9. Personal Essay*

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Please write an essay demonstrating your character traits, past achievements, and your goals. We will share this essay with your host family and school. You may write about your family, your school, your community, your goals for participating in this exchange program, or a time in your life when you overcame a challenge. (Essay should be over 650 words)

## 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

<b>Medicines and Allergies:</b> Please list all prescription and over-the-counter medicines and supplements (herbal/nutritional) the student is currently taking:  _____			
Does the student have any allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, list specific allergy and reaction.)			
<input type="checkbox"/> Medicines	<input type="checkbox"/> Pollens	<input type="checkbox"/> Food	<input type="checkbox"/> 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 <b>DURING</b> or <b>AFTER</b> 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. <b>FEMALES ONLY:</b> 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
<b>Other Vaccines: (Type and Date)</b>					



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTH

**PRIVATE DENTIST REPORT  
OF DENTAL EXAMINATION OF A PUPIL OF SCHOOL AGE**

NAME OF SCHOOL \_\_\_\_\_ DATE \_\_\_\_\_ 20 \_\_\_\_

NAME OF CHILD	AGE	SEX	GRADE	SECTION/ROOM
_____		<input type="checkbox"/> M <input type="checkbox"/> F		
Last                  First                  Middle				

ADDRESS

\_\_\_\_\_

No. and Street	City or Post Office	Borough or Township	County	State	Zip
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**REPORT OF EXAMINATION**

	TOOTH CHART																
	RIGHT								LEFT								
UPPER	1	2	3	4 A	5 B	6 C	7 D	8 E	9 F	10 G	11 H	12 I	13 J	14	15	16	Upper
LOWER	32	31	30	29 T	28 S	27 R	26 Q	25 P	24 O	23 N	22 M	21 L	20 K	19	18	17	Lower
	UPPER																Upper
	LOWER																Lower

Is The Child Under Treatment Yes  No

Treatment Completed Yes  No

\_\_\_\_\_

Date of Dental Examination

\_\_\_\_\_

Signature of Dental Examiner

\_\_\_\_\_

Print Name of Dental Examiner

\_\_\_\_\_

Address