DISE (P-3-059847)



Denver Intercultural Student Exchange Program

Academic Year Program in the United States

STUDENT APPLICATION

学生申 • 在美学 • 年限 • 划

12 个月 • 划

I AM APPLYING FOR THE

我申■

12-Month Program 6个月 ■ 划

6-Month Program 200X 年 8 月

BEGINNING IN

▪始于

August 200__ 200X 年 1 月

January 200__

The Denver Intercultural Student Exchange Program Welcome Participants and Hosts

		G	General Information								
Family Name(姓)			Given Names(名): First		Middl	e			PHOTO 照 片 Glue or paste	
Address(地址): Street										(DO NOT STAPLE) One photograph of you - 张你的照片	
City, State (省,市)		E-mail(if	any)电子邮件均	也址	Postal Cod	le 邮编	Coun	try 国家		SMILING 徽 笑	
CityandCountryofBirth 出生	地		Country of Citizenship 身份证			地			This photo will be the first thing your Potential host family will see. It will make		
Date of Birth 出生日期 Month / Day / Year (月	-)	Female 女 Male 男 此相片将是 第一印象,				a very big impression! 此相片将是你给未来寄宿家庭的				
Home Tel 宅电	Fax(if a	any)传真	Nickname 别 名						第一印象,这将给他们留下好感 		
	FA	THER	父					N	1ОТН	ER 母	
Family Name 姓	Given 名		Age 年龄			Family Na 姓	me		Name	Age 年龄	
Address: Street 地 址: 街 道						Address: S 地址:	treet 街 道				
City 城市名称		State/Pro 州 /	ovince 省			City 城市名称			State/州	Province 省	
Country 国 家		Home To 宅	ele. 电			Country 国 家			Home 宅	· Tele. 电	
Occupation 职 业		Business 办公日				Occupatio 职业	n			ess Tele. :电 话	
BRO		RS ANI 兄弟和姐!	D SISTERS 妹	S		FRIE	NDS			IN THE UNITED STATES 技或亲戚	
Name 姓名	Sex 性别	Age 年龄	At Home 仍在家吗			Name 姓名					
						Address: S 地址: 往					
						City State 城市州					
						Relationsh 与你的关		ou	Hom 宅	e Telephone 电	
ID:身份证号	NEXT. 下一学	ACADEM 年	IC YEAR	SCOR	LISH TEST T RE 则试类别及原			DATE APPLICA 被美国接受申		CEIVED IN U.S. A	

YOUR SCHOOL	DL 你的学校
School Name Address/Cit 校名 地址/城市	
	(ME)
Type of School 学校类型	Specialty (if any) 特殊说明 (如有)
Public Private Roman Catholic Other	· 特殊说明(如有)
公立 私立 罗马天主教立 其它 Present Grade Level (9th, 10th or 11th) Highest Grade Level in Your Scho	Data you arrest to another from your present sakes!
Present Grade Level (9th, 10th or 11th) 你现在年级(9, 10, 11年级) Highest Grade Level in Your Scho 你的学校设立的最高。	手级 Month/Year
	预计从你现在学校毕业的时间 月/年
WHEN YOU RETURN HOME FROM THE U	
你 从 美 国 回 家 后 , 计 划 d Return to your Transfer to another Go t	別 的 弟 一 件 事 是 什 么 ? ouniversity Begin a job in the field of:
present school secondary school or ted	chnical school
	大 学 或 转 校 在 你 的 专 业 内 找 份 工 作
LANGUAGES YOU SPEAK OR HAVE STUDIED	Favorite School Subjects 最喜欢的学科
你所说或所学的语种	
Language Studied Years Studied Excellent Good Fa 所学语种 所学年数 优良 一	
	<u> </u>
YOUR FAMII	Y 你的家庭
你的母亲健在去世你的交亲健在去去。Is your motherlivingdeceased? Is your fatherlivingdeceased? Is you live with:(check all that apply) Mother Father Stepmother stepfather Grandmother grand	Tather Other adult(explain) 祖父 其他成人 (说明原因)
Private School	Placement
Private schools are becoming increasingly popular to exchange stude	nts. There are many type of private schools in the
U.S., including low-cost denominational schools and elite, expensive	
Individualized attention; low teacher-to-student ratio; generally be	etter facilities and equipment; generally higher academic
Level; and fewer disciplinary issues with the other students.	
私人学校对交流学生来说越来越受欢迎。美国有许多种私立学校,包括收费仍重视,老师与学生比较低,且普遍有较好设施设备,有较高的教学水准,较少	
Would you be willing to attend a private school and pay the addition	nal fees charged by the school?
Yes	No
你是否愿意进私人学校,并支付该校所收的其它费用?	
If yes: Fees for private schools vary greatly Please indicate below 如是:各私人学校的费用差距很大。请注明你能接受的范围。	the range you can spend:
知定:日何八子代的资历左距110人。明江明师能按文的范围。 \$1000.00	1000 美元
\$1000.00 to \$150	
\$1500.00 to \$200	0.00 1500-2000 美元
\$2000 00 +	2000 美규지 노

Student Application: "DEAR FAMILY" LETTER

学生 申请: 一封信(给寄宿家庭的)

IMPORTANT: PLEASE READ INSTRUCTION

重 点 请 阅 读 说 明

Beginning on the attached blank sheet titled "Dear Family" letter. Type or print (carefully) a letter introducing yourself to your future host family. This, you first letter. Will begin your friendship with them. A one to two-page letter of 500 to 600 words is appropriate. It is important to make the Letter interesting and informative. In a sense. You are "selling yourself" to a host.

在所附空白纸上写信,信开头的"Dear Family"作抬头,认真打印或书写,将你自己介绍给未来的寄宿家庭。你的这第一封信,即是你与他们友谊的开始。信的篇幅以一页或两页,字数 500-600 字为宜。把信写得生动且能达意。这点很重要。从某种程度上讲,你正在向主人"推销你自己"。

Try to think of what you would like to know if you and your family were hosting a visitor from another country. Your future hosts most want to know what makes you "you" a special person who will become an important part of their lives.

尽量想象如果你和你的家人正在款待一位从其它国家来的评访者你想知道些什么。你的未来主人最想知道是什么使你成为一位寄宿者,一位成为他们生活中重要部分的特殊人物。

Your letter MUST:

你必须遵循以下内容:

be written BY YOU

亲白写

be typed if at all possible (you should sign your name at the end)

尽可能打印(结尾签上你的名字)

be written in English

用英语写

begin with the salutation "Dear Family"

信开头用"Dear family"以示尊敬

Contain information about yourself, your personality. Your activities and interests; and your goals

关于你自己,你的性格,你的活动和兴趣及目标的一些情况

describe your family and your relationship with your family members

描述你的家庭,及你和家庭成员之间的关系

How much time do you spend with your family and what kinds of things do you do together?

你与你的家庭成员住多长时间,一起做了哪些事。

Do you live in a house, an apartment, a ranch, a farm?

你住在独立住房,公寓,大农场或普通农场?

Describe your school, the community where you live, and your friends.

描述你的学校,所住社区及你的朋友的情况。

Do you live in a village, a small town, a town close to a large city. Or large city?

What is the population of the town or immediate community where you live?

你住在乡村?小镇?靠近大城市的城镇?还是大城市?你所居住的城镇或社区的人口?

Describe your activities and responsibilities at home, school and in your community

Describe your future job or career plans

说一下你将来的工作或职业生涯的打算。

Explain why you want to go to the USA and why you want to live with an American family

说明你为什么想去美国,和为什么想和美国家庭住在一起。

Tell them anything else you think they should know about you $\,$

告诉他们关于你的其它一些事,这些事你认为他们应该知道。

Express your enthusiasm and interest in THEM by asking about their activities and interests,

their family, their community and the school you will attend.

通过询问他们的日常活动和兴趣,以及你将加入的家庭,社区和学校的情况表达出,你对他们的热情和兴趣。

Say a DIRECT "thank you" for the opportunity to live with them. This is very important to your future host family.

对有机会与他们生活在一起,直接表达你的感谢之情,这一点对你未来的寄宿家庭很重要。

End with your signature.

信尾签上你的名字。

DONT worry about whether you English is perfect. Your host family will be happy to hear from you. And they will understand what you have tried to say. If you have a very difficult time writing, And find to your host family, or to you, to let them believe that your English in much better than it is.

不要担心你的英文水平是否很好。你的寄宿家庭会很高兴收到你的信,理解你所想表达的意思。如你写此信很困难,需找人帮助自己的英文表达,请务必在信尾说明。让他们误以为你的英语水平很好,对他们,对你都不好。

START LETTER ON ATTACHED PAGE (detach this sheet)

在附页上附上你的信

PARENTS' INFORMATION 家长信息

The information requested on this form will assist us in making the best possible family placement for Your son or daughter. But, even more important, it will help the selected family to be good parents to him or her.

In the space below, please write a letter to the host family, describing your child's overall personality, Relationships with family and friends, personal habits, study habits, academic and career goals, level of Maturity. Ability to face difficult situations, and anything else you feel is important.

Please TYPE if at all possible. Otherwise, use a black pen and PRINT very clearly. Thank you.

Please note who is writing this: Father... Mother..... Both.....

需父母说明的一些情况

这份表格所询问情况将帮助我们为你的儿子或女儿找到最好的寄宿家庭。但是,更重要的是它会帮助我们所选择的家庭成为他(她)的好父母。

在以下空白处,给寄宿家庭去一封信,讲述你们孩子的性格与家庭,朋友之问的关系个人习惯,学习和工作目标,成熟情况,应对困难的能力和其它一些你们认为重要的事情。

请尽可能打印,如不能,请用黑墨水笔很清哳的写出来,谢谢。

请注明谁写的此信:父...... 母...... 和两人共同写的。

(PLEASE COMPLETE INFORMATION ON REVERSE SIDE) (请于另一面完成此信)

在校外:家务活动和睡觉之外,估计一下你们 Outside of school, homework and sleep, please es 独自一人 与家庭成员相处 alone% with family members%		time your son/daug 其它	请解释		
In your home, do you require your son/daughter 在你们家,你仍有要求子女晚上回家的具体 If so, what time on school days?	时间吗? ··········on v ted to follow in your l	weekends or holid 周末或假日	ays?		No
该信息仅供寄宿家庭参考,不同的家庭和社 (Information for host family reference only. In t		nunity situation. Ru	ales may be different)		
If there has been a death, divorce, or other majo 你的家庭成员是否曾有死亡,离婚或其它重		ly:			
How is your family dealing with this? 你的家庭如何处理的?					
What changes has it made in your son/d 这些变故你们的儿女生活产生哪些变					
What makes you proud of your son/daughter? 有哪些事让你们为子女感到自豪?					
Why do you want your son/daughter to be an 为什么你们想让你们的子女成为交流学生	?	a family?			
Are there any other comments you would like 还有其它的话想告知寄宿家庭的吗?	e to share with the hos	st family?			
Signature 签名	Mother 母	Father 父	Guardian 监护人	Date 日期	
Signature 签名	Mother □	Father ❖	Guardian 监护人	Date 日期	

DENVER INTERCULTURAL STUDENT EXCHANGE PROGRAM

Academic Year Program in the United States TEACHER'S RECOMMENDATION 老师的推荐书

NAME OF STUDENT

学生姓名

The Academic Year Program in the United States features a special kind of educational experience abroad. Students are involved in a Challenging exercise in cross-cultural adjustment which includes a five or ten-month period living as a member of a family in the United States. As well as enrollment as a fully-participating student in an American high school. Not everyone can enjoy, profit from or even

cope with the program. To succeed . The a cultural backgrounds-sometimes under-diff whether the applicant is ready for this progrub次在美国学习项目是以学生在国外的一一起,还报名成为一位美国高中生,参与忠肯的评价会帮助我们决定该申请人是否PLEASE COMPLETE BOTH SIDES. SEAL IN A请完成正反两面,并用信封封好,在封厅	icult emotional and ram. 一种特殊学习经历 5适应不同文化的 S合适我们这个学 N ENVELOPE, SIGN	d physical cond 为特点的:学生 挑战。不是每年 习项目。 YOUR NAME AC	itions. Your b E在五或十个. 个人都能从中 ROSS THE SEA	nonest appraisal 月期间不仅作为 获得了乐趣,	will enable u 为美国一个家 受益获处理其	s to determine 庭成员生活在 中的困难。你
How long have you known t 你认识申请者多久? How long have you taught th 你当该生老师有多久? What course of study/subjec	ne applicant?	y	year(s) 年 year(s) 年	, F	nth(s)	
你曾教过申请人哪些课程: A. Please indicate, by checking the appro 通过填写合适选项,作为你对申请人性标	priate spaces. Your	best estimate of	the applicant	's characteristics	S.	
PERSONAL CHARACTERISTIC	S	EXCELLENT	GOOD	FAIR	POOR	UNKNOW
个人性格 Genuine interest in other people and new ideas		优	良	一般	差	不知道
付其他人有兴趣和新想法						
Adaptability to new or stressful situations 玍新的或重要情况下的适应能力						
Ability to face and overcome difficulties 面对和克服困难的能力						
Emotional stability 青感的稳定性						
用波的滤光性 Willingness to put other's needs and desires before b 心甘情愿优先考虑别人的需求及愿望	nis/her own					
nitiative 只极性						
Sense of responsibility 责任感						
intellectual curiosity 时知识的求知欲						
Sense of humor 幽默感						
magination and creativity 想象及创造力						
Communication skills: self-expression, listening. Ho	onesty					
交流技巧:自我表达能力,听力,诚实情况 Motivation to succeed as exchange student						
想成为一位成功的交流学生的动力积极性						
3. Please indicate the student's English language 青指出该生英语语言背景及熟练程度,在每一栏			Excellent, Good,	, Fair or Poor in eac	ch category.	
ENGLISH LANGUAGE PROFICIENCY 英语熟练程度	EXCELLENT 优	GOOD 良		FAIR 一般		OOR 差
Reading 阅 读						
Writing 书写						
Speaking 说						
Understanding conversation 对话理解力						
***					•	

PLEASE COMPLETE INFORMATION ON REVERSE SIDE

请完成背面的信息

DENVER INTERCULTURAL STUDENT EXCHANGE PROGRAM

Academic Year Program in the United States TEACHER'S RECOMMENDATION 老师的推荐书

TEACHER RECOMMENDATION (page 2)

TEACHER REC	COMMENDATION (page 2)	
In the space below, please comment on to Study habits, and attendance record. Doe School work. Or does he or she have an Possible. It not possible, please print in 在以下空白处,请对申请人的性格,学习能力上好吗?他或她有一些专门或特殊的困难吗	es the student general perform well in so y particular or special difficulties? Pleas black ink. Thank you. 力,学习积极性,学习习惯和成绩做出评价。	chool and with the type. If at all
Please comment on the applicant's relationsh 请评价申请人与他或她的同辈人之间的关系,尤其在集体	nips with his or her peers, especial 相处时。	ly in group situations.
How would you feel about having this applic	eant as an exchange student in you	r class?
对申请人作为班级里一位交流学生,你有何想法? Very enthusiastic 很积极 Pleased 高兴 Willing 愿意 Unwilling, overburden 不愿意有烦恼	comments: 评论	i Class:
Name and address of school 学校的名字和地址		
Teacher's Name 老师的姓名		
Teacher's Signature 老 师 的 签 名		Date 日期

TRANSCRIPT OF GRADES 成绩单

	This year (200 -0)COURSES 今 学 年 class level 年级 课 程 (9th, 10th, 11th or 12th Grade) 9 10 11 12 年級	U.S. Grade Equivalents Most Recent
Official school transcripts for two previous years and the first half of the current year (if available) must be		美国的对等成绩(最近的)
attached to this form. Please complete all sections.		
该表格必须随附学校的正式的前两年和最 近半年的成绩(如果有)请完成以下所以部 分。		
Student's Name 学 生 姓 名		
Student's current class level (I,e, 9th 10th 11th or 12th Grade) 学生目前所处年级如(9,10,11或12年级)		
School Name 学校名字	Last Year (200 -0)	Final Grade 最后成绩
Type of School 学校类型		
Do you recommend any particular U.S. high school course selections		
for this student, or any other special comments? 你为该生推荐一些美国高中课程		
	Year before last (200 -0)COURSES 前 年 class level 年级 课 程	
	fit 牛 Class level 牛坎 味 住	
Grading System Equivalencies Grade U.S.E Equivalent		
成 绩 在美国对等成绩 In Student's		
Country (please Indicate) 在学生所在国(请注明)		
90 以上 = A+		
90 = A 80 = B = C		
= C = D = F		
		1

Academic Year Program in the United States 在美学习, 医疗记录

DENVER INTERCULTURAL STUDENT EXCHANGE PROGRAM

Medical Record

Important Points about the Medical Record

The applicant's immunization history is very important to the U.S. high school he or she will attend. An incomplete immunization record will delay-or even entirely prevent-a student's enrollment in school.

- 1, <u>Dates</u>: because of dating conventions, there is often confusion on dates. It is preferable to write out the month or its abbreviation rather than just to give a number. For example, use "Oct" rather than "10" for the month of October.
- 2, <u>Polio</u>: schools ordinarily expect that a student will have had at least four polio vaccinations, the most recent of which should have been received after the student was four years of age. If the student has not had at least four, he or she must receive another vaccination prior to coming to the U.S. Documentation confirming receipt of the vaccination must be provide.
- 3、 <u>DPT or TD</u>: applicants must have had a tetanus booster within the past ten years. If the most recent booster was not given within ten years, the student must receive another booster prior to coming to the U.S. if the ten-year period will expire while the student is in the United States, he or she should also receive a booster. Documentation confirming receipt of the booster must be provided.
- 4、 Measles, Mumps, Rubella: in the U.S. the measles, mumps and rubella vaccines are commonly given together (the "MMR" vaccination). Schools require two such vaccinations, the first of which should have been given after the age of twelve months. In some cases, it may not be possible for the applicant to get a complete MMR vaccination in the student's country. In this case, the student should at least receive a second measles vaccination and provide documentation.
- 5、 <u>Tuberculosis</u>: there has been a recurrence of tuberculosis in the United States, and schools are becoming strict on the issue. Students must have evidence of absence of disease. If, because of an inoculation against the disease, a student has a "positive" TB test indicating presence of antibodies, the student must have a chest x-ray to prove absence of disease. The student's doctor should provide documentation indicating the date of the chest x-ray and the results (please do not send the x-rays themselves with applications).

When providing a shin test result for tuberculosis, please provide the type of test and date administered and interpreted in the place indicated on the medical record. (Some states will not accept the tine test as evidence of lack of disease,) Note also, please, that several U.S. states require that the TB test have been administered within the past six months!

And, finally, at least one U.S. state (Utah, but there may be others, also) requires that the TB test or x-ray be administered in the U.S, which means students placed there can expect to be tested after arrival in this country.

关于医疗记录的要点

申请人的免疫史、对于他或她将进入的美国高中来说非常重要。一份不完整的免疫记录会延迟甚至完全阻止学生报取该校。

- 1、日期:由于日期使用习惯的原因,经常在日期表述上产生混乱,建议最好完全拼写出该月或其缩写,而不是仅仅用一个数字表示,例如:用" Oct"而不是 10 来表达 10 月。
- 2、脊髓灰质炎:学校通常希望学生至少接受过4次该病预防注射最近一次应该在该生四岁以后。如果该生未达到起码四次,他或她必须在来美国之前再接受一次预防注射,并提供接受此注射的确认文件。
- 3、白喉、百日咳、破伤风三联菌苗或成人型破伤风及白喉类毒素。申请人在过去十年里必须接受这一次防破伤风加强剂量注射,如果近一次不在近10年内,该生来美前必须再接受一次。如 10 年有效期正好在该生在美国赴学时到期。他或她也应该接受一次注射。确认证明也必须提供。
- 4、麻疹、风疹,腮腺炎:在美国,通常三种疫苗同时注射,(此为 " MMR " 疫苗),学校要求两次预防注射。第一次应在 12 个月时注射。在某些情况下。申请人在自己回家不能接受完整的 MMR 预防注射。这样至少应该接受第二次麻疹预防注射,并提供证明文件。
- 5、肺结核:在美国,肺结核有复发现象,学校在此问题上越来越严格,学生必须有无此病的证明。如果因接受一次抗此病的预防注射,学生在肺结核 化检时呈阳性,而显示具有了抗体。学生必须接受胸部 X-光的证明确无此病。该生的医生须提供资料,先知胸部 X-光诊断的时间和结果(不要将 X-光 资料交给申请人)。在提供肺结核皮肤检查时,请提供检验的类型和诊断时间,并在医疗记录上指明的地方翻译出来。(美国有些州不接受"结核菌素叉刺试验"作为无此病的证明)另请注意。有的州要求肺结核检验必须在过去六个月进行。
- 最后,至少一个州(犹他,但可能还有其它州)也要求肺结核检验或 X-光检验需在美国进行,那意味着去那些州的学生们将会在到达美国后接受检验。

Academic Year Program

MEDICAL RECORD _{学年项目} 医疗记录

PLEASE COMPLETE THIS FORM WITH YOUR PHYSICIAN

请你的医生完成此表格

STUDENT NAME 学生姓名	Date of Birth	/	/		Country 国 家
子主姓名		Month	Day	Year	
	出生日	月	天	年	

YOUR PERSONAL HEAL TH HISTORY AND RECORD OF PHYSICAL EXAMINATIOMN

Have you had:	Yes	No		Yes	No		Yes	No		Yes	No
Scarlet Fever 猩红热			Insomnia 失眠症			Chest Pain/Pressure 胸部疼/压迫感			Dizziness 眼 花 Tainting 头昏		
Measles 麻疹			Sleepwalking 梦游			Chronic cough 慢性咳嗽			Weakness Paralysis 瘫痪		
German Measles Rubella 风疹			Frequent Anxiety 焦虑			Heart Palpitations 心悸			Venereal Disease 性病		
Mumps 腮腺炎			Frequent Depression 时常郁闷			High or low Blood pressure 高或低血压			Albumin or Sugar in urine 尿清蛋白或 尿糖		
Chicken Pox 水 痘			Worry or nervousness 担忧紧张			Rheumatic fever or heart murmur 风湿热或心日			Frequent Urination 尿频		
Malaria 疟 疾			Recurrent headache 经常头疼			Disease/injury 关节 病 of joints 或损伤			Diabetes 糖尿病		
Gum/tooth Trouble 牙床/牙齿的疾病			Recurrent colds 经常感冒			"Trick" knee shoulder, etc. 膝、肩问题			Epilepsy 癫痫痫		
Sinusitis 鼻窦炎			Head injury/Unconscious 头损伤/失去知觉			Back Problems 精神问题			Anemia or Blood problem 贫血或血液 问题		
Eye Trouble 眼 痛			Hay fever 枯草热 花粉 病 Asthma 哮喘			Tumor 肿瘤 Cancer, cyst 囊肿			Learning or speech Disability 学习或语 言能力障碍		
Ear nose or throat Trouble 牙鼻喉病			Tuberculosis 肺结核			Jaundice 黄疸病			FEMALESONLY 仅指女性		
Skin problems (acne, etc.) 皮肤病(痤疮等)			Shortness of Breath 呼 吸			Stomach or intestinal trouble 胃肠病			Irregular or severe periods 经期斋乱		
Surgery 外 科			Allergy: 过 敏			Gall bladder trouble or Gall stones 胆囊病或 胆结石			T – Shirt Size 圆Small 小M		
Appendectomy 切除阑尾			Penicillin 表霉素			Recurrent diarrhea 经常腹泻			…large 大 …Extr Details re all a	_	
Tonsillectomy 扁桃体切除			Sulfonamides 磺胺			Rupture, hernia 疝			()items Above if "Yes" Use sepa	•	
Hemia Repair 疝气修复			Serum 血 清			Recent gain or loss Of weight 体重近来的增减			necessar 」所有打 号项目,如	ry.	
Other(describe) 其它			Foods/animals or other 食物/动物或其它			HIV Positive?艾滋病 检验中曾阳性吗?			请用另一张		
Do you wear glasse If yes. Be sure to br 你戴眼镜或是隐形 如果是,请将你的	ing you 眼镜吗 医生开	r prescrip ? 的处方带	otion to U.S.			Personality or charact (give details) 你曾经因为人格或性 疗吗?(请详细说明	er disorde t格障碍, 引)	r, or em 或情绪	· 背方面的问题接受过治		
Do you have a heari 你的听力有障碍吗	?						(Give det	ails) 禄饮暴	食)?(请详细说明)		
Have you had any il hospitalized other th 除了以上已经注明 或伤害就医过吗?	nan as al	lready no				Height: 身高			Weight: 体重		

评语:

RE	CORD OF I							PHYSICIAN'S COMME 医 生 评 ;	NTS 语
Blood Pressure		检 nperature	记	录			Describe in detail each	h disease, impairment or a	-
面 压	体	•					详细描述每种疾病,		onormanty indicated
Pulse		piration							
脉搏	呼	吸						gy, allergen medication sens, and any required environment	
Are there any abnormalitie							- '	过敏原,反映症状治疗	
If yes, please describe in sp		-					JAC 113X IX 9X ,	Z-3///, Z-9//III // //	, 23 12 14 110 1 30
以下的系统有反常的吗?如 者附上附加页。	叫果有,请报	並 还在石丸	2.的空日处:	或 限制。				ons now existing which ma	ay require additional
14的工的加火。	Yes	No			Yes	No	treatment? If yes, plea	-	
Skin			Gastroin	testinal	+		█ 现在有哪些情况仍需	·额外治疗吗?如有请解	释
皮肤			胃服				Will the applicant he t	taking any prescription dru	ugs or vitally-needed
Head, ears, nose, throat			Genito-U				non-prescription drug	s to the U.S.? If yes, pleas	
头,耳,鼻,喉			生殖泌尿	₹			often taken and why:		
Eyes			Pelvic (C	Optional)				引用处方药或必不可少的	
眼			骨	盆			如有请列出药名清单	上,隔多久服一次,为什	么?
Teeth, Gums			Hernia				General state of applic	cant's health:Exceller	nt Good Fair Poor
牙,牙床			疝				申请人健康状况总的		it 600u uii 1 001
Respiratory			Musculo				THE POPULATION OF THE POPULATI	, in 100 .	
呼吸			肌与骨					applicant healthy enough	
Cardiovascular 心血管				ic/endocrine			high school program	of six to ten months' durat	ion in the U.S.?YesNo
心 皿 官 Breast			Neurolog	射/内分泌			_ █ 在你看来 申请者的]健康状况能在美国的高	
胸			神经				6到 10 个月的计划叫		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Urinalysis: 脉分析法:			IT &	<u> </u>	I		0 13 10 73 43 11 20		
Sugar	Albumin			Micro			Do you have recomi	nendations for care of th	nis patient? If yes, please
糖	(白)清	蛋白		MICIO			explain.		
Hemoglobin	(1)/19	<u> </u>					一 你有治疗该患者的建		
血红蛋白								physical activity:Unl	
				GMS%			参与体育活动的建议	九	限制 有限制
					MUNIZA				
TYPE OF VACCINE		DAT	EE E ACH E	OOSE WAS GIV	受免				
疫苗类型		DAI	1st	JOSE WAS GI	2nd	いが重用	3rd	4th	5th
		Mo	Day Year	Mo	Day Year		Mo Day Year	Mo Day Year	Mo Day Year
		月	/日 / 年	月,	/日 / 年		月/日/年	月/日/年	月/日/年
POLIO			/ /	/	/		/ /	/ /	/ /
脊髓灰质炎		,	/ /	/	/		/ /	/ /	/ /
DPT and/or Td (Diphtheria									
Pertussis or tetanus, diphth			/ /	/	/		/ /	/ /	/ /
白喉百日咳破伤三联菌苗		, ·	,	,	,		, ,	, ,	, ,
成人型破伤风及白喉类毒							DEGLIE OF TUDED OF	V P P C V P V P C P P C P C P C P C P C	*#*
MEASLES(Rubeola-10 da Measles) 风疹,麻疹	iy, ieu	,	/ /	/	/		Negative	ILINE SKIN TEST 肺结构 阳性	8.皮试结果
RUBELLA(German measl	es-3 –day						Positive		
Measles)德国麻疹 3 天麻	•	,	/ /	/	/			sitive, report of no	egative
MUMPS								x-ray is required	
腮腺炎		,	/ /	/	/			如为阳性需提供阴性胸部	
				DUV	SICAN	SIGN	Date given 检验日期 ATURE	如为阳注斋旋洪阴注胸。	₩ A 元报百。
I have reviewed the m	edical his	tory of t	his applic					tion and certify that a	all relevant medical
information has been									
information that might									•
				医生签名					
我已经研究过该申请	人的医疗史	并完成了	了他的全面	身体检查,特	证明所有	相关医	疗信息均已包括在内,	以上信息是完整和精确的	的。根据我的判断,它已
提供所有有用的资料,该		些在美国	负责学生身	身体健康的人有	可能是	必要的。			
Printed Name of Physician	1		_				Physician Signature		
正式书写医生名字							医生签名		
Physician Address							Date of Examination		
医 生 地 址							检 查 日 期		

PARENT PERMISSION FOR MEDICAL TREATMENT

We, the undersigned parents/guardian of (give full name of student), do hereby authorize the DISE Program

Of CAST staff, the American host parents, and the local Area Representative, for the duration of said student's exchange program in the USA, as agents of the undersigned to consent to any X-ray examinations, anesthetic, medical or surgical diagnosis or treatment or hospital care which is deemed advisable by, and is rendered under the general supervision of, any licensed physician or surgeon, whether such treatment or diagnosis is tendered at the office of said physician or surgeon or at a hospital. In addition, we give permission for our son/daughter to receive in the United States immunization for DT or DPT, polio., measles, rubella, or mumps, if such immunization is deemed necessary by the U.S. high school for enrollment in the school.

父母同意对该生进行的医疗治疗

我们,即以下签名者(学生姓名)的父母/监护人,兹此授权 the DISE program of CAST 成员,美国的寄宿父母和地区代在上述美国学生交流项目期间作为签字人的代理,同意接受 X-光检查,药物或外科的诊断,治疗或住院次序,并且需在职业内科或外科医生的监督同意和建议下进行。另外,我们同意我们的儿/女接受在美国的 DT 或 DPT,polio., measles, rubella, or mumps,免疫注射,如果该注射被美国高中认为是学生在报名时的必要条件。

Signature of Parent or Guardian 父母或监护人签名

Date 日期...

DISE

Academic Year Program in the United States

DENVER INTERCULTURAL STUDENT EXCHANGE PROGRAM

CONDITIONS OF PARTICIPATION

All participants in the Academic Year Program in the United States and their natural parents or guardians must read and agree to abide by Terms and Conditions outlined below:

所有此项美国学习项目的参与者和他们的父母或监护人必须阅读和同意遵守以下所列的条款:

The Academic Year Program in the United States is a homestay program, based on daily life in a family, school and community. It is not a travel program. Its purpose is cultural exchange, which requires the willingness to learn, and adapt-with understanding and appreciation-to the customs of a new culture, community and family, which may be very different from one's own. Students in this program are representatives of their own cultures, and do their best to earn respect for the people of their countries.

此美国学习项目是一项住家项目,它以在一个家庭,学校和社区日常生活为基础。而不是一个旅行项目。它的目的是文化交流,它要求参与者愿意并带有理解和欣赏去学习和适应一个新的文化,社区和家庭的风俗习惯,这些风俗可能与自己的大不相同。参与此项目的学生是他们自己文化的代表,他们要尽力为他们的国家高得尊重。

EVERY PARTICIPANT AGREES IN ADVANCE TO ACCEPT THE FOLLOWING CONDITIONS OF THE PROGRAM:

每位参与者预先同意接受以下该项目所需的条件:

- 1. To accept the host family selected in any part of the country DISE welcomes hosts from all races, creeds, colors, religious persuasions and socio-economic levels)
 - 接受为你选择的来自美国任何地区的寄宿家庭,因为 DISE 接受来自任何种族,肤色,宗教信仰和社会经济水平的家庭。
- To live as a participating member of the host family and to accept normal family responsibilities: and to adapt to and live within the rules and customs of the host family, showing respect for the host parents.

作为寄宿家庭的一位参与并生活在一起,接受一般家庭责任,适应该家庭的规矩和习惯以示尊重。

- 3. To maintain a satisfactory level of academic performance(C grade point average) and appropriate behavior in school, including completing all course work and attendance requirements.
 - 达到满意的学习表现(平均在 $\mathbb C$ 级)和在学校的表现,包括完成所有学科功课和出勤。
- To obey all laws of the United States, the host community, and the state in which it is located, and to obey all rules of DISE as outlined here and in the Code of Conduct.

遵守美国当地社区和州的所有法律,遵守这里及执行条文中的 DISE 规定的规则。

- 5. NOT to drive or purchase a car, motorbike or any motor vehicle requiring an operator's license.
 - 不要驾驶或购买汽车,摩托车和机动车辆及驾照。
- To repay hosts promptly for any and all long-distance telephone calls made by the participant, and to pay for any damage caused to the property of the host family, school, hotel or other site visited during the program.

在该项目期间立即支付一些和所有自己打的长途电话费,对损害寄宿家庭学校或其他参观地的财产予以赔偿。

- 7. To arrive in the host country with a round-trip international and domestic air tickets.到达寄宿国需用往返国际和国内机票。
- 8. To travel to and from the homestay as directed, and during the program to travel only with member of the host family, except and unless written approval is provided by the DISE program of CAST.

按要求往返家乡,在项目期间只能和寄宿家庭成员一起旅行,除非有 DISE Program of CAST 的书面批准。

- 9. To possess enough spending money to cover personal expenses while in the host country (\$150-\$250 per month is suggested). Students must not lend or borrow personal funds.
 - 有足够的钱支付在寄宿家庭的个人费用。(建议每月150-250美元)
- 10. To abide by all restrictions of the J-1 (exchange visitor) visa.
 - 遵守所有 J-1(交流访问者)签证上的规定。
- 11. To accept and abide by the advice and direction of the Area Representative, Regional Director and the U.S. Programs Director. To accept all conditions of the program, including those outlined below.

接受和遵守该项目地区代表,地区负责人和全美负责人的建议和指导。接受此项目所有条件,包括以下所列条件:

FAMILY PLACEMENTS: The DISE Program of CAST reserves complete right to make host family assignments. Placements are made in all regions of the USA and are not restricted based on any local characteristics, such as regional accents, ethnic character of community, types of industry, economy, weather, etc. The program does not discriminate against host families or participants on the grounds of race, religion, creed, color or socio-economic level in any area of the country. Applications of students who reject assigned host families are subject to cancellation from the program.

家庭安置:The DISE Program of CAST 保留安排寄宿家庭的所有权力。家庭安置含盖美国所有地区,并不局限于当地的不同特征,例如:地区口音,社区不同民族特性,不同产业,经济,天气类型等等。该项目不歧视任何寄宿家庭或参与者,无论他们来自国家和任何地区的不同种族,不同宗教,不同信仰或不同社会水平。参与的学生如拒绝所安排的寄宿家庭将会被取消资格。

TELEPHONING: Student telephone contact with family and friends in their home countries or relatives in the USA more than once per month, except in an emergency, is strongly discouraged, as such disrupts adaptation to the host family. Participants must immediately reimburse host families for any long distance calls they make.电话:如学生一月与自己家乡的家人或朋友或在美的亲戚通话超过一次,需马上支付给寄宿家庭长途话费,除非在紧急情况,心情非常沮丧,例如:无法适应寄宿家庭时。

VISITS: Visits by family or friends of the participant are not permitted during the first six months of the program, and discouraged prior to the close of the student's school year. Visits are permitted only with the prior and written approval of the DISE Program of CAST. Unauthorized visits may result in termination of the student's program. DISE is not responsible for problems that may result from unauthorized visits. Also, participants may not visit their home countries during their program year. American holidays must be spent with the participant's host family. Parents may not accompany their sons/daughters to the homestay at the onset of the program.

拜访:在该项目开始头六个月,参与者的家人或朋友不允许来访。在学生学年结束前也不允许,除非获得 the DISE 项目事先和书面同意。否则可能导致学生终止项目。DISE 对未被批准的拜访而产生问题不予负责。还有,参与者在项目学年期间不能回国,必须与寄宿家庭一起过美国节假日。在此项目开始时,父母也不能陪同子/女来住宿地。

Travel: During the program, participants may travel with their host parents, or with other adult-supervised school or community groups any other travel, whether alone, with peers, or with other participants, is permitted only with prior approval of the DISE Program of CAST, and then only after complete itineraries, including names and addresses of people to be visited, have been submitted as part of the travel request. Students must leave their host families within two weeks of the conclusion of the school year or semester.旅行: 在这项目期间,参与者可以和寄宿家父母或者在学校或社区组织里的成人监督下旅行。任何其他旅行无论单独一人,或与同龄人及其他参与者都必须事先得到 DISE 项目同意才行,然后要递交完整的旅行路线包括要拜访的人的地址和姓名作为旅行申请的一部分。学生在学年或学期结束后两个星期内必须离开寄宿家庭。

HIGH SCHOOL DIPLOMA: Many US high schools will not grant diplomas to exchange students. The decision whether to grant a diploma is entirely in the hands of each high school. **The DISE Program of CAST** has no control over this decision. Participants must not put pressure on school authorities to grant them diplomas. All high school will issue an official transcript of the courses the student has completed during the school year, and the grades earned, which can, when necessary, be notarized and/or translated (at the student's effort an expense) to satisfy requirements of the student's home school.高中文凭:许多美国高中不授予交流学生文凭。授不授予文凭完全由每个高中自己决定。The DISE Program of CAST 无权干涉此决定。参与者不能给学校管理者施压,要求给他们文凭。所有高校

会签发一份该生在这些学年间完成课程的正式成绩单,和获得成绩评级。此成绩单在需要时可以被公证和/或翻译(在学生的要求和支付费用下),以满足学生家乡学校的要求。

INSURANCE: All participants must be covered by illness and accident insurance for the duration of the program. All participants have to buy medical and accident insurance. The DISE Program of CAST will recommended an American insurance company.

保险:所有参与者需承保学习项目期间的疾病和意外险。所有参与者必须买医疗和意外险。The DISE Program of CAST 会推荐一家美国保险公司。

FEES: The fee for the Academic Year Program in the United States covers all mandated program expenses from the time of the student's arrival until the termination of the program in the US. The fee does not cover personal expenses, costs of books and other school activity fees, nor the expenses possibly incurred because of premature termination of the student's program.费用:在美国的此项学习项目的费用包含从学生到美国至学完此项目的所有规定费用。此费用不含个人生活费,书本费和其它学校活动费,也不含由于过早结束此学生项目所可能产生的费用。

EARLY TERMINATION OF PROGRAM: The sponsoring organization reserves the right to dismiss and send home any student whose mental or physical health requires this action, or whose conduct is considered improper or offensive to the host family, community or school. Such conduct includes, but is not limited to, illegal drug use, unacceptable sexual behavior, driving, drinking of alcoholic beverages, violation of law, unsatisfactory school performance, consistent inability or unwillingness to interact productively and/or amicably with the host family, or other evidence that the student is not capable of, or is unwilling to, participate fully in a cross-cultural environment. The organization also reserves the right to dismiss any participant who is found to have misrepresented him/herself or provided false information in the program application. In the event the student is returned home, either alone or accompanied, parents or guardians are responsible for all expenses above those covered by the fee. Refunds are not made to families of participants whose programs terminate prematurely. 过早结束此项目:赞助组织保留由于学生因精神或身体健康原因或者行为被认为不当或冒犯了寄宿家庭而遣送他们回家的权力。这些行为包括但不限制于非法使用毒品,不为人接受的性行为,开车饮用含酒精的饮料,违法,不能令人满意的学校表现,一直不能或不愿意积极有效地或和睦与寄宿家庭沟通。或有证据显示该生不能或不愿意完全参与到文化交流的环境中。该组织还保留因参与者在该项目申请中表述他/她自己不当或者提供假资料,而遣送他们的权力。在此情况下,该生独自一人或由人陪伴回家,父母或监护人需承担由此而产生的费用。对于那些提前结束此项目的参与者不予赔偿。

AGREEMENT TO CONDITIONS OF PARTICIPATION 书 与 条 款 的 同 We, he undersigned, submit and support the application of (full name of applicant) as a participant In the Academic Year Program in the United States . We acknowledge that we have read and thoroughly understand the Conditions of Participation of the Academic Year Program in the United States, and hereby agree to abide by said Conditions. 我们,即以下签名者同意并支持(申请人全名)作为在美学习项目参与者的申请。我们承认我们已认真阅读并完全理解该项目的参与条款,兹此同 意遵守以上条款。 Signature of Applicant 申请人签名 Date 日期 Date 日期 Signature of Parent(s) or Guardian 父母或监护人签名 LIABILITY RELEASE AGREEMENT 免责协议 We do hereby release the DISE Program of CAST. Its officers and agents, from any and all claims and causes of action for loss of property, personal injury or illness, accident, delay or expense sustained by any participant arising out of any travel or activity conducted by or under the control of the DISE Program of CAST. This clause applies except for those claims eligible under the Participant illness and Accident insurance, when participant is covered by said insurance. We also release the DISE Program of CAST and its agents and agree to indemnify them with regard to any financial obligations or liabilities that the applicant may

DISE Program of CAST or its agents advance or loan any monies to the applicant or incur special expenses on his or her behalf, we agree to make immediate repayment. 我们兹豁免 the DISE program of CAS 和他的官员和代理人任何情况的索赔和行为原因的追究。这些索赔及行为涉及财产的损失,人身伤害或疾病,意外事故,申请延误以及由于参与者在 the DISE program of CAST 组织并在其控制下的旅行或活动而产生任何费用。除了因参与者以被保疾病和意外险而可以合法获得赔偿外,该条款适用于其他任何情况。我们同意支付申请人自身承担的财务上的义务或责任,及赔付申请人在此项目期间产生的对他人造成的伤害及他人财产造成的损失,此时我们也免除 the DISE program of CAST 和代理人的责任。同时在此情况下 the DISE Program of CAST 或代理人垫付

或借贷给申请人的钱或为他/她承担的特殊费用,我们同意立即补还。

personally incur or any damage or injury to the person or property of others that the applicant may cause while participating in this program. In the event that the

Signature of Applicant 申请人签名	Date 日期
Signature of parent(s) or Guardian(s)父母及监护人签名	Date 日期