



# STUDENT EXCHANGE APPLICATION FORM

## ROUND SQUARE



To: \_\_\_\_\_  
Name of School

From: \_\_\_\_\_  
Name of student

Student's school: Herlufsholm Skole Date of application: \_\_\_\_\_

**All the following must be completed to ensure your application can be considered**

**SECTION A** (Application should be printed with black pen for ease of photocopy and fax.)

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

COUNTRY OF BIRTH: \_\_\_\_\_ CITY OF BIRTH: \_\_\_\_\_

PASSPORT No: \_\_\_\_\_ PASSPORT EXPIRY DATE: \_\_\_\_\_

NATIONALITY: \_\_\_\_\_ WHAT GRADE ARE YOU IN/gymnasium: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**FATHER'S NAME:** \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ TEL (Work) \_\_\_\_\_ FAX \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
(if different to student) \_\_\_\_\_

TEL (Home) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ MOBILE \_\_\_\_\_

**MOTHER'S NAME:** \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ TEL (Work) \_\_\_\_\_ FAX \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
(if different to student) \_\_\_\_\_

TEL (Home) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ MOBILE \_\_\_\_\_

LANGUAGES SPOKEN AT HOME: \_\_\_\_\_

RELIGION: (optional) Do you practice a religion whose observances or diets need to be considered?

**Please explain:** \_\_\_\_\_

PROPOSED LENGTH OF EXCHANGE: (8 weeks is norm for gymnasium) \_\_\_\_\_

**SECTION B**

**SCHOOL SUBJECTS AND RESULTS**

SCHOOL SUBJECTS Studied in Yr 9/Folkeskolen	Years/Semesters studied	RESULTS Year _____	RESULTS Latest _____

- Please consult your teachers and give all results as letter grades A (12) B (10) C (7) D (4 and 2) :

PROFICIENCY OF LANGUAGE: (for the country you are considering, what proficiency have you?)

NONE    BASIC    FLUENT    (circle the appropriate level)

RELEVANT ACADEMIC ACHIEVEMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

COMMUNITY SERVICE ACTIVITIES AND INTERESTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MAIN OUT OF SCHOOL ACTIVITIES AND INTERESTS \_\_\_\_\_

\_\_\_\_\_

OFFICES HELD AT SCHOOL: \_\_\_\_\_

\_\_\_\_\_

TRAVEL ABROAD (place, length of travel or stay, year): \_\_\_\_\_

\_\_\_\_\_

**SECTION C**

YOUR REASONS FOR APPLYING FOR EXCHANGE: (use a separate sheet if you do not have enough space below)

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Student's signature: \_\_\_\_\_

**SECTION D**

TUTOR'S REPORT / IF YOU HAVE BEEN AT THE SCHOOL LAST YEAR ONLY

– Name of Tutor/Advisor (please print) \_\_\_\_\_

My rating of the candidate on the following scale is: (please circle the appropriate response)

	<u>OUTSTANDING</u>		<u>GOOD</u>		<u>AVERAGE</u>
Ability to mix well with people	5	4	3	2	1
Application to study	5	4	3	2	1
Personality	5	4	3	2	1
Personality maturity	5	4	3	2	1
Willingness to be involved in co-curricular activities	5	4	3	2	1

TUTOR'S COMMENTS: \_\_\_\_\_

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Tutor, please advise on the accuracy of results given by the applicant in SECTION B \_\_\_\_\_

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TUTOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**SECTION D** (continued)

**PARENTS (GUARDIAN)**

I APPROVE OF MY son / daughter \_\_\_\_\_ APPLYING FOR EXCHANGE AND  
UNDERTAKE TO BE FINANCIALLY LIABLE FOR ALL TRAVELLING COSTS AND INCIDENTAL EXPENSES  
INCURRED DURING THIS EXCHANGE.

SIGNATURE \_\_\_\_\_

(PRINT NAME OF SIGNATURE) \_\_\_\_\_ DATE: \_\_\_\_\_

RELATIONSHIP TO APPLICANT (Mother, father, guardian, etc...) \_\_\_\_\_

*This is a standard form for Round Square Schools*

**SAFETY:**

All possible care is taken of each pupil's safety, health and general welfare. Safety regulations are applied in all the activities. The host School wishes to encourage a spirit of adventure and independence. Consequently, there is bound to remain a residual risk of personal accident and the School cannot acknowledge liability for accident or injury to a pupil.

Parents are asked to sign **EITHER** Form 'A' or 'B' below, which the Head-teacher will take to be acceptance by the parent of non-liability of the School.

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**FORM 'A'**

To: The Coordinator of Exchange,

Name of School: \_\_\_\_\_

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

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Permission is given for \_\_\_\_\_ to receive training and take part in the full adventure activities of the School, school sports and co-curricular activities.

I declare that he/she shall be allowed to travel in any school vehicles and in vehicles which may be the property of staff or employees of the school or in public transport.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Pupil's Name: \_\_\_\_\_  
(BLOCK LETTERS PLEASE)

**OR**

**FORM 'B'**

To: The Coordinator of Exchange,

Name of School: \_\_\_\_\_

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

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Name of student \_\_\_\_\_ is to be excluded from taking part in \_\_\_\_\_

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(please specify here the activity or activities from which he/she is to be excluded)

I declare that he/she shall be allowed to take part in those other activities listed in form 'A' and I further declare that he/she shall be allowed to travel in any school vehicles and vehicles which may be the property of staff or employees of the school.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Pupil's Name: \_\_\_\_\_  
(BLOCK LETTERS PLEASE)

## **RULES FOR ROUND SQUARE EXCHANGES**

**Below are a few things that you need to consider carefully and understand.**

While on exchange you are acting as an ambassador of Denmark and more specifically Herlufsholm Skole. This is a position not to be taken lightly, as your time with the host school obviously leaves a deep and lasting impression and one that will affect future exchange prospects with that institution. To help you with this, read and understand the following points and why they are in place

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- A. The student must abide by the regulations of the particular school concerned.
  - B. You must act positively as a member of the school and boarding house or host family and fulfill responsibilities and perform duties appropriate to your age.
  - C. While visiting the host country, you must abide by its laws.
  - D. You may be permitted to travel only when you are accompanied by a staff member, host parents or when participating in an organised trip. At any other time it is with the express permission of the Host Houseparent/Headteacher of the Host School.
  - E. You will keep a journal while on exchange and be prepared to give a written report of your exchange for publication in your host school's magazine/journal. You will make a presentation to a school assembly.
- \* Engaging in any of the following acts during the period of the exchange jeopardizes the continuation of the exchange and may cause the host school to return you to your school.

These acts include the following:

- 1) driving a motorcycle or motor vehicle without express permission
- 2) absenteeism from school without proper reasons
- 3) possession or use of a narcotic drug
- 4) disobeying school rules regarding alcoholic beverages and smoking
- 5) disobeying other published rules and regulations of the host school

I agree that I understand the information above.

Student's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_  
(for students under 18 years)

### **MEDICAL HEALTH FORMS**

**Each Round Square School has its own Health and Medical requirements. Once an application is accepted by a school for an exchange, that school will send its Health and Medical form to the applicant.**

**PARENTAL AUTHORIZATION FOR STUDENTS UNDER 18 YEARS OLD**  
**STUDENTS 18 YEARS OR OLDER MAY circle and SIGN BELOW FOR THEMSELVES**

**Please circle your choice and use block writing for name**

1. I give / do not give permission for \_\_\_\_\_ to travel unaccompanied by an adult in your country.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

2. I give / do not give permission for \_\_\_\_\_ to stay with other students from your school as long as the Houseparent/Head teacher has given permission.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

3. I give / do not give permission for \_\_\_\_\_ to travel in any vehicle driven by a licensed driver (not a staff member or employee of the school) while in your country.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Guardian name: \_\_\_\_\_

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

Signed: \_\_\_\_\_

Student's name: (please print) \_\_\_\_\_

School of origin: \_\_\_\_\_

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

*Please return this form to Ann Hansen, Round Square Representative, Herlufsholm Skole*  
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