



## **REGISTRATION PACKAGE**

Once all members of your household(s) aged 18 and over have applied for their **Vulnerable Sector Screenings** (or Police Clearance Letter for Toronto Residents) with their local police department, you may begin the Registration Package.

The Registration Package includes the following forms:

- 1) The **Registration Form**
- 2) The **Recommendation Form**  
*\* Must be signed by your teachers (including a language teacher) and principal*
- 3) The **Health Form**  
*\* Must be completed by your family doctor or a nurse practitioner. Proof of immunizations is required to attend school abroad. Immunizations must be transcribed onto this form.*
- 4) The **Conditions of Participation**  
*\* Must be reviewed carefully and signed by the applicant and parent(s)*
- 5) The **Refund Policy**  
*\* Must be reviewed carefully and signed by the parent(s).*
- 6) The **Cancellation Policy**  
*\* Must be reviewed carefully and signed by the parent(s).*
- 7) The **Media Release Form**  
*\* Must be reviewed carefully and signed by the parent(s).*
- 8) **Vulnerable Sector Screenings**  
*\* We understand receipt may be delayed. Please submit proof of request. While we can move forward with the administration, hosting/travel will not be permitted without a clear record on file.*

These forms must be completed with all required information and signatures before submitting to the ISE Ontario office. The Registration Package can be submitted immediately upon completion or with the full application package by the program deadline.

Please be sure to keep a copy of each of these forms for your records. Once this package is complete, please include the required **Registration Fee** with your submission.

### Submission Instructions

You may scan and email your completed package to [info@iseontario.com](mailto:info@iseontario.com) along with an e-mail money transfer. *Please be sure to indicate the answer to the security question you have set.*

Please note that ISE Ontario does not accept credit card payments.

Once this package is completed, you may proceed to the 10 page electronic **Application Package**.



# REGISTRATION PACKAGE

## APPLICANT INFORMATION:

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Grade: \_\_\_\_\_

Email: \_\_\_\_\_ Cell #: \_\_\_\_\_

School: \_\_\_\_\_ School Board: \_\_\_\_\_

Please indicate the language program you are enrolled in (French Core, Extended or Immersion, etc. )

How did you learn about ISE Ontario exchange programs? (sibling participated? friend? school presentation? teacher?)

## CONTACT INFORMATION:

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

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Home#: \_\_\_\_\_

Parent: \_\_\_\_\_ Work#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Email: \_\_\_\_\_

Parent: \_\_\_\_\_ Work#: \_\_\_\_\_ Cell#: \_\_\_\_\_

E-mail: \_\_\_\_\_

I/We understand that my exchange partner will arrive sometime late August. I/We agree that **I, along with my parent(s), will be available to greet my exchange partner on his or her arrival day.**

I/We understand that this is a reciprocal exchange and hosting our partner is taken into consideration as part of the fee. Should we not host, ISE may determine an additional fee be charged in order to find an alternate host family.

I/We allow ISE Ontario to communicate with our child via text/Whats App.

I/We allow ISE Ontario to utilize any electronic media supplied (photos, videos, etc.)for promotional purposes.

\_\_\_\_\_  
*student signature*

\_\_\_\_\_  
*parent(s) signature(s)*

# REGISTRATION PACKAGE

## ELEMENTARY EXCHANGE PROGRAMS:

### **9 Week Elementary Go-First Program (over 2 school years)**

*Travel early February to early April. Host late August to November*

**PREFERRED DESTINATIONS:** *Please number your choice(s) in order of preference*

\_\_\_ France \_\_\_ Spain \_\_\_ Germany \_\_\_ Italy

**9 Week Elementary Host-First Program (travel and host same school year)**

*Host late August to November. Travel early February to early April*

**PREFERRED DESTINATIONS:** *Please number your choice(s) in order of preference*

\_\_\_ France \_\_\_ Switzerland \_\_\_ Spain \_\_\_ Germany \_\_\_ Italy

## SECONDARY GO-FIRST EXCHANGE PROGRAMS:

**9 Week Secondary Program (over 2 school years)**

*Travel early February to early April. Host late August to November*

**PREFERRED DESTINATIONS:** *Please pick 3 in order of preference!*

\_\_\_ France \_\_\_ Spain \_\_\_ Germany \_\_\_ Italy

## SECONDARY HOST-FIRST EXCHANGE PROGRAMS:

**9 Week Secondary Program (travel and host same school year)**

*Host late August to November. Travel early February to April*

**PREFERRED DESTINATIONS:** *Please pick 3 in order of preference!*

\_\_\_ France \_\_\_ Switzerland \_\_\_ Spain \_\_\_ Germany \_\_\_ Italy

## SUMMER EXCHANGE

***Elementary and Secondary 3 weeks (travel first, remain in Europe for 3 weeks, return with partner, host for 3 weeks)***

**PREFERRED DESTINATIONS:** *Please number your choice(s) in order of preference*

\_\_\_ France \_\_\_ Switzerland \_\_\_ Spain \_\_\_ Germany \_\_\_ Italy



# SCHOOL APPROVAL

**\*\*This form is not required for summer exchanges\*\***

\_\_\_\_\_ wishes to apply for a reciprocal exchange program with ISE Ontario.  
*Student Name*

You are asked to provide a recommendation below if you feel that this student is a suitable exchange candidate.  
*If you wish to review the program details and requirements, they can be found on our website.*

School: \_\_\_\_\_ Board: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_ Subject(s): \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_ *Teacher's Signature & Date*

Teacher's Name: \_\_\_\_\_ Subject(s): \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_ *Teacher's Signature & Date*

Teacher's Name: \_\_\_\_\_ Subject(s): \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_ *Teacher's Signature & Date*

*If you wish to make a confidential comment, please contact the ISE Ontario office directly (705-722-9440 or info@iseontario.com).*

Your signature below indicates that you support the recommendations provided above and accept this student's participation in a reciprocal exchange program, which includes hosting their exchange partner at school from September to November, and attending school abroad from February to April.

\_\_\_\_\_ *Principal's Name*                      \_\_\_\_\_ *Signature*                      \_\_\_\_\_ *Date*



# HEALTH FORM

Each exchange applicant is required to schedule a visit with a medical practitioner who will need to complete the medical assessment below. This form must be submitted to the ISE office on or before the application deadline in order for the applicant to be considered for matching. Full disclosure of health status is required. Failure to provide accurate and complete information, including notification of changes to the health information in this form, may result in early dismissal from the program at the expense of the family.

## To be completed by a physician or nurse practitioner only:

### MEDICAL ASSESSMENT & HISTORY

I find the exchange applicant \_\_\_\_\_ whom I have known professionally for \_\_\_\_\_ years:

\_\_\_\_\_ In good health and not suffering from any medical or mental condition(s) that would preclude participation in a 9 week exchange program abroad.

\_\_\_\_\_ Able to participate in sports and/or physical activities while on exchange

\_\_\_\_\_ Suffering from mental or medical condition(s) as noted below:

**Please include details regarding physical disability; mental conditions including depression, eating disorders, chronic or recent illness and/or treatment; injury, therapy, hospitalization, allergy, medications, and any special needs.**

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\_\_\_\_\_  
Physician's Stamp (or Name & Address) & Signature

\_\_\_\_\_  
Date

## To be completed by the applicant's parent(s)/ legal guardian(s):

### IMMUNIZATION RECORD

*please transcribe onto this form*

	Date of last Booster (yy, mm, dd)		Date of last Booster (yy, mm, dd)
Diphtheria		HiB	
Pertussis		MMR	
Tetanus		Men-C	
Polio		Hep B	
COVID 1		COVID 2	

### MEDICAL AUTHORIZATION

I/We \_\_\_\_\_ authorize the host family to provide the medical care deemed necessary by medical authorities for my child named above in the event of an emergency or serious illness.

\_\_\_\_\_  
Parent(s)/ Guardians(s) Signature(s)

\_\_\_\_\_  
Date



## **CONDITIONS OF PARTICIPATION**

**I/WE CONSENT** to my/our child's participation in this exchange program and understand that the participant and their family must abide by the Conditions of Participation as outlined for the duration of the reciprocal exchange program. This includes both the travel period and the hosting period. This also includes following the rules and conditions of both the European school and host family. Any breach to the conditions of participation will result in immediate termination of the program and return of child to Canada at the Canadian family's personal expense. Please ensure you refer to the Family Guide, outlining our policies and procedures, provided to you for additional reference.

**I/WE AGREE** to host the visiting student during the exchange period and treat the European participant as a member of our family; to provide all three daily meals, a warm, safe and friendly atmosphere, and a safe means of travel to and from school. Where school bus transportation is necessary the host family will be responsible for making these arrangements. The host family is to support the European participant in adjusting to their new surroundings; to **assume parental care** for the exchange student; to ensure that the student is immersed in the target language (English) and given full opportunity to hear and use English at home (any language other than English should not be used during the hosting period of the European student to maximize that child's exposure to English) as well as at school; and to ensure that the participant is exposed to as many cultural activities as possible, all of the foregoing at no cost to the visiting exchange student. Family participation is imperative for the success of the exchange.

**I/WE DECLARE** that the hosting home is free of substance abuse, physical abuse, or any other form of abuse; that no one living in the host home(s) where the visiting student will be living has been convicted of a criminal offence or has criminal charges pending; and that a **clear vulnerable sector check** from the local police department has been provided for each person aged 18 and over living in the host home(s), as required by ISE ONTARIO. This includes anyone over the age of 18 that may visit overnight, including but not limited to: grandparents, partners, and other children returning from university or college. This includes the primary home and any secondary households.

**I/WE UNDERSTAND** that by accepting an offered match, I/we are agreeing to the child's partner. ISE matches are made with the best efforts based on the applications provided. Filling out the application honestly is essential for this process and for ISE records. Families are encouraged to engage in conversations with their host family in order to better understand family dynamics, rules, meals, etc. Changes to partners will occur under circumstances where medical issues arise or a situation where a child's safety may be threatened. Any other change request will be addressed on a case by case basis.

**I/WE UNDERSTAND** that student exchange participants must consider their exchange partner to be their first priority during the hosting period. Everyone involved in the hosting, including friends and family, should make an effort to include the European student in daily activities. Neither partner will overuse cell phones, email, or social media. Overuse reflects a lack of consideration for the exchange partner. Due to the expense of repairing or replacing electronic devices, we will not allow exchange students to borrow or lend devices while on exchange. ISE will not assume any responsibility from damage/loss in these situations.

**I/WE UNDERSTAND** that a student exchange participant may need to work part time or engage in another commitment (sports, clubs, etc.) and that while hosting their exchange partner, hours are to be reduced and weekend shifts avoided in order to maximize the time available to be with the exchange partner. Arrangements should be made to ensure the exchange partner is not left alone during the times of these commitments.

**I/WE UNDERSTAND** that this is a RECIPROCAL EXCHANGE and that the Canadian family has an obligation to host a visiting student for the time designated. Should the Canadian family not fulfill said obligation, additional fees will apply to find an alternate family for the remainder of the timeline. I/we understand that the exchange of partners will only be made in extreme cases and will be managed on a case by case basis.

**EXCLUSION OF LIABILITY: I/WE** clearly understand that the Canadian child's host family, the education and/or school authorities and exchange officials in the host country, the school and/or school board where the Canadian child is a resident student, and ISE Ontario together with its directors, officers, employees, and volunteers assume no legal responsibility or liability for participating students.

**MEDICAL AND DENTAL AUTHORIZATION: I/WE** authorize all medical and dental attention for the Canadian child judged necessary by medical authorities in the host country or the host family in the event of an accident or serious illness. I/We understand that every attempt will be made to reach the child's family by telephone in case of emergency.

**GROUP TRAVEL: I/WE** understand that the Canadian child is expected to travel to and return from the exchange country with the exchange program group. I/We confirm that the child has permission to travel with ISE designated chaperones and with their host family and their school during the duration of the program.

### **TRAVELING IN THE HOST COUNTRY:**

- a) **I/WE** understand that exchange program participants must attend school and therefore travel during the exchange program is restricted to excursions with the host school or member/members of the host family, without exception. Where such excursions involve travel outside the host country, a letter of authorization from the Canadian parent(s) is required.
- b) Exchange families are encouraged to discuss outings provided by host families, schools, or other organizations for acceptance. Exchange families assume any and all risk and responsibilities associated with outings provided by the above and understand communication should be had to discern comfort level and skills needed for participation in such activities.
- c) The beginning and end destinations for European international travel must remain the same. Any personal travel will not be managed by ISE or the travel agency. A separate ticket will be required for liability reasons.

**I/WE PERMIT** ISE ONTARIO to videotape and/or photograph my/our child while participating in program activities with the understanding that these materials will be used only for promotional purposes.

**EXPULSION FROM THE PROGRAM:** The exchange program authorities reserve the right to immediately withdraw a student from the exchange program and arrange for an early return home, with no liability or cost to the exchange program authorities or to the host family, for any of the following:

- withholding information and/or failure to tell the truth on the application form
- failure to disclose any past or present medical treatment for physical or psychological conditions or disorders (including anorexia or bulimia)
- any concern or threat to personal harm/mental health and physical well being
- use of illegal drugs or abuse of alcohol
- driving a motorized vehicle OR hitch-hiking
- unauthorized absence from school; unwillingness to be attentive or participant during classes and to do the work assigned
- failure to accept the authority of school and exchange officials AND/OR failure to comply with the house rules of the host family
- undertaking independent travel that is not with the host school or the host family members
- breaking the law of the host country, including, without limitation
- receiving, creating, or distributing information which is unlawful including but not limited to materials or images which are racist, pornographic, dangerous, obscene, or inconsistent with the values of the host family
- use of social media to promote any derogatory statement of host family or school or posting of images that reflect a breach of participation conditions
- failure to abide by the Conditions of Participation of the program
- failure to abide by the policies and regulations of the host school

**PRIVACY WAIVER: I/WE PERMIT** ISE ONTARIO to share this application in part or in whole with partner organizations, staff, volunteers, host families and host schools in Canada and Europe. ISE has permission to use the Canadian child's contact information to follow up as needed. This can occur before, during, or after the travel period.

**Our signatures below confirm that we have read and agree to the Conditions of Participation and consent to receive communications from ISE Ontario electronically.**

<i>Name of Parent(s) / Legal Guardian(s)</i>	<i>Signature</i>	<i>Date (DD/MM/YY)</i>
<i>Name of Participating Student</i>	<i>Signature</i>	<i>Date (DD/MM/YY)</i>



## Refund Policy

It is the policy of ISE Ontario to refund participation fees in certain circumstances, to withhold some portion of the fee in others, and to charge additional fees for ticket changes. Please ensure you have familiarized yourself with the insurance coverage provided to understand its coverage, limitations, and maximum amounts. ISE recommends any family seek additional coverage should they prefer coverage beyond the provided policy. In order to maintain cost-conscious program offerings, it is the practice of ISE to purchase group travel. Group travel is not the same as individual travel bookings. This may change the process or limit any claims made to the airlines or insurance company.

- i. Fees will be refunded at any time if the student has not been matched or a proposed match has not been accepted and the student withdraws from the program. Once matching has been completed, the registration fee is non-refundable. After the insurance has been purchased, the reasons for the withdrawal may be eligible for reimbursement by the insurance company, if the reasons for withdrawal meet insurance company's criteria for reimbursement.
- ii. As per section 1, if a candidate withdraws from an exchange after the match has been accepted and prior to the purchase of an airline ticket, the application fee will be retained for any additional monies spent, e.g. travel / medical insurance, administrative expenses. Any remaining funds will be returned. Reimbursement for fees retained may be paid by the insurance company if the insurance criteria are met. As any insurance policy includes limits and restrictions, any family can opt to purchase additional insurance to supplement as needed.
- iii. Once the airline tickets have been issued, refunds from ISE will not be issued, regardless of the circumstances. A claim must be put through the insurance provider to determine eligibility and amount for compensation based on policy coverage provided. Should your child not be able to travel, ISE will work to support an alternate timeline and only charge for the cost of a new ticket and new insurance policy. Both must be provided through our travel agent.
- iv. No refund can be made by ISE if any of the above occurs while the candidate is away on exchange and must return home. The travel/medical insurance purchased may cover costs as outlined in the policy. Should a candidate be required to return home while on an exchange, if not covered by the insurance policy, the family is responsible for repatriation.
- v. No refund will be given if the candidate is experiencing homesickness and decides to come home, any breach of conditions of participation resulting in program cancellation, nor in cases where Canadian family has determined the host family is not to their preference and/or a second placement with another family is presented, depending on the circumstances, and is refused. If the candidate returns home and the family claim that the experience was not to their liking and not worth the fees paid, no refund will be given.
- vi. In the event of a passport being lost or reported stolen, every effort will be made to re-issue tickets using the new passport obtained by the family. Fees for making ticket changes will apply.
- vii. ISE takes any discussions regarding mental health and wellness seriously. Any concerns to a participant's well being or threats to personal health/harm are considered very serious. Should such matters arise, the candidate will be required to return home. This may or may not be covered by insurance, and any pre-existing condition will not be supported through insurance.
- viii. In extenuating circumstances such as catastrophic events including acts of war, acts of terrorism, pandemics, strikes, natural disasters, or any other matters beyond the control of ISE, support will be provided to ensure your child's safe repatriation. ISE cannot be held responsible for any extenuating circumstances beyond the normal parameters of an exchange. ISE will do its utmost to actively support, where possible, any opportunities at a later date for those exchanges impacted by such events but cannot guarantee a second exchange option. ISE will provide documentation required for any insurance claim, but for confidentiality purposes, cannot be responsible for the management or outcome of the claim. Any decision made by the insurance company is beyond the control of ISE.

**Our signatures below confirm that we have read and agree to the Refund Policy.**

\_\_\_\_\_  
*Name of Parent(s) / Legal Guardian(s)*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date (DD/MM/YY)*

\_\_\_\_\_  
*Name of Parent(s) / Legal Guardian(s)*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date (DD/MM/YY)*





### **Cancellation Policy**

It is the policy of ISE Ontario to anticipate and be prepared for the unexpected need to cancel or postpone a program due to circumstances beyond the control of the organization such as, but not limited to, catastrophic events including: acts of war, acts of terrorism, pandemics, strikes, natural disasters, and other upsets which prevent travel to another country. This includes the need to cancel a program after commencement should these types of matters arise.

#### Procedures:

- i. Prior to departure, if a warning is issued by the Canadian government regarding a catastrophic event in a destination for which ISE Ontario has already collected fees and booked travel, the airlines and land travel suppliers may void changing fees or cancellation fees to this specific destination.
- ii. If such a situation occurs while students are abroad, the airline will do its best to bring the students back as seats become available. As a group, ISE students will not have priority and may return home in smaller numbers on different flights. Should families choose to arrange their own emergency travel home, it is imperative ISE is notified of the new arrangements. ISE will provide supporting documentation to assist with any insurance claims opened.
- iii. In extenuating circumstances such as catastrophic events including acts of war, acts of terrorism, pandemics, strikes, natural disasters, or any other matters beyond the control of ISE, support will be provided to ensure your child's safe repatriation. ISE cannot be held responsible for any extenuating circumstances beyond the normal parameters of an exchange. ISE will do its utmost to actively support, where possible, any opportunities at a later date for those exchanges impacted by such events but cannot guarantee a second exchange option.
- iv. ISE Ontario makes arrangements with reputable suppliers of air travel and land travel, and hotel accommodation (if required). In situations where cancellations or delays arise, ISE will work in partnership with our travel agent, airlines, and consulate to make every effort to organize alternate arrangements where travel is permitted and possible.
- v. ISE Ontario cannot be held responsible for delays, loss of property, injury, accident, death, damage, inconvenience, loss of enjoyment, upset, distress or frustration, whether physical or mental, resulting from any catastrophic event or the negligence of our suppliers.

**Our signatures below confirm that we have read and agree to the Cancellation Policy.**

_____	_____	_____
<i>Name of Parent(s) / Legal Guardian(s)</i>	<i>Signature</i>	<i>Date (DD/MM/YY)</i>
_____	_____	_____
<i>Name of Parent(s) / Legal Guardian(s)</i>	<i>Signature</i>	<i>Date (DD/MM/YY)</i>



# MEDIA RELEASE FORM

I, \_\_\_\_\_, grant permission to \_\_\_\_\_, hereinafter known as the "Media" to use my image (photographs and/or video) for the use in Media publications including:

(Check All That Apply)

- |   |  |
|---|--|
| <input type="checkbox"/> - Videos               | <input type="checkbox"/> - Magazines                 |
| <input type="checkbox"/> - Email Blasts         | <input type="checkbox"/> - General Publications      |
| <input type="checkbox"/> - Recruiting Brochures | <input type="checkbox"/> - Website and/or Affiliates |
| <input type="checkbox"/> - Newsletters          | <input type="checkbox"/> - Other: _____              |

I hereby waive any right to inspect or approve the finished photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the image.

Please **initial** the paragraph below which is **applicable** to your present situation.

\_\_\_\_\_ - I am 18 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning the impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release. **OR**

\_\_\_\_\_ - I am the parent or legal guardian of the below named child. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

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

Name (please print): \_\_\_\_\_

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

Signature of parent or legal guardian: \_\_\_\_\_  
(if under 18 years of age)