

## **Bethel Board of Education Policy Subcommittee Meeting**

Thursday, February 7, 2013 7:00 PM

Board of Education Conf. Room E Central Office, 1 School Street, PO Box 253,  
Bethel, CT 06801

1. **Review of Out of Country Field Trip Forms**
2. **Audience Participation**

## **STUDENT BEHAVIOR GUIDELINES**

### **QUEBEC FOREIGN EXCHANGE TRIP**

The Quebec Foreign Exchange Trip is considered a school sponsored activity and all Board of Education policies concerning student behavior and discipline will be in effect. As our students travel abroad, they represent their family, our school, our community, and our country. A key to a successful trip is open-mindedness and willingness to accept new cultures and the occasional inconveniences of international travel. Please review the behavioral expectations for the trip with your son/daughter prior to the trip, so as to ensure an enjoyable and successful experience for all.

The Quebec Foreign Exchange Trip is a school-sponsored extra-curricular enrichment activity of the Bethel Public Schools. It is considered an enrichment activity, which is not part of the basic educational program offered by the school district. Participation in this enrichment activity is voluntary.

#### **Behavioral Expectations:**

Student misconduct on the trip will be addressed in accordance with Board of Education policy. If a participant violates school district policies, rules, or regulations concerning student behavior and/or discipline, he or she may be sent home immediately at parental expense.

#### **Searches of Participants' Belongings/Possession of Medications:**

Participants' personal belongings to be taken on the trip are subject to random, suspicionless searches. To ensure that participants' belongings do not contain any illegal or prohibited items, including but not limited to alcohol, drugs, and weapons, we ask that parents inspect the contents of participants' belongings prior to the trip. In the event that participants require medication during the trip, parents are expected to notify the school district officials responsible for the trip, and provide the necessary medication and authorizations for same to the school district in advance. For that reason, students may not possess medications that have not been disclosed to school district officials responsible for the trip in advance.

#### **Visiting Friends or Relatives:**

If such visits involve temporarily leaving the program, a participant will need a letter of permission from a parent or legal guardian. The letter must be given to the group leader before departure. Such guests or friends, under any circumstances, may not ride on the bus with participants. Parents will be responsible for any additional costs incurred through such visits.

#### **Attendance at Meals:**

Participants are expected to be with the group at breakfast and dinner, unless special permission has been given.

#### **Weapons:**

Possession and/or use of any weapon, weapon facsimile, deadly weapon, martial arts weapon, electronic defense weapon, pistol, knife, blackjack, bludgeon, box cutter, metal knuckles, pellet gun, air pistol, explosive device, firearm, whether loaded or unloaded, whether functional or not, or any other dangerous object or instrument is prohibited. The possession and/or use of any object or device that has been converted or modified for use as a weapon is also prohibited.

#### **Drugs, Alcohol and Tobacco:**

Possession, sale, distribution, use, consumption, or aiding in the procurement of tobacco, drugs, narcotics or alcoholic beverages (or any facsimile thereof) is prohibited. Possession of paraphernalia used or designed to be used in the consumption, sale or distribution of drugs, alcohol or tobacco, is also prohibited. Drug paraphernalia includes any equipment, products and materials of any kind which are used, intended for use or designed for use in growing, harvesting, manufacturing, producing, preparing, packaging, storing, containing or concealing, or injecting, ingesting, inhaling or otherwise introducing controlled drugs or controlled substances into the human body, including but not limited to items such as "bongs," pipes, "roach clips," vials, tobacco rolling papers, and any object or container used, intended or designed for use in storing, concealing, possessing, distributing or selling controlled drugs or controlled substances.

**Motor Vehicles:**

None can be rented or driven by students.

**Curfew:**

A midnight curfew applies to all *Prométour* trips. Unless, there is a teacher-supervised activity running past midnight, participants must be in their hotel rooms from midnight until the next morning. We ask that participants respect other hotel guests by keeping noise to a minimum after 10 p.m. Different curfew restrictions may apply on home-stay programs. Participants are required to respect the instructions of the host-family regarding curfew, as well as other reasonable rules and restrictions imposed by the host family.

**Sexual Misconduct:**

Inappropriate displays of public affection of a sexual nature and/or sexual activity are prohibited.

**Other Applicable Conduct Rules:**

All other rules set forth in the Bethel High School Handbook apply. We ask that parents review these rules with participants prior to the trip.

**Included Group Activities:**

These activities require participation and include sightseeing and local excursions, which are among the very reasons for taking a *Quebec Exchange* trip!

**Dress Code:**

Attire is an important way of showing respect for the host culture. Particularly in religious buildings, participants may not be allowed in wearing shorts or skirts above the knee, sleeveless blouses, or T-shirts, no matter how hot it is. We ask that participants keep their attire neat; locals often interpret a neat appearance as a sign of respect.

**Hotel/Bus Behavior Guidelines:**

We ask participants to take special care with the room and the tour bus. Participants will be held personally responsible for any damage caused, and will not be allowed to leave the hotel until the damage is paid for. If the hotel reports damage to a room, tour leaders will investigate as best they can, but will ultimately consider the hotel's report to be definitive. We ask that participants show consideration to others, and remember that English will not be spoken by all hotel staff members. In keeping with the educational purpose of the trip, we suggest that participants learn courtesy phrases of the local language; it will go a long way. Participants will be responsible for phone calls made from their rooms and any extra hotel expenses (for example, items from a room mini-fridge). Under no circumstances may participants consume alcoholic beverages from the mini-fridge. Taking towels, ashtrays, etc. as souvenirs is forbidden, since waiters and maids are required to pay for missing items. Participants are reminded that passports, money, or other valuables should not be left in hotel rooms, and running in the hallways or shouting down the hallways are not allowed at any time. Participants may not wash clothing in the rooms. Self-service laundromats are common in most destinations; the hotel concierge will have information on where to find laundry facilities if they are needed. Participants are required to follow the instructions of trip officials, guides, bus drivers, and chaperones at all times..

**Free Time:**

Participants are reminded to be sure to carry the name, address, and phone number of the hotel or home-stay family with them at all times. Even when no organized group activities are scheduled, the group leader must know where participants are, whom they're with, and when they will return. Participants are expected to be mindful of safety at all times. Participants must be in groups of three or four when they are not with the group leader. Students are *never* to go off on their own.

**Respect for Local Culture:**

The local people are not "tourist attractions." Participants are reminded to respect the local customs and people and remember to act like a guest. We also ask that participants respect monuments by admiring, rather than climbing on them. Do not litter at any time.

**Adaptability:**

Participants should be courteous and congenial at all times, even when encountering things they don't like. Since the time of Marco Polo, travel has involved certain inconveniences. Places may get crowded, traffic may be busy, and buses may be delayed. Pack tolerance and a sense of humor in the suitcase!

## Quebec Exchange Behavior Contract

1. I have read the Behavior Guidelines and I agree to abide by ALL of them.
2. I will show courtesy and respect to chaperones, peers, host family, host teachers, and other guests at all times.
3. I will not go anywhere alone, ever!
4. I will stay with my chaperone group and obey all directions.
5. I will be on time, every time.
6. I will attend all meals.
7. I will act as a worthy representative of Bethel High School.
8. I will behave responsibly and courteously at all times.
9. I will stay in my hotel room at night when on an overnight excursion, and I will not open the door for anyone other than my chaperones.
10. I will be aware of my surroundings at all times.
11. I will guard my personal belongings.
12. I will check my room for damage upon check-in.
13. I will immediately report damage to my room.
14. I will obey all school dress code policies (see BHS Agenda Book and Parent/Student Handbook).
15. I WILL OBEY ALL SCHOOL POLICIES and REGULATIONS ON WEAPONS AND DANGEROUS INSTRUMENT POSSESSION, ALCOHOL and DRUG USE, AND INAPPROPRIATE SEXUAL CONDUCT. I WILL BE SENT HOME AT MY PARENTS' EXPENSE IF I DO NOT COMPLY FULLY WITH ALL SCHOOL POLICIES, AND I KNOW I WILL RECEIVE CONSEQUENCES APPROPRIATE FOR OFFENSE WHEN I RETURN TO SCHOOL.
16. I will make every effort to speak as much French as possible while abroad.
17. I will make up any missed class work and arrange for work to be done in advance of the trip if possible.
18. I will seek every opportunity to learn from this cultural experience, and I will use my language skills throughout the trip. .
19. I will go with an open mind and not criticize the French culture, food etc., particularly with the host family.
20. I will take to heart the comments and criticisms of the chaperones and try to improve my behavior or linguistic skills as appropriate.

Signature of Student: \_\_\_\_\_

Printed Name of Student: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_

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



BETHEL PUBLIC SCHOOLS HEALTH SERVICES

EDUCATIONAL PARK BETHEL, CT 06801

Elizabeth Avery, R.N., B.S.N.
Coordinator of Health Services

FIELD TRIP MEDICATION AUTHORIZATIONS

Parents'/Health Care Provider's Authorization
for the Administration of Medication on an Out-of-Country Field Trip

Connecticut State Law and Regulations 10-212(a) requires a written medication order of an authorized prescriber (physician, dentist, advanced practice registered nurse, optometrist, or physician's assistant and, for interscholastic and intramural athletic events only, a podiatrist) and parent/guardian written authorization for the nurse (or, in the absence of the nurse, other qualified personnel in accordance with state law and regulations) to administer medication in school. Coaches and licensed athletic trainers during intramural and interscholastic athletic events may administer medications, including inhalant and/or cartridge injector (i.e., Epi-pen) medications, for students. Medications must be in the original properly labeled container and dispensed by a physician/pharmacist. A parent or responsible adult must bring the medication to the school nurse or principal. Medications to be administered by a coach or athletic trainer must be delivered by a parent or guardian directly to the coach or athletic trainer. Please refer to the Board of Education Policy concerning the Administration of Medication in Schools for specific information regarding the administration of medication. Self-administration of medication may be authorized by the prescriber and parent/guardian and must be reviewed and/or approved by the school nurse in accordance with Board policy. For example, asthma inhalers and Epi-pens for sting or nut allergies may be self-carried. Controlled drugs may not be self-administered, except in extraordinary situations with the pre-approval of the medical advisor and nurse supervisor.

Name of student: \_\_\_\_\_ Date of

Birth: \_\_\_\_\_

#1. Condition for which drug is being administered:

\_\_\_\_\_

Drug name: \_\_\_\_\_ Generic Name \_\_\_\_\_

Dose: \_\_\_\_\_ Route: \_\_\_\_\_ Time(s) of administration: \_\_\_\_\_

If PRN, frequency: \_\_\_\_\_ Relevant side effects: \_\_\_\_\_

If there are side effects, plan for management: \_\_\_\_\_

Medication shall be administered from (m/d/yr): \_\_\_\_\_ to (m/d/yr) \_\_\_\_\_

Is this a controlled drug? Yes \_\_\_ No \_\_\_. If Yes, please include DEA number: \_\_\_\_\_

[ ] The medication listed above shall be administered by a qualified school district staff member.

The medication listed above may be self-administered by the student.

Prescriber's Stamp

Health Provider's Name/Title \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Prescriber's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Nurse authorization for self-administration.

---

**#2. Condition for which drug is being**

**administered:** \_\_\_\_\_

Drug name: \_\_\_\_\_ Generic Name \_\_\_\_\_

Dose: \_\_\_\_\_ Route: \_\_\_\_\_ Time(s) of administration: \_\_\_\_\_

If PRN, frequency: \_\_\_\_\_ Relevant side effects: \_\_\_\_\_

If there are side effects, plan for management: \_\_\_\_\_

Medication shall be administered from (m/d/yr): \_\_\_\_\_ to (m/d/yr) \_\_\_\_\_

Is this a controlled drug? Yes \_\_\_ No \_\_\_. If Yes, please include DEA number: \_\_\_\_\_

The medication listed above shall be administered by a qualified school district staff member.

The medication listed above may be self-administered by the student.

Prescriber's Stamp

Health Provider's Name/Title \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Prescriber's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Nurse authorization for self-administration.

---

**Parent/Guardian Authorization**

I hereby request that the medications listed on the reverse side and/or above be administered by school personnel and/or self-administered as noted. I understand that: I

must supply the school with no more than a supply adequate for the field trip and one extra day. By signing below, I give my permission for the exchange of information between the prescriber and the school nurse necessary to ensure safe administration of such medication during the field trip.

Parent Signature: \_\_\_\_\_

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

**FIELD TRIP PERMISSION FORM  
OUT-OF-COUNTRY**

BETHEL HIGH SCHOOL  
BETHEL, CT 06801  
(203) 794-8600

**Consent for Participation**

I, the undersigned parent or guardian of \_\_\_\_\_, a minor, or \_\_\_\_\_, a student having reached the age of majority, hereby give my consent and permission for said student to participate in the Quebec Foreign Exchange Trip leaving BHS on Friday, April 4, 2014 at 8am and returning on Friday, April 11, 2014 at 6pm.

I recognize that the Quebec Foreign Exchange Trip is a school-sponsored extra-curricular enrichment activity of the Bethel Public Schools. I appreciate the opportunity for my child to participate in this enrichment activity, which is not part of the basic educational program offered by the school district. My child's participation in this enrichment activity is voluntary.

**Review of Behavioral Expectations**

I am familiar with and understand that this trip is considered a school-sponsored activity and all Board of Education policies concerning student behavior and discipline will be in effect. Student misconduct will be addressed in accordance with Board of Education policy. In addition, I agree that, if in the sole judgment of the school district, my son/daughter violates school district policies, rules, or regulations concerning student behavior and/or discipline, he or she may be sent home immediately at my sole expense, and I hereby represent and warrant that I will be responsible for any expenses so incurred. I agree to review the behavioral expectations for the trip with my son/daughter prior to the trip, and to inspect the contents of his/her personal belongings to be taken on the trip, to ensure that my child's belongings do not contain any illegal or prohibited items, including but not limited to, alcohol, drugs, and weapons. In the event that my child requires medication during the trip, I will provide the necessary medication and authorizations for same to the school district in advance.

**Parent/Guardian Authorization for Medical Treatment**

In the event that my child, \_\_\_\_\_, requires any medical, dental, surgical care, and/or hospitalization, I hereby grant permission to the supervising teacher(s) to attend to my/our son/daughter. If the injury warrants advanced medical attention, I understand that efforts will be made to contact me to receive my specific authorization before action is taken. If efforts to contact me or my emergency contacts listed below are unsuccessful, or the urgency of the situation inhibits contacting me prior to administering medical attention, I grant permission for necessary medical treatment to be given. In addition, I hereby give permission to the supervising teacher(s) to take my child to the physician, dentist, or to the hospital if an accident or serious illness occurs on the trip and I or my emergency contacts cannot be located. I agree to accept full responsibility for and to pay for the cost of medical care, transportation and other incidental expenses.

My signature below indicates my consent for Bethel school officials and/or their designees to conduct random, suspicionless searches of my child's personal property, including luggage and personal effects, and/or hotel rooms or other accommodations in which my child will be staying, while on the trip.

**Parent/Guardian Name:**

**Parent/Guardian Signature:**

**Date:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Home phone:** \_\_\_\_\_ **Cell :** \_\_\_\_\_ **Work :** \_\_\_\_\_

**Emergency Contact Information:**

**Emergency Contact #1 Name:**

**Relationship of Emergency Contact #1 to Student:**

\_\_\_\_\_

\_\_\_\_\_

**Emergency Contact #1 Home phone:** \_\_\_\_\_ **Cell :** \_\_\_\_\_ **Work :** \_\_\_\_\_

**Emergency Contact #2 Name:**

**Relationship of Emergency Contact #2 to Student:**

\_\_\_\_\_

\_\_\_\_\_

**Emergency Contact #2 Home phone:** \_\_\_\_\_ **Cell :** \_\_\_\_\_ **Work :** \_\_\_\_\_

**Transportation Information**

I understand that transportation for this activity will be on a charter bus coordinated by Prometour\* for the international portion of the trip. Transportation in Canada will be provided by the Canadian host school.

Signature of Parent / Guardian: \_\_\_\_\_

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

## **FIELD TRIP PERMISSION FORM**

BETHEL HIGH SCHOOL  
BETHEL, CT 06801  
(203) 794-8600

### **Consent for Participation**

I, the undersigned parent or guardian of \_\_\_\_\_, a minor, or \_\_\_\_\_, a student having reached the age of majority, hereby give my consent and permission for said student to participate in the Quebec Foreign Exchange Trip to:

1. Bethel (downtown tour) on Monday, April 8, 2013 at approximately 4pm leaving from in front of the town hall and returning to BHS.
2. Norwalk leaving BHS on Tuesday, April 9, 2013 at 9:15 am and returning back to BHS at 5pm.
3. New York City leaving BHS on Wednesday, April 10, 2013 at 6:30 am and returning back to BHS at 6:30 pm.

I recognize that the Quebec Foreign Exchange Trip is a school-sponsored extra-curricular enrichment activity of the Bethel Public Schools. I appreciate the opportunity for my child to participate in this enrichment activity, which is not part of the basic educational program offered by the school district. My child's participation in this enrichment activity is voluntary.

### **Review of Behavioral Expectations**

I am familiar with and understand that this trip is considered a school sponsored activity and all Board of Education policies concerning student behavior and discipline will be in effect. Student misconduct will be addressed in accordance with Board of Education policy. In addition, I agree that, if in the sole judgment of the school district, my son/daughter violates school district policies, rules or regulations concerning student behavior and/or discipline, he or she may be sent home immediately at my sole expense, and I hereby represent and warrant that I will be responsible for any expenses so incurred. I agree to review the behavioral expectations for the trip with my son/daughter prior to the trip, and to inspect the contents of his/her personal belongings to be taken on the trip, to ensure that my child's belongings do not contain any illegal or prohibited items, including but not limited to, alcohol, drugs, and weapons. In the event that my child requires medication during the trip, I will provide the necessary medication and authorizations for same to the school district in advance.

### **Parent/Guardian Authorization for Medical Treatment**

In the event that my child, \_\_\_\_\_, requires any medical, dental, surgical care and/or hospitalization, I hereby grant permission to the supervising teacher(s) or staff (including volunteers) to attend to my/our son/daughter. If the injury warrants advanced medical attention, I understand that efforts will be made to contact me to receive my specific authorization before action is taken. If efforts to contact me or my emergency contacts listed below are unsuccessful, or the urgency of the situation inhibits contacting me prior to administering medical attention, I grant permission for necessary medical treatment to be given. In addition, I hereby give permission to the supervising teacher(s) or staff (including volunteers) to take my child to the physician, dentist, or to the hospital if an accident or serious illness occurs on the trip and I or my emergency contacts cannot be located. I agree to accept full responsibility for and to pay for the cost of medical care, transportation and other incidental expenses.

My signature below indicates my consent for Bethel school officials and/or their designees to conduct random, suspicionless searches of my child's personal property, including luggage and personal effects, and/or hotel rooms or other accommodations in which my child will be staying, while on the trip.

**Parent/Guardian Name:** \_\_\_\_\_ **Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Home phone:** \_\_\_\_\_ **Cell :** \_\_\_\_\_ **Work :** \_\_\_\_\_

**Emergency Contact Information:**

**Emergency Contact #1 Name:** \_\_\_\_\_ **Relationship of Emergency Contact #1 to Student:** \_\_\_\_\_

**Emergency Contact #1 Home phone:** \_\_\_\_\_ **Cell :** \_\_\_\_\_ **Work :** \_\_\_\_\_

**Emergency Contact #2 Name:** \_\_\_\_\_ **Relationship of Emergency Contact #2 to Student:** \_\_\_\_\_

**Emergency Contact #2 Home phone:** \_\_\_\_\_ **Cell :** \_\_\_\_\_ **Work:** \_\_\_\_\_

**Transportation Information**

I understand that transportation for this activity will be on a school bus coordinated by *First Student*.

Signature of Parent / Guardian: \_\_\_\_\_

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

**BHS Quebec Exchange – 2013-2014**  
**Orientation Meeting - Tuesday, November 13, 2012, 6:30 pm**  
**BHS Media Center**

Dear French Students and Parents,

We are pleased to announce that we will be offering a foreign exchange program with Sheerbrook, Quebec this spring (hosting) and next spring (traveling). Like the French Exchange, the Quebec Exchange will be packed with cultural and linguistic educational experiences that will stay with your child for a lifetime. Part of the motivation of this trip was to provide a more affordable opportunity for BHS students to broaden their horizons by traveling abroad and enhancing their linguistic skills. When deciding whether or not to participate in this two-part seven day program, please keep in mind that it takes place just prior to spring break 2013. For the hosting part of the program, students will only miss two days of school. This can be a wonderful and enriching opportunity.

The Canadian students would arrive at BHS in the late afternoon on April 5, 2013 and depart BHS early in the morning on Friday, April 12, 2013. A Welcome Reception is organized for the evening of their arrival to help facilitate introductions and to make our guests feel welcome. Canadian students will be shadowing their host student 2 days during the week and trips to Norwalk and New York are organized for the other two days. We expect all participating in the exchange to participate in all of the local field trips as the personal interaction between the students is one of the main reasons for the exchange.

With regard to the Canadian portion of the trip, students will depart for Sheerbrook on Friday, April 4, 2014 and return back to BHS on Friday, April 11, 2014. At this time, we estimate the total cost for the exchange (hosting and travel combined) to cost about **\$500- \$600**. We will have a better idea of the cost after we know how many participants we will have. A commitment deposit of approximately \$300 would be collected by December 15<sup>th</sup> from those accepted to participate. Please keep in mind that students are responsible for making up missed work for any days missed due to the exchange. It should also be noted that athletes will not be penalized for participating in this exchange program. Please note that preference will be given to students who are taking French.

The involved students will be expected to attend periodic meetings where we will: discuss the differences in our two cultures as well as the expectations for traveling behaviors; determine group assignments for research on our travel destinations; and review necessary details for travel abroad to Canada.

Please complete the attached forms as thoroughly and legibly as possible. Bring them with you to the Orientation Meeting on Tuesday, November 15, when we will review how the program works and answer questions. We encourage both students and parents to attend. Once we have the applications and permission slips, we will review them and notify the students of their acceptance as soon as possible.

If you have any questions or would like to volunteer in some way, please feel free to call one of us.

**Alisa Trachtenberg [trachtenberga@bethel.k12.ct.us](mailto:trachtenberga@bethel.k12.ct.us)**  
**Mari Lerz [lerzm@bethel.k12.ct.us](mailto:lerzm@bethel.k12.ct.us)**  
**Ylbert Beshi [beshiy@bethel.k12.ct.us](mailto:beshiy@bethel.k12.ct.us)**

Very truly yours,

Alisa Trachtenberg

BHS Quebec Exchange Application & Permission Slip  
April 2013 & 2014

# 1/ CANDIDATE

Name (as it appears on your passport)

Last Name \_\_\_\_\_

First name \_\_\_\_\_

Middle name: \_\_\_\_\_

Sex \_\_\_\_\_ female \_\_\_\_\_ male

Date of birth \_\_\_\_\_

Place of birth \_\_\_\_\_

Citizenship \_\_\_\_\_

Passport number: \_\_\_\_\_

Date of expiration: \_\_\_\_\_

Place of issuance: \_\_\_\_\_

- You must attach a copy of your passport
- If you are not a US citizen, you must check to see if you need a visa for Canada.

Name of legal guardian(s)

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Legal guardian (other than mother or father): \_\_\_\_\_

Parents are divorced: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

- If your parents are divorced, you must provide a copy of the custody agreement in the event that it is required at the US/Canada border. You can provide this in a sealed envelope which will not be opened unless needed. It will be returned to you upon our return to the US.

Home address \_\_\_\_\_

Home phone number \_\_\_\_\_

Mobile phone numbers:

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

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

Email address

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

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

Have you ever traveled to abroad? If so, when and for how long? Alone or with your family?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



### 3/ PERSONALITY AND HOBBIES

Are you best described as...

\_\_\_\_\_outgoing \_\_\_\_\_spontaneous \_\_\_\_\_shy \_\_\_\_\_calm

List 4 adjectives that best describe you

\_\_\_\_\_

At home, do you tend to be: \_\_\_\_\_ tidy \_\_\_\_\_ messy

What are some extra curricular activities in which you are involved?

.....

Do you have a job after school? On weekends? Other?

.....

What kind of music do you like?.....

Do you play any musical instruments?.....

How long have you been playing?.....

Do you practice any sports? \_\_\_\_\_ yes \_\_\_\_\_no

Which sport(s)?

.....

How long have you been playing?.....

How many hours a day do you usually watch TV ?.....

Favorite books: .....

Favorite films: .....

## 4/ HEALTH CONDITION OF THE CANDIDATE

(to be filled out by the parent or guardian)

Does your child have any health problems?

---

---

Is your child under any medical treatment (please indicate: name of medication, dosage and directions for use)?

---

---

Does your child have any allergies (to food, medications, others)?

---

---

For any trip outside of the US, please make sure that the insurance covers any health expenses incurred abroad - If such is not the case, please contact the insurance company to modify the contract.

Health Insurance provider \_\_\_\_\_

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

Name on the card: \_\_\_\_\_

Policy number: \_\_\_\_\_

Group number: \_\_\_\_\_

Emergency number when calling from Canada \_\_\_\_\_

**Before your child leaves, please do not forget to send us:**

- a) Medical certificate completed and signed by your child's doctor stating that his/her health condition is compatible with a trip abroad.
- b) Proof of the health insurance and travel insurance.
- c) Authorization form for the administration of medication by school personnel including over-the-counter prescriptions for medications such as Tylenol and Advil. You must have one form per medication.  
Form name: "AUTHORIZATION FOR THE ADMINISTRATION OF MEDICINES BY SCHOOL PERSONNEL." These forms can be obtained from the school nurse or the sponsoring teacher.

Failure to complete all of the forms listed above will result in exclusion from the trip, and possible forfeiture of deposits or other fees already incurred.

## 5/ DECLARATION OF LEGAL GUARDIANS

I, \_\_\_\_\_  
last name, first name

acting as the parent, or legal guardian of the student :

\_\_\_\_\_  
family name, first name

born on \_\_\_\_\_ in \_\_\_\_\_  
date of birth place of birth (city, state)

- a) Authorize my child to participate in an international trip abroad, for the chosen dates and places;
- b) Agree to host a foreign student;
- c) Authorize my child to receive emergency medical treatment as necessary and also any medical treatment deemed necessary by a physician (I have completed the form for this purpose);
- d) Acknowledge that Bethel High School and its employees will not be liable for loss of my child's property, including without limitation credit cards, cash, and mobile phones;
- e) Acknowledge that my child may be sent home at my expense in the event that the school district officials responsible for the trip determined that he/she has engaged in misconduct or demonstrated a lack of cooperation.

\_\_\_\_\_  
\*Parent/Guardian's Signature and Date

\_\_\_\_\_  
\*Parent/Guardian's Signature and Date

\*If custody is shared, both parents/guardians must sign.

## 4/ DECLARATION OF STUDENT

I, \_\_\_\_\_, understand that:  
(student name)

- a) I will represent my school, family and country. My behavior must therefore be exemplary in all respects. Per my signature, I commit myself: I will follow all of rules and school policies outlined in the Bethel High School Code of Conduct and the Student Handbook.
- b) I am responsible for all missed work.
- c) I must have a C average or better in all of my classes to participate in this trip.

---

Student's signature

Date

# HOSTING AGREEMENT

By signing and dating this form, I am certifying that my son/daughter and my family will host an exchange student in our home from **April 5 - 12, 2013**. I understand and accept all responsibility for the well-being of the exchange student during his/her stay. I understand that, in order to qualify as a host family, my signature below serves to certify as follows:

- a) No adult living in my home is included on the Abuse and Neglect Registry of the Connecticut Department of Children and Families, or the abuse registry of any other state.
- b) No adult living in my home is included on the Connecticut Department of Public Safety's sexual offender registry, or the sex offender registry of any other state.
- c) No adult living in my home has been convicted in a court of law of a crime involving moral turpitude or other crime indicating that contact with children may not be appropriate (including, but not limited to offenses involving violence and/or drugs).

## 1. Duties of the candidate's parents/legal guardians

- a) The candidate's parents take the same responsibility concerning their young guest as they would for their own child (the parents' rights and duties being temporarily transferred). They help the young exchange partner to adapt himself/herself to a new way of life (in the family as well as at school). The host family promises to use the language of the host country when talking to their young guest.
- b) Host families will provide lodging and meals, and facilities for washing of clothes free of charge. They will also cover any expense related to local public transportation and family entertainment (restaurant, cinema, theater...). Visiting students will bring enough money to cover personal expenses.

## 2. Family responsibility

- a) Visiting students are subject to the normal rules and disciplinary procedures (including penalties) of the host school and are subject to the reasonable control and direction of the host. Corporal punishment or abusive disciplinary practices are prohibited.
- b) Monitoring of visiting students by the host family does not mean direct supervision at all times but may include giving permission for a visiting

student to make short trips at suitable times and to suitable places in company with other school aged children of the same age and maturity.

- c) Each school and host family will take all steps, within reason, to prevent visiting students from exposure to risk from drugs, tobacco and alcohol.
- d) The host family agrees to respect the student's religious beliefs and observances.
- e) Host schools and families will not be liable for the guest student's loss of property, including without limitation credit cards, cash, and mobile phones.
- f) Details of health or medical conditions will be made available to host schools and families on a confidential basis. Per his/her signature, the legal guardian shows that he/she understands the required conditions to this international exchange and accepts to be responsible for any trouble that may arise due to any illness that might not have been previously declared. Moreover, the legal guardian agrees that the host family may take any urgent decision in case of illness, accident or if surgery is deemed necessary by a doctor.
- g) Students may be sent home at the parents' expense in the event of misconduct or lack of cooperation. The host family agrees to immediately inform school district officials responsible for the trip of any misconduct or lack of cooperation on the part of the guest student.

### **3. Insurance**

Parents of visiting students will obtain and give proof of obtaining comprehensive travel, medical and civil liability insurance for them.

**I understand that as an exchange student, I will represent my school in my hosting school, family and country.**

**My behavior must therefore be exemplary in all respects. Per my signature, I commit myself: I will follow the rules of my hosting school and family.**

.....  
Student's signature Date

**Per our signature, we hereby accept the above conditions. We understand that, as a host family, we will have to take care of our young host and actively involve ourselves in his/her discovery of our culture and language.**

---

Parent/Guardian's Signature

