



To: Round Square Rep

Attach photo here

From:

Student's school: Felsted School, U.K.

Date:

Section A

I wish to be considered for a Round Square Exchange:

Name.....

Date of birth:

Country of birth.....

City of birth:

Passport no.....

Passport expiry date:

Please attach a copy of your passport
to this form.

Passport attached: Yes / No

Nationality:.....

What year are you in

Pupil's Home Address.....

.....

Pupil's Home Phone No.

Pupil's Email address:

Father's name.....

Father's Phone No. (Daytime).....

Father's Home Address (if different from pupil)

.....

.....

Father's Phone No. (Home).....

Father's Email address:

Father's Mobile Phone Number

Mother's name.....

Mother's Phone No. (Daytime).....

Mother's Email address:

Mother's Mobile Phone Number

Languages spoken at home:

Religion: (optional) do you practise a religion whose observances or diets need to be taken into consideration to facilitate your exchange?

Please explain:

.....

Proposed date and length of exchange:

From

Until

Section B

School subjects and results

School subjects Studied in the last 2 years	Number of years studied	Results year	Results latest

* Please consult your teachers and give all results as letter grades A* A B C D or E.

Proficiency of language:

For the country you are considering, what proficiency do you have?

None Basic Fluent

(circle the appropriate level)

Relevant academic achievements:

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Community service activities and involvement:

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Main out of school activities and interests:

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Offices held at school:

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Have you travelled abroad before? Tell us about the places you visited.
(place, length of stay, year, alone or with family):

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Section C

Your reasons for applying for a Round Square Exchange:
(Use a separate sheet if you do not have enough space below)

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Pupil's Signature :.....Date

Section D

Parents or Guardians

I approve of my son/daughter

..... applying to take part in a
Round Square Exchange and undertake to be financially liable for all travelling costs and
incidental expenses incurred during this exchange.

Parent / Guardian 1 Signature.....Date.....

Print Name:

Parent / Guardian 2 Signature.....Date.....

Print Name:

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

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

- | | | |
|---|--|---|
| 1. | | Y |
| ou must abide by the regulations of the particular school concerned. | | |
| 2. | | Y |
| ou must act positively as a member of the school and boarding house or host family. | | |
| Fulfil responsibilities and perform duties appropriate to your age. | | |

- | | |
|---|---|
| 3.
While visiting the host country, you must abide by its laws. | W |
| 4.
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 your host school. | Y |
| 5.
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. | Y |

Engaging in any of the following acts during the period of the exchange jeopardises 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.

Pupil's Signature Date

Parent / Guardian 1 Signature.....Date.....

Parent / Guardian 2 Signature.....Date.....

This is a standard form for Round Square Schools.

Safety

All possible care is taken for each pupil's safety, health and general welfare. Safety regulations are applied in all of 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 Form 'B' below, which the Headteacher will take to be acceptance by the parent of non-liability of the School.

Form A

To: The Co-ordinator of Exchange,

Name of School:

Address:

.....

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.

Parent / Guardian 1 Signature.....Date.....

Parent / Guardian 2 Signature.....Date.....

Pupil's Name.....

(BLOCK LETTERS PLEASE)

OR

Form B

To: The Co-ordinator of Exchange,

Name of School

Address

.....
(Name of student)

is to be excluded from taking part in.....

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

Permission is given for
to receive training and take part in all other 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.

Parent / Guardian 1 Signature.....Date.....

Parent / Guardian 2 Signature.....Date.....

Pupil's Name.....

(BLOCK LETTERS PLEASE)

*By signing this document I hereby agree for Felsted School to share all details
mentioned with other schools in the Round Square network.*

Parental Authorisation for Pupils Under 18 Years Old

Pupils 18 years or older may circle or sign below for themselves.

Please circle your choice and use block letters for name

1. I give / do not give permission for _____

to travel unaccompanied by an adult in your country.

Parent / Guardian 1 Signature.....Date.....

Parent / Guardian 2 Signature.....Date.....

2. I give / do not give permission for _____

to stay with other pupils from your school as long as the Houseparent / Headteacher has given permission.

Parent / Guardian 1 Signature.....Date.....

Parent / Guardian 2 Signature.....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.

Parent / Guardian 1 Signature.....Date.....

Parent / Guardian 2 Signature.....Date.....

Pupil's Full Name.....

School of origin: Felsted School, U.K.

Date:.....

Round Square Exchange Medical Form

(Return to the School as soon as possible - and take a copy with you)

The role of Round Square (<https://www.roundsquare.org>) is one of facilitator, enabling Round Square Candidate and Member Schools to connect and organise exchanges for the benefit of the students taking part. Round Square does not organise any exchanges itself and is not therefore responsible for individual exchange arrangements. It is important for students and parents to note that Round Square does not vet or monitor the arrangements made by the schools and does not have any contact with or role in selecting host families. Round Square provides schools with best practice protocols but you must satisfy yourselves that the arrangements made by the individual school you are considering allowing your child to visit are appropriate. Round Square therefore accepts no legal responsibility or liability for student exchanges whatsoever.

Please complete the information as completely as possible. This will be of assistance to the host school in providing medical care, should such care be necessary.

Surname:.....

Given Names:.....

Date of Birth:.....

Emergency Contact Name:.....

Emergency Contact Phone Number:.....

Emergency Contact Address:.....

.....

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Doctor's Name:.....

Doctor's Surgery Name and Address:.....

.....

Round Square Exchange Medical Form (p2 contd)

Details of medical cover:.....

.....

.....

VACCINES	DATES
D.P.T. (Diphtheria, Pertussis, Tetanus) Boosters?	
M.M.R. (Measles, Mumps, Rubella)	
Polio	
Hep. A	
Hep. B	
Other:	
Other:	
Other:	
Other:	

GENERAL :

Asthma Y / N Hayfever Y / N Sinus Y / N

Other respiratory problems:

Allergies Y / N (food, drugs, bee stings etc. - please specify)

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Round Square Exchange Medical Form (p3 contd)

Epilepsy Y / N Diabetes Y / N

If Yes, please specify and advise of

treatment.....

.....

Are you currently on any medication? Y / N

If Yes, please specify.....

.....

Blood Group :.....

Recent operations, illness, injury or treatment

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Phobias Y / N

If Yes, please specify.....

Physical disabilities Y / N

If Yes, please specify.....

Do you currently suffer / have suffered from a mental health condition including -
depression, anxiety, self-harming, panic attacks or eating disorder Y / N
If Yes, please give details.....
.....

Round Square Exchange Medical Form (p4 contd)

Have you suffered any sporting injuries which might affect your participation in sports or
physical activities? Y / N
If Yes, please specify.....
.....

Do you have problems involving :
Vision ?

Hearing ?

Nutrition (e.g. diet, special requirements, vegetarian, etc.) ?
.....

Do you wear dental braces?

To play rugby or soccer will you require a mouthguard?

Is there anything else we need to be aware of in your medical or personal history?
.....
.....
.....
.

.....

Round Square Exchange Medical Form (p5 contd)

PERMISSION TO TREAT

I give my consent for first aid / emergency health care to be provided should the need arise.

Yes / No **(Please circle your choice)**

I waive, relinquish and release any and all claims or causes of action which may arise directly as a result of treatment, or as an indirect result of the administration of such medical treatment which, in the discretion of the healthcare provider, was reasonably necessary or advisable for dealing with an emergent health care problem.

Yes / No **(Please circle your choice)**

Please attach a copy of a doctor's medical report of a physical checkup within the last 12 months.

Parent / Guardian 1 Signature.....Date.....

Parent / Guardian 2 Signature.....Date.....

Pupil's Signature :.....Date

Felsted School ("the School") is a data controller and is registered with the Information Commissioner's Office (registration number: Z6718258). The School may process any personal data about you/your child, including sensitive personal data, which will be used

for the purposes of educating the pupils at our School, in accordance with the School's Privacy Notice and Data Protection Policy. (<https://www.felsted.org/parents/policies-school-information>)

TRAVEL INSURANCE:

Please attach pupil's travel insurance policy.