Completing your RYE application packet

ALL documents are due by December 31st
except medical reports and sponsor club endorsement.

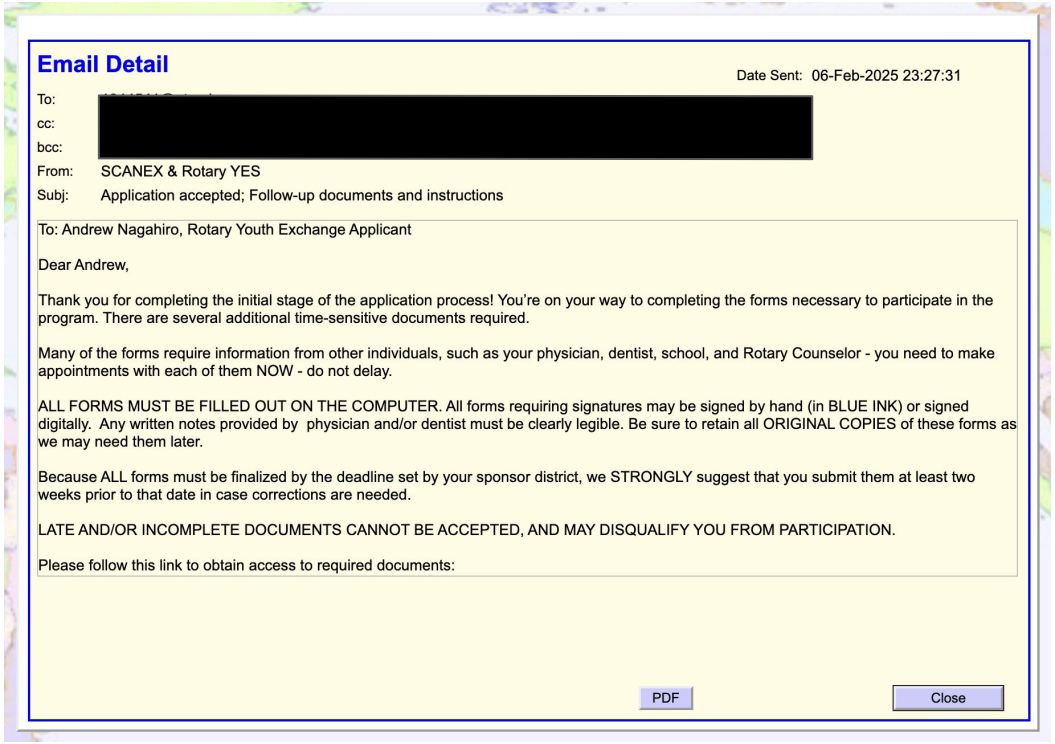
Document Checklist:

- ❑ Medical History (due March 1st latest)
- ❑ Dental History (due March 1st latest)
- ❑ Rules and Conditions (due December 31st latest)
- ❑ Secondary School Personal Reference (due December 31st latest)
- ❑ School Transcript (due December 31st latest)
- ❑ Immunization Record (due December 31st latest)
- ❑ Passport (due December 31st latest)
- ❑ Host Family Referrals (due December 31st latest)

And then…

- ❑ Student, Parent, Sponsor Endorsement

👀 Look for THIS email:
“Application accepted; Follow-up documents and instructions”



Email Detail

Date Sent: 06-Feb-2025 23:27:31

To:
cc:
bcc:
From: SCANEX & Rotary YES
Subj: Application accepted; Follow-up documents and instructions

To: Andrew Nagahiro, Rotary Youth Exchange Applicant

Dear Andrew,

Thank you for completing the initial stage of the application process! You’re on your way to completing the forms necessary to participate in the program. There are several additional time-sensitive documents required.

Many of the forms require information from other individuals, such as your physician, dentist, school, and Rotary Counselor - you need to make appointments with each of them NOW - do not delay.

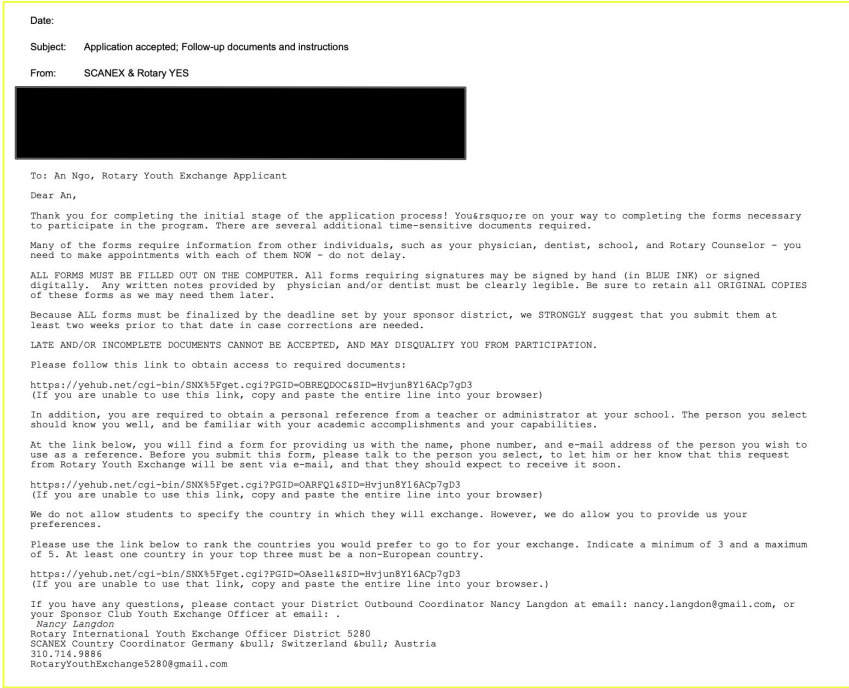
ALL FORMS MUST BE FILLED OUT ON THE COMPUTER. All forms requiring signatures may be signed by hand (in BLUE INK) or signed digitally. Any written notes provided by physician and/or dentist must be clearly legible. Be sure to retain all ORIGINAL COPIES of these forms as we may need them later.

Because ALL forms must be finalized by the deadline set by your sponsor district, we STRONGLY suggest that you submit them at least two weeks prior to that date in case corrections are needed.

LATE AND/OR INCOMPLETE DOCUMENTS CANNOT BE ACCEPTED, AND MAY DISQUALIFY YOU FROM PARTICIPATION.

Please follow this link to obtain access to required documents:

PDF Close



Date:

Subject: Application accepted; Follow-up documents and instructions

From: SCANEX & Rotary YES

To: An Ngo, Rotary Youth Exchange Applicant

Dear An,

Thank you for completing the initial stage of the application process! You’re on your way to completing the forms necessary to participate in the program. There are several additional time-sensitive documents required.

Many of the forms require information from other individuals, such as your physician, dentist, school, and Rotary Counselor - you need to make appointments with each of them NOW - do not delay.

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LATE AND/OR INCOMPLETE DOCUMENTS CANNOT BE ACCEPTED, AND MAY DISQUALIFY YOU FROM PARTICIPATION.

Please follow this link to obtain access to required documents:

https://yehub.net/cgi-bin/SNX%5Fget.cgi?PGID=OBREQDOC&SID=Hvjun8Y16ACp7gD3
(If you are unable to use this link, copy and paste the entire line into your browser)

In addition, you are required to obtain a personal reference from a teacher or administrator at your school. The person you select should know you well, and be familiar with your academic accomplishments and your capabilities.

At the link below, you will find a form for providing us with the name, phone number, and e-mail address of the person you wish to use as a reference. Before you submit this form, please talk to the person you select, to let him or her know that this request from Rotary Youth Exchange will be sent via e-mail, and that they should expect to receive it soon.

https://yehub.net/cgi-bin/SNX%5Fget.cgi?PGID=OAREQ1&SID=Hvjun8Y16ACp7gD3
(If you are unable to use this link, copy and paste the entire line into your browser)

We do not allow students to specify the country in which they will exchange. However, we do allow you to provide us your preferences.

Please use the link below to rank the countries you would prefer to go to for your exchange. Indicate a minimum of 3 and a maximum of 5. At least one country in your top three must be a non-European country.

https://yehub.net/cgi-bin/SNX%5Fget.cgi?PGID=OAsel1&SID=Hvjun8Y16ACp7gD3
(If you are unable to use that link, copy and paste the entire line into your browser.)

If you have any questions, please contact your District Outbound Coordinator Nancy Langdon at email: nancy.langdon@gmail.com, or your Sponsor Club Youth Exchange Officer at email: .
Nancy Langdon
Rotary International Youth Exchange Officer District 5280
SCANEX Country Coordinator Germany • Switzerland • Austria
310.714.9886
RotaryYouthExchange5280@gmail.com

The 5 C’s of Application Documents:

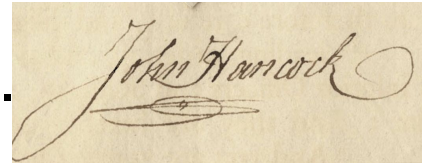
Complete
Current
Compliant
Clear
Consistent

Take care to submit an application packet which looks good. This is your first impression and will impact the success of your exchange.

✍ About signatures:

👍 Signatures from a **document signing app** such as AdobeSign or DocuSign with IP address and timestamp **are** compliant.

🚫 Images of signatures **are not** compliant.

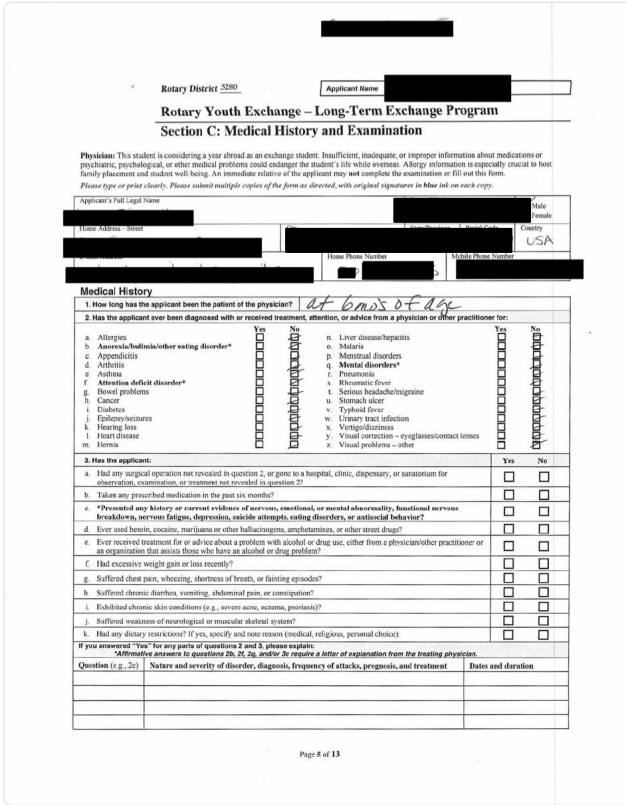


🚫 *Typed Signatures* **are not** compliant.

✍ Wet signatures are best in *blue ink.*

Section C: Medical History

- Physician signs/stamps and dates.
- Do not exclude mental health diagnoses such as ADHD, anxiety and/or depression.
- Include all medications and active ingredients.
- Include any severe allergies.
- Include any dietary restrictions (e.g. celiac).



Rotary District 5280 Applicant Name [redacted]

Rotary Youth Exchange – Long-Term Exchange Program

Section C: Medical History and Examination

Physician: This student is considering a year abroad as an exchange student. Insufficient, inadequate, or improper information about medications or psychiatric, psychological, or other medical problems could endanger the student's life while overseas. Allergy information is especially crucial to host family placement and student well-being. An immediate relative of the applicant may **not** complete the examination or fill out this form.

Please type or print clearly. Please submit multiple copies of the form as directed, with original signatures in blue ink on each copy.

Applicant's Full Legal Name [redacted] Male Female

Home Address – Street [redacted] Country USA

Home Phone Number [redacted] Mobile Phone Number [redacted]

Medical History

1. How long has the applicant been the patient of the physician? at 6mos of age

2. Has the applicant ever been diagnosed with or received treatment, attention, or advice from a physician or other practitioner for:

	Yes	No		Yes	No
a. Allergies	☐	☐	n. Liver disease/hepatitis	☐	☐
b. **Anorexia/bulimia/other eating disorder***	☐	☐	o. Malaria	☐	☐
c. Appendicitis	☐	☐	p. Menstrual disorders	☐	☐
d. Arthritis	☐	☐	q. **Mental disorders***	☐	☐
e. Asthma	☐	☐	r. Pneumonia	☐	☐
f. **Attention deficit disorder***	☐	☐	s. Rheumatic fever	☐	☐
g. Bowel problems	☐	☐	t. Serious headache/migraine	☐	☐
h. Cancer	☐	☐	u. Stomach ulcer	☐	☐
i. Diabetes	☐	☐	v. Typhoid fever	☐	☐
j. Epilepsy/seizures	☐	☐	w. Urinary tract infection	☐	☐
k. Hearing loss	☐	☐	x. Vertigo/dizziness	☐	☐
l. Heart disease	☐	☐	y. Visual correction – eyeglasses/contact lenses	☐	☐
m. Hernia	☐	☐	z. Visual problems – other	☐	☐

3. Has the applicant:	Yes	No
a. Had any surgical operation not revealed in question 2, or gone to a hospital, clinic, dispensary, or sanatorium for observation, examination, or treatment not revealed in question 2?	☐	☐
b. Taken any prescribed medication in the past six months?	☐	☐
c. ***Presented any history or current evidence of nervous, emotional, or mental abnormality, functional nervous breakdown, nervous fatigue, depression, suicide attempts, eating disorders, or antisocial behavior?***	☐	☐
d. Ever used heroin, cocaine, marijuana or other hallucinogens, amphetamines, or other street drugs?	☐	☐
e. Ever received treatment for or advice about a problem with alcohol or drug use, either from a physician/other practitioner or an organization that assists those who have an alcohol or drug problem?	☐	☐
f. Had excessive weight gain or loss recently?	☐	☐
g. Suffered chest pain, wheezing, shortness of breath, or fainting episodes?	☐	☐
h. Suffered chronic diarrhea, vomiting, abdominal pain, or constipation?	☐	☐
i. Exhibited chronic skin conditions (e.g., severe acne, eczema, psoriasis)?	☐	☐
j. Suffered weakness of neurological or muscular skeletal system?	☐	☐
k. Had any dietary restrictions? If yes, specify and note reason (medical, religious, personal choice):	☐	☐

If you answered "Yes" for any parts of questions 2 and 3, please explain:
"Affirmative answers to questions 2b, 2f, 2q, and/or 3c require a letter of explanation from the treating physician.

Question (e.g., 2c)	Nature and severity of disorder, diagnosis, frequency of attacks, prognosis, and treatment	Dates and duration

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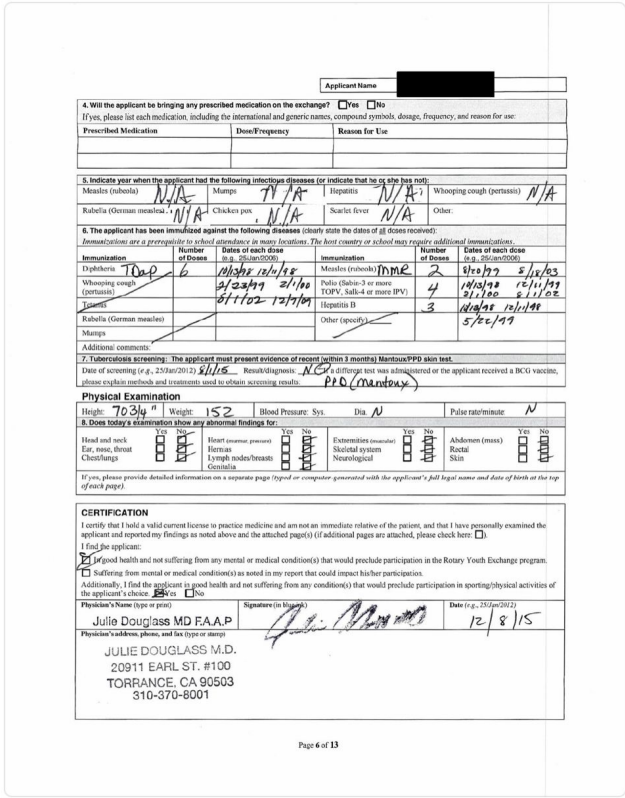

Applicant Name [redacted]

4. Will the applicant be bringing any prescribed medication on the exchange? ☐ Yes ☐ No
If yes, please list each medication, including the international and generic names, compound symbols, dosage, frequency, and reason for use:

Prescribed Medication	Dose/Frequency	Reason for Use

5. Indicate year when the applicant had the following infectious diseases (or indicate that he or she has not):

Measles (rubeola) N/A	Mumps N/A	Hepatitis N/A	Whooping cough (pertussis) N/A
Rubella (German measles) N/A	Chicken pox N/A	Scarlet fever N/A	Other:

6. The applicant has been immunized against the following diseases (clearly state the dates of all doses received):
Immunizations are a prerequisite to school attendance in many locations. The host country or school may require additional immunizations.

Immunization	Number of Doses	Dates of each dose (e.g., 29Jan2008)	Immunization	Number of Doses	Dates of each dose (e.g., 29Jan2008)
Diphtheria DaP	6	10/3/98 12/1/98 2/22/99 2/1/00 6/11/02 12/7/09	Measles (rubeola) MMR	2	8/20/99 5/18/03
Whooping cough (pertussis)			Polio (Sabin-3 or more TOPV, Salk-4 or more IPV)	4	10/3/98 12/11/99 2/1/00 8/11/02
Tetanus			Hepatitis B	3	10/3/98 10/1/98
Rubella (German measles)			Other (specify):		5/22/99
Mumps					
Additional comments:					

7. Tuberculosis screening: The applicant must present evidence of recent (within 3 months) Mantoux/PPD skin test.
Date of screening (e.g., 25Jan2012) 8/1/15 Result/diagnosis: NEG If a different test was administered or the applicant received a BCG vaccine, please explain methods and treatments used to obtain screening results: PPD (Mantoux)

Physical Examination

Height: 703/4" Weight: 152 Blood Pressure: Sys. Dia. N Pulse rate/minute N

8. Does today's examination show any abnormal findings for:

	Yes	No		Yes	No		Yes	No		Yes	No
Head and neck		☐	Heart (murmur, pressure)		☐	Extremities (muscular)		☐	Abdomen (mass)		☐
Ear, nose, throat		☐	Hernias		☐	Skeletal system		☐	Rectal		☐
Chest/lungs		☐	Lymph nodes/breasts		☐	Neurological		☐	Skin		☐
			Genitalia		☐						

If yes, please provide detailed information on a separate page (typed or computer-generated with the applicant's full legal name and date of birth at the top of each page).

CERTIFICATION

I certify that I hold a valid current license to practice medicine and am not an immediate relative of the patient, and that I have personally examined the applicant and reported my findings as noted above and the attached page(s) (if additional pages are attached, please check here: ☐).

I find the applicant:

☒ In good health and not suffering from any mental or medical condition(s) that would preclude participation in the Rotary Youth Exchange program.

☐ Suffering from mental or medical condition(s) as noted in my report that could impact his/her participation.

Additionally, I find the applicant is good health and not suffering from any condition(s) that would preclude participation in sporting/physical activities of the applicant's choice: ☒ Yes ☐ No

Physician's Name (type or print) Julie Douglass MD F.A.A.P

Signature (in blue ink) [signature]

Date (e.g., 25Jan2012) 12/8/15

Physician's address, phone, and fax (type or stamp)
JULIE DOUGLASS M.D.
20911 EARL ST. #100
TORRANCE, CA 90503
310-370-8001

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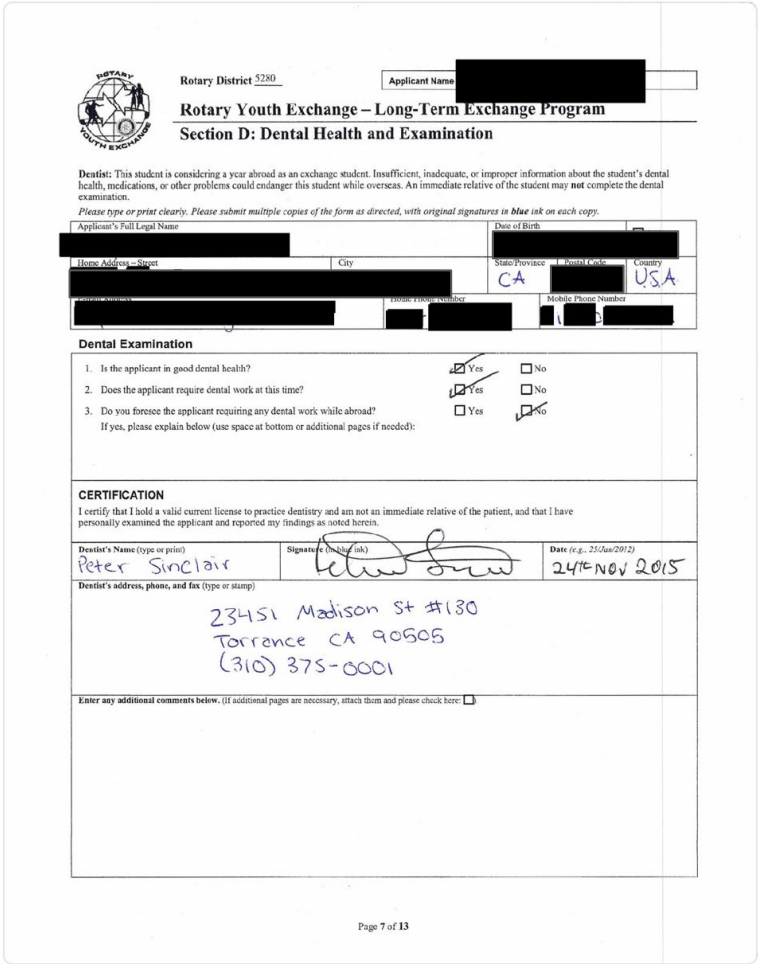
Section D: Dental Health

Examination and signature/stamp needed from dentist.



Rotary District 5280

Applicant Name [redacted]

Rotary Youth Exchange – Long-Term Exchange Program

Section D: Dental Health and Examination

Dentist: This student is considering a year abroad as an exchange student. Insufficient, inadequate, or improper information about the student's dental health, medications, or other problems could endanger this student while overseas. An immediate relative of the student may **not** complete the dental examination.

*Please type or print clearly. Please submit multiple copies of the form as directed, with original signatures in **blue** ink on each copy.*

Applicant's Full Legal Name		Date of Birth	
[redacted]		[redacted]	
Home Address – Street	City	State/Province	Postal Code / Country
[redacted]	[redacted]	CA	[redacted] USA
Email Address	Home Phone Number	Mobile Phone Number	
[redacted]	[redacted]	[redacted]	

Dental Examination

1. Is the applicant in good dental health? ☑ Yes ☐ No
2. Does the applicant require dental work at this time? ☑ Yes ☐ No
3. Do you foresee the applicant requiring any dental work while abroad? ☐ Yes ☑ No

If yes, please explain below (use space at bottom or additional pages if needed):

CERTIFICATION

I certify that I hold a valid current license to practice dentistry and am not an immediate relative of the patient, and that I have personally examined the applicant and reported my findings as noted herein.

Dentist's Name (type or print)	Signature (in blue ink)	Date (e.g., 25/Jan/2012)
Peter Sinclair	[signature]	24th NOV 2015

Dentist's address, phone, and fax (type or stamp)

23451 Madison St #180
Torrance CA 90505
(310) 375-0001

Enter any additional comments below. (If additional pages are necessary, attach them and please check here: ☐)

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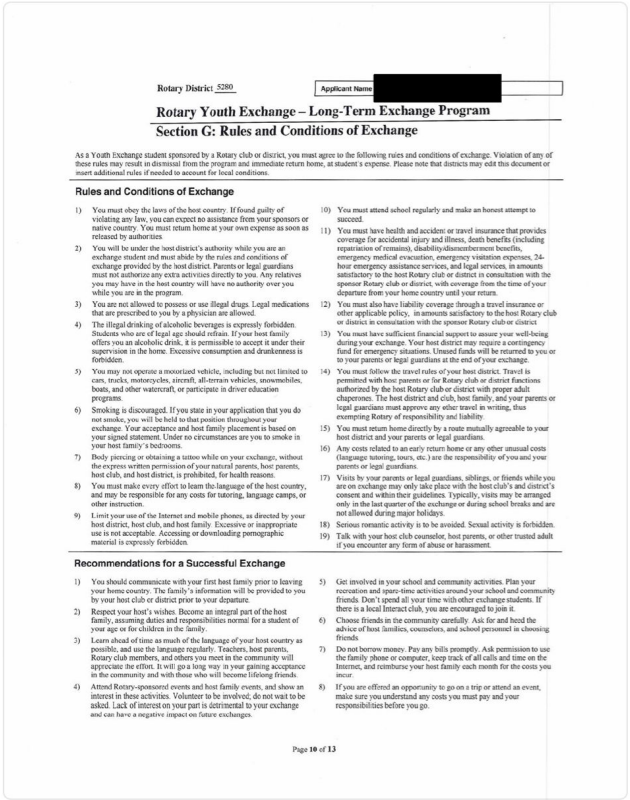
😈😇 Section G: Rules and Conditions of Exchange



Rotary District 5280 Applicant Name [redacted]

Rotary Youth Exchange – Long-Term Exchange Program

Section G: Rules and Conditions of Exchange

As a Youth Exchange student sponsored by a Rotary club or district, you must agree to the following rules and conditions of exchange. Violation of any of these rules may result in dismissal from the program and immediate return home, at student's expense. Please note that districts may edit this document or insert additional rules if needed to account for local conditions.

Rules and Conditions of Exchange

1) You must obey the laws of the host country. If found guilty of violating any law, you can expect no assistance from your sponsors or native country. You must return home at your own expense as soon as released by authorities.
2) You will be under the host district's authority while you are an exchange student and must abide by the rules and conditions of exchange provided by the host district. Parents or legal guardians must not authorize any extra activities directly to you. Any relatives you may have in the host country will have no authority over you while you are in the program.
3) You are not allowed to possess or use illegal drugs. Legal medications that are prescribed to you by a physician are allowed.
4) The illegal drinking of alcoholic beverages is expressly forbidden. Students who are of legal age should refrain. If your host family offers you an alcoholic drink, it is permissible to accept it under their supervision in the home. Excessive consumption and drunkenness is forbidden.
5) You may not operate a motorized vehicle, including but not limited to cars, trucks, motorcycles, aircraft, all-terrain vehicles, snowmobiles, boats, and other watercraft, or participate in driver education programs.
6) Smoking is discouraged. If you state in your application that you do not smoke, you will be held to that position throughout your exchange. Your acceptance and host family placement is based on your signed statement. Under no circumstances are you to smoke in your host family's bedrooms.
7) Body piercing or obtaining a tattoo while on your exchange, without the express written permission of your natural parents, host parents, host club, and host district, is prohibited, for health reasons.
8) You must make every effort to learn the language of the host country, and may be responsible for any costs for tutoring, language camps, or other instruction.
9) Limit your use of the Internet and mobile phones, as directed by your host district, host club, and host family. Excessive or inappropriate use is not acceptable. Accessing or downloading pornographic material is expressly forbidden.
10) You must attend school regularly and make an honest attempt to succeed.
11) You must have health and accident or travel insurance that provides coverage for accidental injury and illness, death benefits (including repatriation of remains), disability/dismemberment benefits, emergency medical evacuation, emergency visitation expenses, 24-hour emergency assistance services, and legal services, in amounts satisfactory to the host Rotary club or district in consultation with the sponsor Rotary club or district, with coverage from the time of your departure from your home country until your return.
12) You must also have liability coverage through a travel insurance or other applicable policy, in amounts satisfactory to the host Rotary club or district in consultation with the sponsor Rotary club or district.
13) You must have sufficient financial support to assure your well-being during your exchange. Your host district may require a contingency fund for emergency situations. Unused funds will be returned to you or to your parents or legal guardians at the end of your exchange.
14) You must follow the travel rules of your host district. Travel is permitted with host parents or for Rotary club or district functions authorized by the host Rotary club or district with proper adult chaperones. The host district and club, host family, and your parents or legal guardians must approve any other travel in writing, thus exempting Rotary of responsibility and liability.
15) You must return home directly by a route mutually agreeable to your host district and your parents or legal guardians.
16) Any costs related to an early return home or any other unusual costs (language tutoring, tours, etc.) are the responsibility of you and your parents or legal guardians.
17) Visits by your parents or legal guardians, siblings, or friends while you are on exchange may only take place with the host club's and district's consent and within their guidelines. Typically, visits may be arranged only in the last quarter of the exchange or during school breaks and are not allowed during major holidays.
18) Serious romantic activity is to be avoided. Sexual activity is forbidden.
19) Talk with your host club counselor, host parents, or other trusted adult if you encounter any form of abuse or harassment.

Recommendations for a Successful Exchange

1) You should communicate with your first host family prior to leaving your home country. The family's information will be provided to you by your host club or district prior to your departure.
2) Respect your host's wishes. Become an integral part of the host family, assuming duties and responsibilities normal for a student of your age or for children in the family.
3) Learn ahead of time as much of the language of your host country as possible, and use the language regularly. Teachers, host parents, Rotary club members, and others you meet in the community will appreciate the effort. It will go a long way in your gaining acceptance in the community and with those who will become lifelong friends.
4) Attend Rotary-sponsored events and host family events, and show an interest in these activities. Volunteer to be involved; do not wait to be asked. Lack of interest on your part is detrimental to your exchange and can have a negative impact on future exchanges.
5) Get involved in your school and community activities. Plan your recreation and spare-time activities around your school and community friends. Don't spend all your time with other exchange students. If there is a local Interact club, you are encouraged to join it.
6) Choose friends in the community carefully. Ask for and heed the advice of host families, counselors, and school personnel in choosing friends.
7) Do not borrow money. Pay any bills promptly. Ask permission to use the family phone or computer, keep track of all calls and time on the Internet, and reimburse your host family each month for the costs you incur.
8) If you are offered an opportunity to go on a trip or attend an event, make sure you understand any costs you must pay and your responsibilities before you go.

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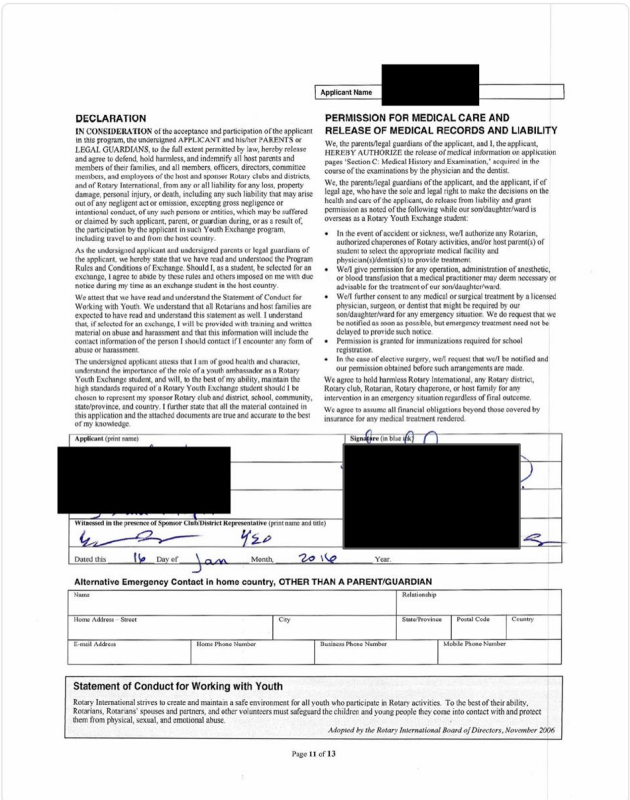

Applicant Name [redacted]

DECLARATION

IN CONSIDERATION of the acceptance and participation of the applicant in this program, the undersigned APPLICANT and his/her PARENTS or LEGAL GUARDIANS, to the full extent permitted by law, hereby release and agree to defend, hold harmless, and indemnify all host parents and members of their families, and all members, officers, directors, committee members, and employees of the host and sponsor Rotary clubs and districts, and of Rotary International, from any or all liability for any loss, property damage, personal injury, or death, including any such liability that may arise out of any negligent act or omission, excepting gross negligence or intentional conduct, of any such persons or entities, which may be suffered or claimed by such applicant, parent, or guardian during, or as a result of, the participation by the applicant in such Youth Exchange program, including travel to and from the host country.

As the undersigned applicant and undersigned parents or legal guardians of the applicant, we hereby state that we have read and understood the Program Rules and Conditions of Exchange. Should I, as a student, be selected for an exchange, I agree to abide by these rules and others imposed on me with due notice during my time as an exchange student in the host country.

We attest that we have read and understand the Statement of Conduct for Working with Youth. We understand that all Rotarians and host families are expected to have read and understand this statement as well. I understand that, if selected for an exchange, I will be provided with training and written material on abuse and harassment and that this information will include the contact information of the person I should contact if I encounter any form of abuse or harassment.

The undersigned applicant attests that I am of good health and character, understand the importance of the role of a youth ambassador as a Rotary Youth Exchange student, and will, to the best of my ability, maintain the high standards required of a Rotary Youth Exchange student should I be chosen to represent my sponsor Rotary club and district, school, community, state/province, and country. I further state that all the material contained in this application and the attached documents are true and accurate to the best of my knowledge.

PERMISSION FOR MEDICAL CARE AND RELEASE OF MEDICAL RECORDS AND LIABILITY

We, the parents/legal guardians of the applicant, and I, the applicant, HEREBY AUTHORIZE the release of medical information on application pages 'Section C: Medical History and Examination,' acquired in the course of the examinations by the physician and the dentist.

We, the parents/legal guardians of the applicant, and the applicant, if of legal age, who have the sole and legal right to make the decisions on the health and care of the applicant, do release from liability and grant permission as noted of the following while our son/daughter/ward is overseas as a Rotary Youth Exchange student:

- In the event of accident or sickness, we/I authorize any Rotarian, authorized chaperones of Rotary activities, and/or host parent(s) of student to select the appropriate medical facility and physicians(s)/dentist(s) to provide treatment.
- We/I give permission for any operation, administration of anesthetic, or blood transfusion that a medical practitioner may deem necessary or advisable for the treatment of our son/daughter/ward.
- We/I further consent to any medical or surgical treatment by a licensed physician, surgeon, or dentist that might be required by our son/daughter/ward for any emergency situation. We do request that we be notified as soon as possible, but emergency treatment need not be delayed to provide such notice.
- Permission is granted for immunizations required for school registration.
- In the case of elective surgery, we/I request that we/I be notified and our permission obtained before such arrangements are made.

We agree to hold harmless Rotary International, any Rotary district, Rotary club, Rotarian, Rotary chaperone, or host family for any intervention in an emergency situation regardless of final outcome.

We agree to assume all financial obligations beyond those covered by insurance for any medical treatment rendered.

Applicant (print name) [redacted] Signature (in blue ink) [redacted]

Witnessed in the presence of Sponsor Club/District Representative (print name and title)

Dated this 16 Day of Jan Month, 2016 Year.

Alternative Emergency Contact in home country, OTHER THAN A PARENT/GUARDIAN

Name			Relationship		
Home Address – Street	City		State/Province	Postal Code	Country
E-mail Address	Home Phone Number	Business Phone Number	Mobile Phone Number		

Statement of Conduct for Working with Youth

Rotary International strives to create and maintain a safe environment for all youth who participate in Rotary activities. To the best of their ability, Rotarians, Rotarians' spouses and partners, and other volunteers must safeguard the children and young people they come into contact with and protect them from physical, sexual, and emotional abuse.

Adopted by the Rotary International Board of Directors, November 2006

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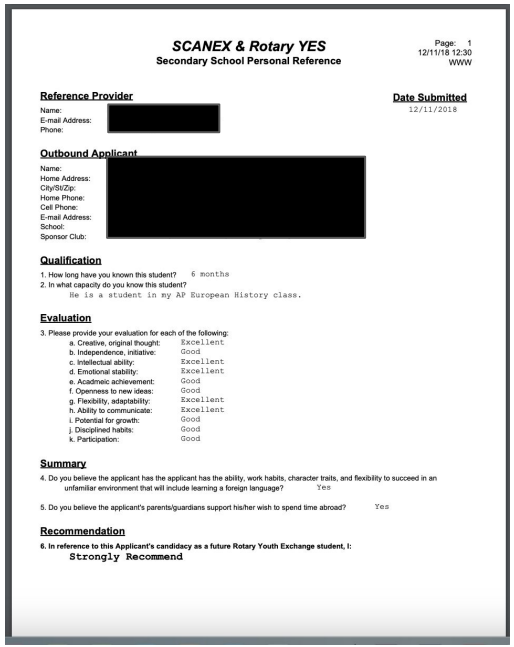
💌 Section H: Secondary School Personal Reference

Send link from server to trusted **teacher**, **school administrator** or **school counselor** fills out. Reference must come from your high school.

🚫 Scout masters, coaches, youth pastors, babysitting clients or similar DO NOT count.



SCANEX & Rotary YES
Secondary School Personal Reference

Page: 1
12/11/18 12:30
WWW

Reference Provider
Name:
E-mail Address:
Phone:

Date Submitted
12/11/2018

Outbound Applicant
Name:
Home Address:
City/St/Zip:
Home Phone:
Cell Phone:
E-mail Address:
School:
Sponsor Club:

Qualification
1. How long have you known this student? 6 months
2. In what capacity do you know this student?
He is a student in my AP European History class.

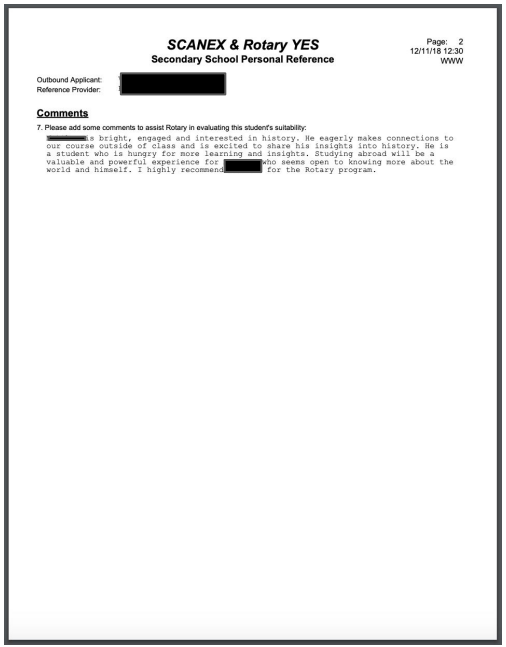
Evaluation
3. Please provide your evaluation for each of the following:

a. Creative, original thought:	Excellent
b. Independence, initiative:	Good
c. Intellectual ability:	Excellent
d. Emotional stability:	Excellent
e. Acadmeic achievement:	Good
f. Openness to new ideas:	Good
g. Flexibility, adaptability:	Excellent
h. Ability to communicate:	Excellent
i. Potential for growth:	Good
j. Disciplined habits:	Good
k. Participation:	Good

Summary
4. Do you believe the applicant has the applicant has the ability, work habits, character traits, and flexibility to succeed in an unfamiliar environment that will include learning a foreign language? Yes

5. Do you believe the applicant's parents/guardians support his/her wish to spend time abroad? Yes

Recommendation
6. In reference to this Applicant's candidacy as a future Rotary Youth Exchange student, I:
Strongly Recommend



SCANEX & Rotary YES
Secondary School Personal Reference

Page: 2
12/11/18 12:30
WWW

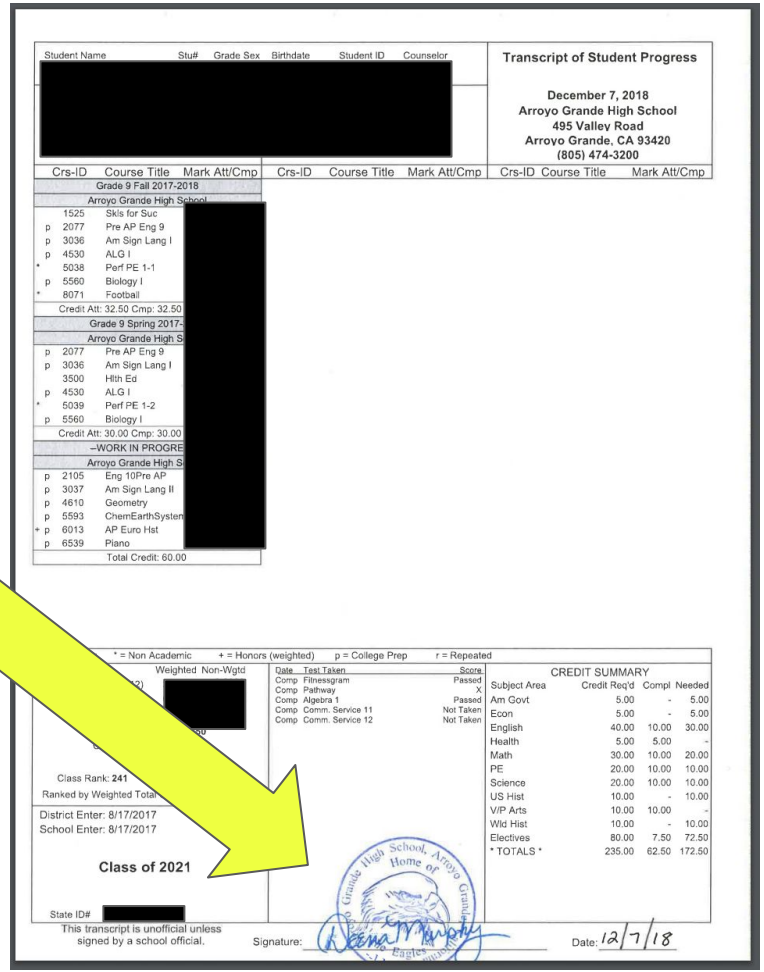
Outbound Applicant:
Reference Provider:

Comments
7. Please add some comments to assist Rotary in evaluating this student's suitability:
[redacted] is bright, engaged and interested in history. He eagerly makes connections to our course outside of class and is excited to share his insights into history. He is a student who is hungry for more learning and insights. Studying abroad will be a valuable and powerful experience for [redacted] who seems open to knowing more about the world and himself. I highly recommend [redacted] for the Rotary program.

School Transcript

Official high school transcript with **seal and signature**.

🚫 Do not submit, for example, a printout from Parent Portal.



Student Name [redacted] Stu# Grade Sex Birthdate Student ID Counselor

Transcript of Student Progress

December 7, 2018
Arroyo Grande High School
495 Valley Road
Arroyo Grande, CA 93420
(805) 474-3200

Crs-ID	Course Title	Mark	Att/Cmp
Grade 9 Fall 2017-2018			
Arroyo Grande High School			
	1525	Skls for Suc	
p	2077	Pre AP Eng 9	
p	3036	Am Sign Lang I	
p	4530	ALG I	
*	5038	Perf PE 1-1	
p	5560	Biology I	
*	8071	Football	
Credit Att: 32.50 Cmp: 32.50			
Grade 9 Spring 2017-			
Arroyo Grande High S			
p	2077	Pre AP Eng 9	
p	3036	Am Sign Lang I	
	3500	Hlth Ed	
p	4530	ALG I	
*	5039	Perf PE 1-2	
p	5560	Biology I	
Credit Att: 30.00 Cmp: 30.00			
--WORK IN PROGRE			
Arroyo Grande High S			
p	2105	Eng 10Pre AP	
p	3037	Am Sign Lang II	
p	4610	Geometry	
p	5593	ChemEarthSysten	
+ p	6013	AP Euro Hst	
p	6539	Piano	
Total Credit: 60.00			

* = Non Academic + = Honors (weighted) p = College Prep r = Repeated

Weighted Non-Wgtd [redacted]

Class Rank: 241
Ranked by Weighted Total

District Enter: 8/17/2017
School Enter: 8/17/2017

Class of 2021

State ID# [redacted]

Date	Test Taken	Score
Comp	Fitnessgram	Passed
Comp	Pathway	X
Comp	Algebra 1	Passed
Comp	Comm. Service 11	Not Taken
Comp	Comm. Service 12	Not Taken

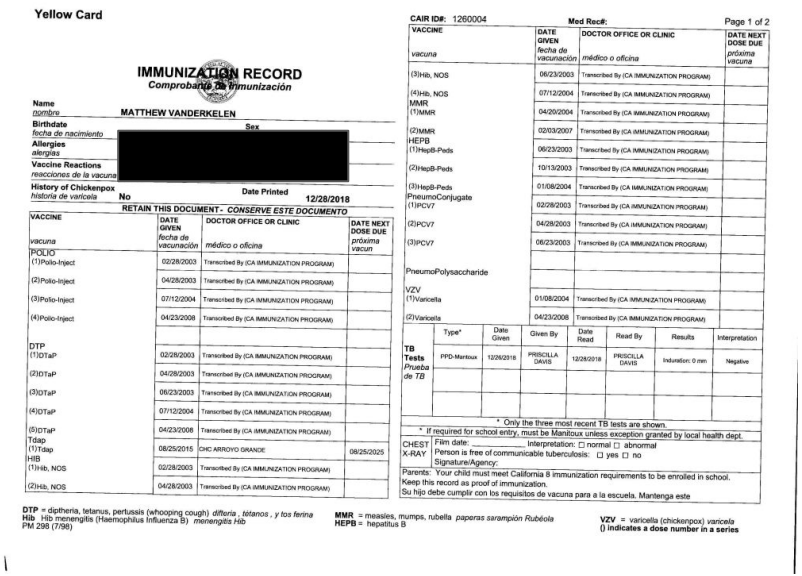
CREDIT SUMMARY

Subject Area	Credit Req'd	Compl	Needed
Am Govt	5.00	-	5.00
Econ	5.00	-	5.00
English	40.00	10.00	30.00
Health	5.00	5.00	-
Math	30.00	10.00	20.00
PE	20.00	10.00	10.00
Science	20.00	10.00	10.00
US Hist	10.00	-	10.00
V/P Arts	10.00	10.00	-
Wld Hist	10.00	-	10.00
Electives	80.00	7.50	72.50
* TOTALS *	235.00	62.50	172.50

This transcript is unofficial unless signed by a school official.

Signature: [redacted] Date: 12/7/18

😷 Immunization Record



Yellow Card

IMMUNIZATION RECORD
Comprobante de Inmunización

Name / *nombre*: MATTHEW VANDERKELEN
Birthdate / *fecha de nacimiento*: Sex
Allergies / *alergias*: [redacted]
Vaccine Reactions / *reacciones de la vacuna*:
History of Chickenpox / *historia de varicela*: No
Date Printed: 12/28/2018

RETAIN THIS DOCUMENT- *CONSERVE ESTE DOCUMENTO*

VACCINE / *vacuna*	DATE GIVEN / *fecha de vacunación*	DOCTOR OFFICE OR CLINIC / *médico o oficina*	DATE NEXT DOSE DUE / *próxima vacun*
POLIO (1)Polio-Inject	02/28/2003	Transcribed By (CA IMMUNIZATION PROGRAM)	
(2)Polio-Inject	04/28/2003	Transcribed By (CA IMMUNIZATION PROGRAM)	
(3)Polio-Inject	07/12/2004	Transcribed By (CA IMMUNIZATION PROGRAM)	
(4)Polio-Inject	04/23/2008	Transcribed By (CA IMMUNIZATION PROGRAM)	
DTP (1)DTaP	02/28/2003	Transcribed By (CA IMMUNIZATION PROGRAM)	
(2)DTaP	04/28/2003	Transcribed By (CA IMMUNIZATION PROGRAM)	
(3)DTaP	06/23/2003	Transcribed By (CA IMMUNIZATION PROGRAM)	
(4)DTaP	07/12/2004	Transcribed By (CA IMMUNIZATION PROGRAM)	
(5)DTaP	04/23/2008	Transcribed By (CA IMMUNIZATION PROGRAM)	
Tdap (1)Tdap	08/25/2015	CHC ARROYO GRANDE	08/25/2025
HIB (1)Hib, NOS	02/28/2003	Transcribed By (CA IMMUNIZATION PROGRAM)	
(2)Hib, NOS	04/28/2003	Transcribed By (CA IMMUNIZATION PROGRAM)	

CAIR ID#: 1260004 Med Rec#: Page 1 of 2

VACCINE / *vacuna*	DATE GIVEN / *fecha de vacunación*	DOCTOR OFFICE OR CLINIC / *médico o oficina*	DATE NEXT DOSE DUE / *próxima vacuna*
(3)Hib, NOS	06/23/2003	Transcribed By (CA IMMUNIZATION PROGRAM)	
(4)Hib, NOS	07/12/2004	Transcribed By (CA IMMUNIZATION PROGRAM)	
MMR (1)MMR	04/20/2004	Transcribed By (CA IMMUNIZATION PROGRAM)	
(2)MMR	02/03/2007	Transcribed By (CA IMMUNIZATION PROGRAM)	
HEPB (1)HepB-Peds	06/23/2003	Transcribed By (CA IMMUNIZATION PROGRAM)	
(2)HepB-Peds	10/13/2003	Transcribed By (CA IMMUNIZATION PROGRAM)	
(3)HepB-Peds	01/08/2004	Transcribed By (CA IMMUNIZATION PROGRAM)	
PneumoConjugate (1)PCV7	02/28/2003	Transcribed By (CA IMMUNIZATION PROGRAM)	
(2)PCV7	04/28/2003	Transcribed By (CA IMMUNIZATION PROGRAM)	
(3)PCV7	06/23/2003	Transcribed By (CA IMMUNIZATION PROGRAM)	
PneumoPolysaccharide			
VZV (1)Varicella	01/08/2004	Transcribed By (CA IMMUNIZATION PROGRAM)	
(2)Varicella	04/23/2008	Transcribed By (CA IMMUNIZATION PROGRAM)	

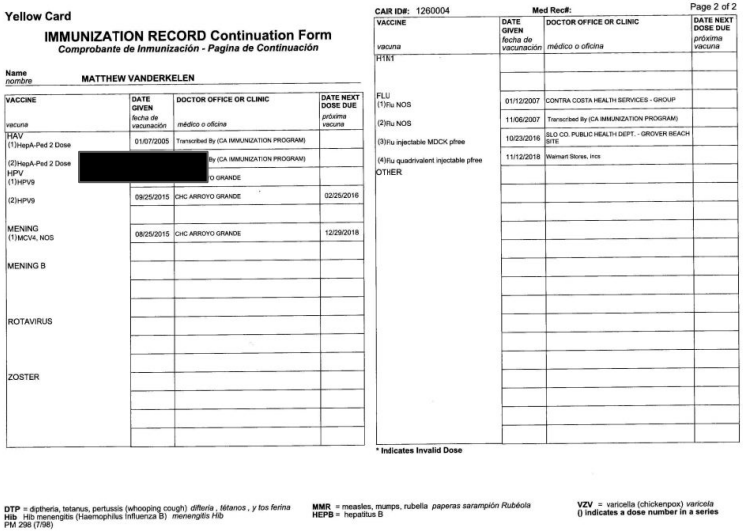
TB Tests / *Prueba de TB*	Type*	Date Given	Given By	Date Read	Read By	Results	Interpretation
	PPD-Mantoux	12/26/2018	PRISCILLA DAVIS	12/28/2018	PRISCILLA DAVIS	Induration: 0 mm	Negative

* Only the three most recent TB tests are shown.
* If required for school entry, must be Mantoux unless exception granted by local health dept.

CHEST X-RAY: Film date: _____ Interpretation: ☐ normal ☐ abnormal
Person is free of communicable tuberculosis: ☐ yes ☐ no
Signature/Agency: _____

Parents: Your child must meet California 8 immunization requirements to be enrolled in school.
Keep this record as proof of immunization.
Su hijo debe cumplir con los requisitos de vacuna para a la escuela. Mantenga este

DTP = diptheria, tetanus, pertussis (whooping cough) *difteria , tétanos , y tos ferina*
Hib Hib menengitis (Haemophilus Influenza B) *menengitis Hib*
PM 298 (7/98)
MMR = measles, mumps, rubella *paperas sarampión Rubéola*
HEPB = hepatitus B
VZV = varicella (chickenpox) *varicela*
() indicates a dose number in a series



Yellow Card

IMMUNIZATION RECORD Continuation Form
Comprobante de Inmunización - Pagina de Continuación

Name / *nombre*: MATTHEW VANDERKELEN

VACCINE / *vacuna*	DATE GIVEN / *fecha de vacunación*	DOCTOR OFFICE OR CLINIC / *médico o oficina*	DATE NEXT DOSE DUE / *próxima vacuna*
TRAV (1)HepA-Ped 2 Dose	01/07/2005	Transcribed By (CA IMMUNIZATION PROGRAM)	
(2)HepA-Ped 2 Dose	[redacted]	By (CA IMMUNIZATION PROGRAM)	
HPV (1)HPV9		O GRANDE	
(2)HPV9	09/25/2015	CHC ARROYO GRANDE	02/25/2016
MENING (1)MCV4, NOS	08/25/2015	CHC ARROYO GRANDE	12/29/2018
MENING B			
ROTAVIRUS			
ZOSTER			

CAIR ID#: 1260004 Med Rec#: Page 2 of 2

VACCINE / *vacuna*	DATE GIVEN / *fecha de vacunación*	DOCTOR OFFICE OR CLINIC / *médico o oficina*	DATE NEXT DOSE DUE / *próxima vacuna*
H1N1			
FLU (1)Flu NOS	01/12/2007	CONTRA COSTA HEALTH SERVICES - GROUP	
(2)Flu NOS	11/06/2007	Transcribed By (CA IMMUNIZATION PROGRAM)	
(3)Flu injectable MDCK pfree	10/23/2016	SLO CO. PUBLIC HEALTH DEPT. - GROVER BEACH SITE	
(4)Flu quadrivalent injectable pfree	11/12/2018	Walmart Stores, Incs	
OTHER			

* Indicates Invalid Dose

DTP = diptheria, tetanus, pertussis (whooping cough) *difteria , tétanos , y tos ferina*
Hib Hib menengitis (Haemophilus Influenza B) *menengitis Hib*
PM 298 (7/98)
MMR = measles, mumps, rubella *paperas sarampión Rubéola*
HEPB = hepatitus B
VZV = varicella (chickenpox) *varicela*
() indicates a dose number in a series

Your country coordinator will tell you which additional vaccinations you will need for your destination country. **Make sure this scan is clear and the document is legible.**

Passport: Valid until at least **6 months** AFTER return

For the 2026/27 exchange year, passport must be valid until **AT LEAST February 2028.**

Host Family Referrals

2-3 Host Family Referrals for a student coming from another country needed per application.

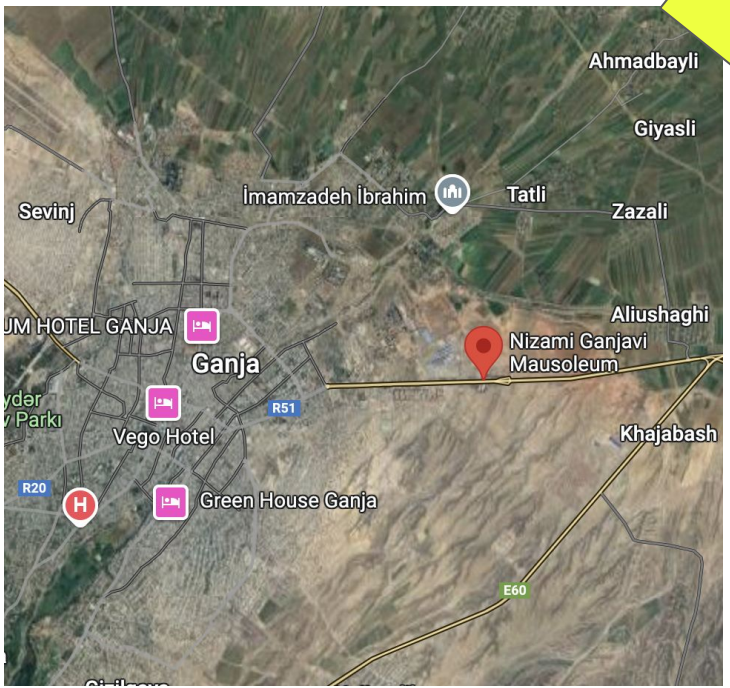
Reach out to parents of friends, coaches, teachers, members of your church/temple/mosque, members of your scouting troupe, parents' work colleagues.

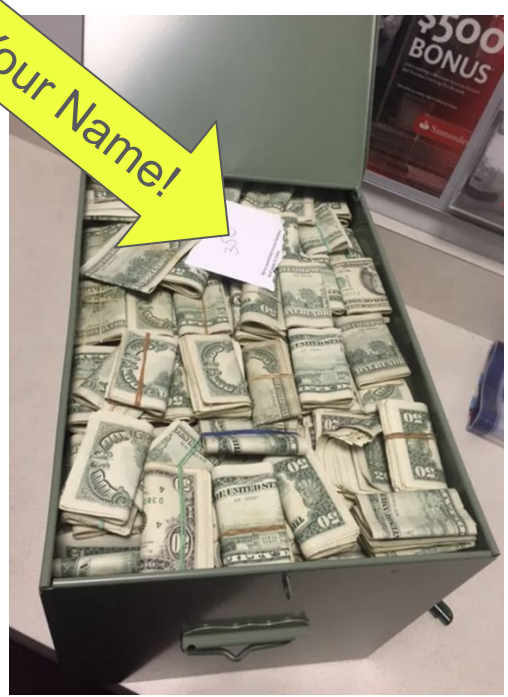
WHO can be a host family?

Rotary welcomes
***all** kinds of families.*

- Families with children at home
- Divorced parents with shared custody
- Single parents
- People without children
- LGBTQ+ families
- Retired people & “empty nesters”
- Families of any ethnic, cultural and/or religious background

Finding host families is simple. But not easy.



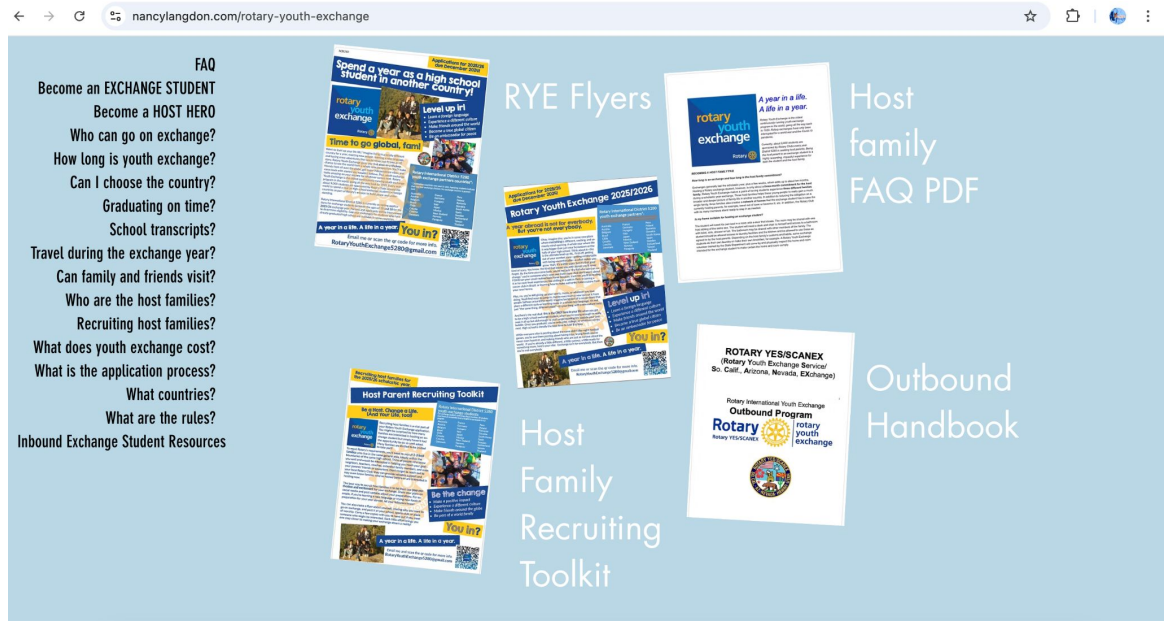


If you are motivated, you will find host family referrals. Imagine there is this box with five million dollars inside waiting just for you. It is only available for 24 hours and it is located here on this map. I'm sure you'd work hard to find a way to get that box of money.

2

Contact information for *at least* two host families within same school district (here in LA county/CA) due by December 31st.

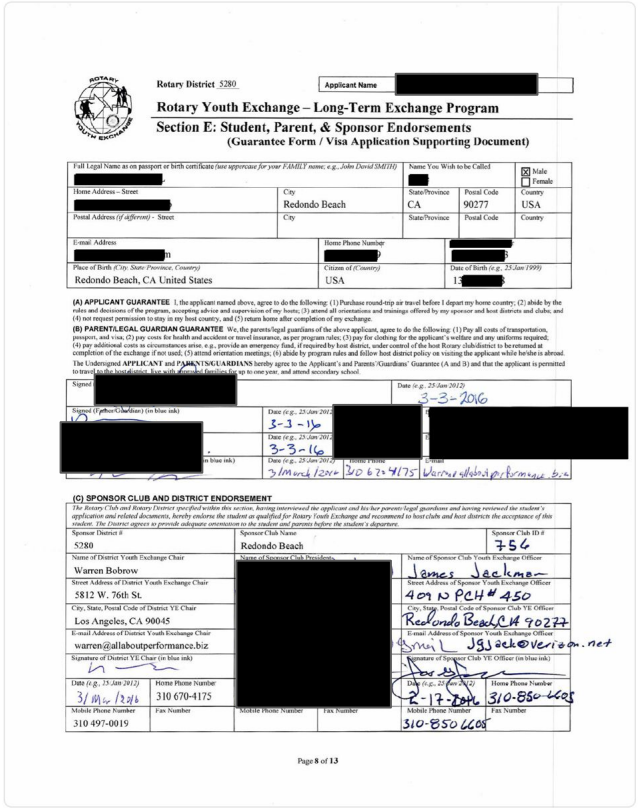
Recruiting resources for hosts on website:



https://www.nancylangdon.com/rotary-youth-exchange

🙋 Section E: Student, Parent and Sponsor Endorsements

- **Once we have ALL the other documents, I will work on this one.**
- Students sign and date.
- Parents sign and date.
- YEO signs and dates (that's me!)
- Your Rotary Club president and club counselor signs and dates.



Rotary District 5280 Applicant Name [redacted]

Rotary Youth Exchange – Long-Term Exchange Program

Section E: Student, Parent, & Sponsor Endorsements

(Guarantee Form / Visa Application Supporting Document)

Full Legal Name as on passport or birth certificate *(use uppercase for your FAMILY name; e.g., John David SMITH)* [redacted]		Name You Wish to be Called [redacted]	☒ Male ☐ Female
Home Address – Street [redacted]	City Redondo Beach	State/Province CA	Postal Code 90277	Country USA
Postal Address *(if different)* - Street	City	State/Province	Postal Code	Country
E-mail Address [redacted]	Home Phone Number [redacted]	[redacted]	
Place of Birth *(City, State/Province, Country)* Redondo Beach, CA United States	Citizen of *(Country)* USA	Date of Birth *(e.g., 25/Jan/1999)* 1[redacted]	

(A) APPLICANT GUARANTEE I, the applicant named above, agree to do the following: (1) Purchase round-trip air travel before I depart my home country; (2) abide by the rules and decisions of the program, accepting advice and supervision of my hosts; (3) attend all orientations and trainings offered by my sponsor and host districts and clubs; and (4) not request permission to stay in my host country, and (5) return home after completion of my exchange.

(B) PARENT/LEGAL GUARDIAN GUARANTEE We, the parents/legal guardians of the above applicant, agree to do the following: (1) Pay all costs of transportation, passport, and visa; (2) pay costs for health and accident or travel insurance, as per program rules; (3) pay for clothing for the applicant's welfare and any uniforms required; (4) pay additional costs in circumstances arise, e.g., provide an emergency fund, if required by host district, under control of the host Rotary club/district to be returned at completion of the exchange if not used; (5) attend orientation meetings; (6) abide by program rules and follow host district policy on visiting the applicant while he/she is abroad.

The Undersigned **APPLICANT** and **PARENTS/GUARDIANS** hereby agree to the Applicant's and Parents'/Guardians' Guarantee (A and B) and that the applicant is permitted to travel to the host district. Live with a number of families for up to one year, and attend secondary school.

Signed [redacted]		Date *(e.g., 25/Jan/2012)* 3-3-2016	
Signed (Father/Guardian) (in blue ink) [redacted]	Date *(e.g., 25/Jan/2012)* 3-3-16	[redacted]	
Signed (Mother/Guardian) (in blue ink) [redacted]	Date *(e.g., 25/Jan/2012)* 3-3-16	[redacted]	
Signed (Applicant) (in blue ink)	Date *(e.g., 25/Jan/2012)* 3/March/2016	Home Phone 310 670 4175	E-Mail Warren@allaboutperformance.biz

(C) SPONSOR CLUB AND DISTRICT ENDORSEMENT

The Rotary Club and Rotary District specified within this section, having interviewed the applicant and his/her parents/legal guardians and having reviewed the student's application and related documents, hereby endorse the student as qualified for Rotary Youth Exchange and recommend to host clubs and host districts the acceptance of this student. The District agrees to provide adequate orientation to the student and parents before the student's departure.

Sponsor District # 5280	Sponsor Club Name Redondo Beach		Sponsor Club ID # 756
Name of District Youth Exchange Chair Warren Bobrow	Name of Sponsor Club Presidents [redacted]	Name of Sponsor Club Youth Exchange Officer James Jackman	
Street Address of District Youth Exchange Chair 5812 W. 76th St.		Street Address of Sponsor Youth Exchange Officer 409 N PCH # 450	
City, State, Postal Code of District YE Chair Los Angeles, CA 90045		City, State, Postal Code of Sponsor Club YE Officer Redondo Beach CA 90277	
E-mail Address of District Youth Exchange Chair warren@allaboutperformance.biz		E-mail Address of Sponsor Youth Exchange Officer JGjack@verizon.net	
Signature of District YE Chair (in blue ink)		Signature of Sponsor Club YE Officer (in blue ink)	
Date *(e.g., 25/Jan/2012)* 3/March/2016	Home Phone Number 310 670-4175	Date *(e.g., 25/Jan/2012)* 2-17-2016	Home Phone Number 310-850-6605
Mobile Phone Number 310 497-0019	Fax Number	Mobile Phone Number	Fax Number	Mobile Phone Number 310-850-6605	Fax Number

Page 8 of 13

Outbound Orientation

Early April

Location TBD

- Mandatory.
- At least one parent/guardian must attend!
- Cost for the orientation included in your fees.
- Final payment due.
- 1-3 minute introduction in your **host language**!

Your country placement will be forfeited if your application is not complete.

6 “Be’s”

BE FIRST – a year of growth means jumping in with both feet. Be a person of action!! Make things happen. Just “DO IT!”

BE CURIOUS – Be a person who seeks to understand. Ask question. Explore. Take Risks… Eat insects!

BE ON PURPOSE – Be certain of your outcome and move steadily toward it. Set goals. Make plans. Remember WHY you wanted to be a foreign exchange student.

BE GRATEFUL – Be a positive thinker and focus on things you can be thankful for. Don’t compare yourself to other exchange students. You get what you get. Be appreciative of the unique opportunity you have been given. Always say Thank You.

BE OF SERVICE – Build bridges. Be generous and look for ways to do something meaningful. Offer help. Ask if you can help. Make just a small difference in the lives of those around you.

BE HERE NOW – Look for the here and NOW. Live in the moment and in your host family. Seize the Day!

Be First!

Be On Purpose!

Be Here Now!

Be Grateful!

Be Of Service!

Be Curious!