**Questions? Talk to Ciara …**

**email kildarestudentexchange@kildarecoco.ie or call 045 980660?**

**PLEASE CLEARLY FILL THIS FORM OUT:**

**IN BLOCK CAPITALS**

**OR**

**TYPE (BUT FORM MUST BE SIGNED BY HAND)**

**- PART A MUST BE COMPLETED BY THE STUDENT**

**- PART B MUST BE COMPLETED BY THE PARENT(S)/GUARDIAN(S)**

**Return applications...**

**by email to** **kildarestudentexchange@kildarecoco.ie**

**CLOSING DATE FOR APPLICATIONS: Friday 19th November 2021**

**PART A**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Age on 1st June 2022: \_\_\_\_\_\_\_\_\_\_\_**

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Eircode:\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_**

**Gender: Female ( ) Male ( ) Other ( )**

**Do you suffer from any medical conditions or allergies?**

**Yes ( ) No ( )**

**If yes please give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please submit a reference from your school Principal or your Transition Year Coordinator and one other. Two References attached? Yes ( )**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SCHOOL DETAILS:**

**School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Eircode:\_\_\_\_\_\_\_\_\_\_\_**

**What Year are you in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ABOUT YOU:**

**What are your favourite subjects in school?**

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**What are your interests outside of school?**

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**Briefly explain why you would like to participate in the Lexington – County Kildare Student Exchange Programme:**

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**What are your plans for hosting your student from Lexington?**

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**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**PART B**

Dear Parent(s)/Guardian(s),

The purpose of the Lexington-County Kildare Exchange Program is to provide a genuine cultural and family experience in another country for second level students from County Kildare and those from Lexington, Kentucky USA.

The County Kildare student’s parent(s) must be willing and able to receive a USA student in their home for approximately the same length of time as the Irish student is in America, but not simultaneously. The Irish and the American student should be together for both parts of the exchange. Students should exhibit maturity, flexibility, and an interest in Irish and American culture.

The exchange will be for ten days during the summer (Proposed dates - Irish Students travelling to US host families 01/07/’22 – 11/07/’22, US Students travelling to Kildare host families 15/07/’22 – 25/07/’22). The students will travel as a group with an adult chaperone. You should be prepared to incur an expense of approximately €600 - €700 in transportation costs (Additional costs above this are met by grant funding from Kildare County Council). The Host Family will provide room and board. Additional information will be given about your hosting of a student from Lexington at a later date.

If your child is selected for this programme, they must have a valid passport, which does not expire for at least 6 months after the date of return to Ireland. It will also be imperative that you check your health and accident insurance policies to ensure if your child is covered for travel to and from and during their stay in the USA, if not, you must secure such coverage.

Please sign and date this page to indicate your consent for your son or daughter to submit an application. A non-refundable deposit of €250 will be payable upon receipt of confirmation of success of application, you will be notified in advance of the date the balance will be due.

Successful applicants and their parent(s)/guardian(s) will be invited to orientation meetings to answer any questions you or your child may have about the programme and to enable the children to get to know one other.

Consent will be sought for photos submitted to Kildare County Council so that they may be used on its website, social media or otherwise in promoting the Twinning Exchange Programme. The necessary permissions will be obtained and retained by us in accordance with Data Protection legislation.

Please be aware that Kildare County Council and therefore Kildare Twinning is subject to Freedom of Information requests. Your and your child’s details will be dealt with in accordance with General Data Protection Regulations as outlined in our Privacy Statement.

**Parent(s)/Guardian(s) Name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone Number: \_\_\_\_\_\_\_\_\_**

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

**How many children reside in your home (excluding the child applying for the exchange)? \_\_\_\_\_\_\_\_\_\_**

**Do you have any pets? If yes please give details:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **IMPORTANT INFORMATION** |
| ***Your responsibilities are:*** |
| * to accept a student as a member of your family and include them in your family life and events * to provide a safe home environment, all meals and board * to ensure the student must comply with your family rules * to plan activities during the student’s visit and provide transportation * to be garda vetted and for any one over the age of 18 who resides in your home to be garda vetted also * to read and complete all documentation and forms as detailed below |
| ***Once your child is selected for the exchange programme you will receive the following documentation which must be read and completed as necessary:*** |
| * garda vetting for any one over the age of 18 who resides in your home * form requesting additional contact information * photo consent form * child safeguard statement * privacy statement   At this stage you will need to return a non-refundable deposit of €250 with this documentation, payable to Kildare County Council by EFT, cheque, draft or postal order. |

**BY SIGNING BELOW:**

**- I HEREBY GIVE PERMISSION FOR MY CHILD/CHILD IN MY CARE TO SUBMIT THIS APPLICATION.**

**- I CONFIRM I HAVE READ AND UNDERSTAND THIS APPLICATION AND MY RESPONSIBILITIES.**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child:\_\_\_\_\_\_\_\_\_\_\_**

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