STUDYSIX
CONNECTING CULTURES

ACADEMIC RECORD

Student's name: _____ Date of birth: _____

Current grade: ☐ 8th ☐ 9th ☐ 10th ☐ 11th ☐ 12th

Country: _____

Highest possible score: _____ Lowest possible score: _____

Failing score: _____

We require three years of translated transcripts; the original transcripts, and the translation below.

YEAR 1

Grade: _____ Start of school year: _____ (month/year) End of school year: _____ (month/year)

Name of subject	Half year	Year	Original grade	US grade (A,B,C,D,F)
	☐	☐		
	☐	☐		
	☐	☐		
	☐	☐		
	☐	☐		
	☐	☐		
	☐	☐		
	☐	☐		
	☐	☐		
	☐	☐		
	☐	☐		

YEAR 2

Grade: _____ Start of school year: _____ (month/year) End of school year: _____ (month/year)

Name of subject	Half year	Year	Original grade	US grade (A,B,C,D,F)
	☐	☐		
	☐	☐		
	☐	☐		
	☐	☐		
	☐	☐		
	☐	☐		
	☐	☐		
	☐	☐		
	☐	☐		
	☐	☐		
	☐	☐		

YEAR 3

Grade: _____ Start of school year: _____ (month/year) End of school year: _____ (month/year)

Name of subject	Half year	Year	Original grade	US grade (A,B,C,D,F)
	☐	☐		
	☐	☐		
	☐	☐		
	☐	☐		
	☐	☐		
	☐	☐		

	☐	☐		
	☐	☐		
	☐	☐		
	☐	☐		
	☐	☐		

Notes:

_____

_____

_____

Name of translator: _____

Signature: _____ Date: _____

Translator’s stamp:

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RECOMMENDATION LETTER

Student's name: _____

The student named above has applied to study at high school in the United States through international exchange program provider, Study Six. In order to ensure the student will be successful at the school to which they have applied, please complete the form as objectively as possible.

How long have you known the student? _____

	Excellent	Good	Average	Poor	Unknown
Academic ability	☐	☐	☐	☐	☐
Motivation	☐	☐	☐	☐	☐
Maturity	☐	☐	☐	☐	☐
Spoken English	☐	☐	☐	☐	☐
Respect for authority	☐	☐	☐	☐	☐
Relationships	☐	☐	☐	☐	☐
Sense of humor	☐	☐	☐	☐	☐
Ability to adapt	☐	☐	☐	☐	☐
Emotional stability	☐	☐	☐	☐	☐
Overall character	☐	☐	☐	☐	☐

Please describe your experiences with the student named above. Do you think the student would be a good candidate to study in the United States? Why or why not?

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Sign: _____ Date:_____

Name: _____ School: _____

Title: _____ Email: _____

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CERTIFICATE OF HEALTH

The certificate of health must be completed by a licensed physician, preferably the family's regular doctor. The doctor may not be a relative or family member of the student. All medical information should be disclosed on this certificate, regardless of its relevance to international exchange programs.

Student's name: _____

Date of birth (mm/dd/yyyy): _____

Height: _____ Weight: _____

Pulse rate: _____ Blood pressure: _____

Are pupillary and knee reflexes normal? _____

Does the student need eyeglasses or contact lenses?
_____

Does the student have any hearing difficulties? _____

Has the student ever suffered from any of the following (check if yes):

	Yes		Yes
Allergies		Epilepsy	
Appendicitis		German measles	
Asthma		Hepatitis	
Cancerous tumors		Hernia	
Compulsive disorders		Kidney disease	
Diabetes		Malaria	
Eating disorders		Pneumonia	
Poliomyelitis		Tuberculosis	

Rheumatic fever		Typhoid fever	
Scarlet fever		Thyroid disease	
Smallpox		Ulcer	

If yes to any of the above, please explain:

_____

_____

Is there any impairment or abnormality in any of the following (check if yes):

	Yes		Yes
Abdominal organs		Learning disorders	
Bones and joints		Lungs and respiratory system	
Brain and nervous system		Psychological and emotional	
Digestive system		Skin disorder	
Ears and hearing		Speech disorder	
Eyes and sight		Tonsils, nose and throat	
Eating disorders		Urinary system	
Heart and blood vessels		Vertigo	

If yes to any of the above, please explain:

_____

_____

Are there any illnesses, impairments or disorders that are not listed above in which the student suffers from?

_____

_____

	Yes	No
Has the student ever been hospitalized?		
Is the student currently taking any medication or injections?		
Will the student need to take any medications or injections while in the United States?		
Has the student ever consulted with a neurologist, psychologist or psychiatrist?		
Does the student suffer from (or have a history of) mental or emotional abnormality?		
Does the student suffer from any medical limitations that would prevent studying abroad?		
Does the student require ongoing orthodontic care?		

If yes to any of the above, please explain:

_____

_____

The student's general state of health is:

Excellent		Good		Fair		Poor	

General comments:

_____

_____

Name of physician: _____

Signature: _____ Date: _____

Physician's stamp:

CERTIFICATE OF IMMUNIZATION

Students may be exempt from immunization requirements for medical, religious or moral reasons. A signed explanation of the medical reason and period of time for which the exemption is in effect must be provided by a physician along with a signed notarized statement from the parent or guardian that the immunization is against his or her religious or moral beliefs.

Please fill in dates that immunizations were given.

1. DTaP - - DIPHTHERIA - TETANUS - PERTUSSIS

Dates (mm/dd/yyyy): _____ _____ _____ _____ _____

2. IPV - - POLIOS

Dates (mm/dd/yyyy): _____ _____ _____

3. MMR - - MUMPS, MEASLES (Rubeola), **RUBELLA** (German Measles)

Dates (mm/dd/yyyy): _____ _____

4. TdaP Booster - - TETANUS, DIPHTHERIA, AND PERTUSSIS (TDAP)

Dates (mm/dd/yyyy): _____

5. HEPATITIS B (HEPB)

Dates (mm/dd/yyyy): _____ _____ _____

6. VARICELLA

Dates (mm/dd/yyyy): _____ _____ OR Date of disease: _____

Name of physician: _____

Signature: _____ Date: _____

Physician's stamp: