

01 Program Application



Student Information

School type Private School *(Private School Students Must Pay Tuition)*

Program type J-1 Student F-1 Student USA Citizen

I am applying for the 10 Month High School Program (Academic Year)

Direct Placement Yes No *If Yes, Please Download & Complete Direct Placement Form at Tab 14.*

Completed High School Yes No

Student ID 158AIRW001JYF *(ICES office use only)*

A Photo 2"x2" (5cmx5cm)
200 DPI of Student with
Smiling Face to be Used on
Student's ICES Identification
(ID) Card.

Student Name Mabano *Last* Ariane *First* *Middle*

(As it Appears in Passport) Please do not use all Capitals Letters When Typing your Name.

Street Address

23 Itwali

City

Kigali

State/Province

Kigali

Home Telephone

0788308945

Postal Code

00000

Country

Rwanda

City of Birth

Kigali

Country of Birth

Rwanda

Student's Email

mabanoariane@yahoo.co.uk

Date of Birth *(Month/Day/Year) (Same date as on Passport)*

December / 22 / 1997

Skype ID (if Available)

john.africa8

Country of legal residence

Rwanda

Parent's Email

johnafrica@yahoo.co.uk

Age (upon arrival in the US)

17

Gender Male Female

Citizenship

Rwanda

Entry Month / Year: August / 2015

Nationality on passport

Rwanda

Family Information

Name	Relationship	Age	Occupation	Live with you?
<u>Joseph Mabano</u>	<u>Father</u>	<u>52</u>	<u>Civil Service</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<u>Jacqualine Mukabanano</u>	<u>Mother</u>	<u>45</u>	<u>House Wife</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<u>Yvette Mabano</u>	<u>Sister</u>	<u>19</u>	<u>Sister</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<u>Ivan Mabano</u>	<u>Brother</u>	<u>16</u>	<u>Brother</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<u>John Africa</u>	<u>Cousin</u>	<u>35</u>	<u>School Administrator</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Sports & Interests (Athletic Elegibility or Participation is not Guaranteed)

Sports (Active Participation)

Swimming

Hobbies/Collections/Interests

Reading Novels

Musical Instruments

Volleyball

Watching Documentaries

Personal Information

Height (in feet & inches)	Weight (in pounds)	Eye Color	Hair Color
5'8"	143	Black	Black

Religion Christian

How often do you attend services? Weekly Monthly Holidays Never

Will you adjust to a home with a different religion? Yes No

Will you attend services weekly with your host family as a cultural experience? Yes No

Do you ever smoke? Yes No

Can you adjust to a home where others smoke? Yes No

Smoking under the age of 18 is prohibited in the U.S. If you currently smoke, are you willing to stop smoking while in the U.S.? (Answer only if you smoke) Yes No

Have you ever been seen by a psychiatrist, psychologist, or therapist? Yes No

If you answered yes to the question above, please provide a letter from your psychiatrist, psychologist, or therapist explaining the issues being treated, the dates and reasons for your treatment, and that you are in good mental health and have been released from further treatment.

Do you follow a special diet (vegetarian, vegan, gluten-free, diabetic, etc...)? Yes No

If yes, please describe your diet

Do you have medical allergies - indoor cats or dogs as documented by your physician? Yes No

English Proficiency Test Type (ELTIS, SLEP, etc.) Eltis Total Score 223

(Copy of Test Results Must be Uploaded on Page 12 of this Application)

I have studied English for 12 years, and my proficiency level is Advanced Intermediate Poor

Note: Most American families attend church regularly. You are expected to attend church with your host family as part of your cultural exchange experience.

02 Additional Personal Data



Student Name Mabano Ariane Middle

Last

First

Middle

(As it Appears in Passport)

PETS

Do you have pets? Yes No

If yes, what kind of pets?

LIFE/WORK EXPERIENCES

Describe any part-time jobs or work experience you may have had:

I worked in a clothing store and really enjoyed it.

LANGUAGES

Please indicate languages you speak and/or have studied and explain your proficiency in terms of speaking the language and comprehending the language as Advanced, Intermediate or Poor:

Language	Years Studied	Speaking Level	Comprehension Level
English	1 2	Advanced	Advanced
Kiyarandan	1 0	Advanced	Advanced
French	3	Poor	Intermediate

Native Language is: Kiyarandan

HIGH SCHOOL COURSES

ICES students are required to enroll in a high school English course and U.S. History, Civics or Social Studies course, in addition to any Courses required by the U.S. high school, while studying in the United States. List other courses that you might be interested in taking while in the United States. Please note that all courses are not available in every high school and there is no guarantee that you will be able to obtain the courses that you list including Drivers Education.

I am interested in all courses, which may be available.

Student Name Mabano Ariane
Last *First* *Middle*
(As it Appears in Passport)

Please use the space below to type a letter of at least 300 words that will introduce you to your host family. Your host family is interested in knowing as much as possible about you. Your letter should be detailed reflecting your family life, school activities and personal interests and hobbies.

My name is MABANO Ariane I am 17 years old and have just completed my grade 10. By faith I am Christian and a second born in a family of three. My father is a soldier who was forced by the backward politics to join the army to liberate his country.

My parents met after the 1994 Genocide and got married in 1995. Their first child came in 1996 and I followed in 1997 and third in 1999. My father is still serving in the army and my mother runs a small business of weaving at home.

My dad works a long way from home and we barely get to see him and only see him twice in a month something we have tried to get used to. My siblings and I do attend school, my big sister is in grade 12 and my little brother is in grade 8. Though it has not been easy to be able to attend better schools due to economic hardships our family went through and the country as a whole, however after all these we have managed to obtain good education,

When in school, I participate in many activities. I am a member of the debating club and the African leadership Club which trains its members to acquire leadership skills aimed at preparing us for future leadership roles.

I am also an academic perfect at my school and also like helping my fellow students on improving their grades in class by organizing class discussions. I have also managed to maintain good performance in school.

My hobbies include reading novels, watching movies, making new friends, watching documentaries, listening to gospel music and reading the Bible. What I like most is exploring new places because I get to know and understand different things which are really nice and educational on my side. Am also interested in sports and games such as playing volleyball and swimming as my best sports activities. That's all about my life.

Thank you

Student Name Mabano Ariane
 Last First Middle
 (As it Appears in Passport)

In the space below, please type a letter in English to the host parents who will share their home with your son or daughter. Describe your child's personality and interests, expectations and relationships. We ask that you be very frank and honest in your letter. This will be very helpful to us in finding the best host family for your child. Please limit your letter to this page.

Intwari village

Bibare cell -Kimironko sector

Gasabo district Kigali -RWANDA.

2nd May 2015.

+250 788845687

+250788306938

Dear host parents,

We are extremely pleased to write to you, thanking you for accepting to host our daughter Ariane Mabano. We know how heavy this responsibility is, we want to therefore appreciate your love and kindness for which we as her biological parents cannot find enough words to sum up our heartfelt gratitude more especially as parents who are aware of the serious challenge that goes with parenting.

Ariane is a 17 year old girl, who naturally is reserved and does not talk a lot but generally free with all people and close to those who show her love and understanding. She is a kind of a person who will quickly say sorry whenever she is in the wrong. She always strives to do good things and as parents, we can proudly say that she is a good child any parent can be proud of.

We as Christian parents, we have tried to nurture and bring her up in a Christian environment like all our other two children, her elder sister Yvette and their young brother Ivan, always encouraging them to uphold Christian values and morals in their day today lives and teaching them to live harmoniously with everyone.

Once again, we want to thank you so much for all your kindness and love. May the good Lord bless you so much and make Ariane a great blessing to your family.

Be blessed

Best regards

Mr. & Mrs. Mabano

Ariane's parents

NEW LIFE CHRISTIAN HIGH SCHOOL-KAYONZA



P.O.BOX 3351, Kigali Rwanda

TEL: +250 788845687

E-MAIL: newlifechristianhighschool@gmail.com

ACADEMIC TRANSCRIPT

Name: MABANO ARIANE Sex: FEMALE

Section: ARTS. Year of Admission: 2014

Subject Combination: HISTORY, ECONOMICS, GEOGRAPHY, Entrepreneurship/Gen. Paper (HEG)

CLASS: SENIOR 4. YEAR OF STUDY: 2014

TERM I			TERM II			TERM III		
Subject	MRKS (%)	Grd	Subject	MRKS (%)	Grd	Subject	MRKS (%)M	Grd.
HISTORY	95	A	HISTORY	90	A	HISTORY	94	A
ECONOMICS	91	A	ECONOMICS	87	A	ECONOMICS	90	A
GEOGRAPHY	86	A	GEOGRAPHY	89	A	GEOGRAPHY	90	A
ENTREPRENEURSHIP	89	A	ENTREPRENEURSHIP	84	B	ENTREPRENEURSHIP	86	A
GENERAL PAPER	75	S	GENERAL PAPER	85	S	GENERAL PAPER	86	S
TOTAL POINTS	25/25		TOTAL POINTS	24/25		TOTAL POINTS		25/25

CLASS: SENIOR 5. YEAR OF STUDY: 2015

TERM I			TERM II			TERM III		
Subject	MRKS (%)	Grd	Subject	MRKS (%)	Grd	Subject	MRKS (%)M	Grd.
HISTORY	94	A	HISTORY			HISTORY		
ECONOMICS	89	A	ECONOMICS			ECONOMICS		
GEOGRAPHY	86	A	GEOGRAPHY			GEOGRAPHY		
ENTREPRENEURSHIP	90	A	ENTREPRENEURSHIP			ENTREPRENEURSHIP		
GENERAL PAPER	87	S	GENERAL PAPER			GENERAL PAPER		
TOTAL POINTS	25/25		TOTAL POINTS			TOTAL POINTS		

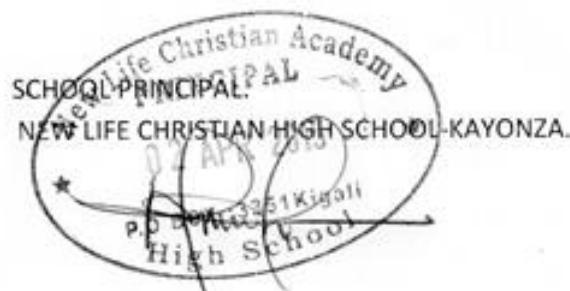
CLASS: SENIOR 6. YEAR OF STUDY: 2016

TERM I			TERM II			TERM III		
Subject	MRKS (%)	Grd	Subject	MRKS (%)	Grd	Subject	MRKS (%)M	Grd.
HISTORY			HISTORY			HISTORY		
ECONOMICS			ECONOMICS			ECONOMICS		
GEOGRAPHY			GEOGRAPHY			GEOGRAPHY		
ENTREPRENEURSHIP			ENTREPRENEURSHIP			ENTREPRENEURSHIP		
GENERAL PAPER			GENERAL PAPER			GENERAL PAPER		
TOTAL POINTS			TOTAL POINTS			TOTAL POINTS		

Note: The marks graded are a product of an average of all the marks scored during the term as detailed on the pupils progress reports that are issued per end of academic term. These results exclude national examination council results.

Approved and certified by:

Official stamp.





NEW LIFE CHRISTIAN ACADEMY/HIGH SCHOOL
P.O.BOX:3351
KIGALI-RWANDA
TEL:+250788845687
E-mail: newlifechristianhighschool@gmail.com / newlifechristianacademy@yahoo.com

To whom it may concern,

It's with great pleasure that I write this recommendation letter for Ariane Mabano. I have had the honor of working and getting to know her over the last years as her counselor and teacher as a member of the boarding school community. I have had the pleasure of teaching and learning from her, in debates she has organized and participated in, in which I have witnessed a compassionate talented self driven leader, Ariane is.

She is endowed with all-including personality and great communication skills, which she has used to build relationships on campus cutting across all ages and backgrounds. Two years at New Life Christian High School, she has used her ability and skills to communicate in English, French, and Kinyarwanda fluently to relate to any student or staff member, for which people have easily approached her in her leadership or friend roles.

She has academic strengths that have benefited her in his classes, but have also furthered the culture of student-centered learning. As a strong History and geography student, she has always taken the initiative to explain complicated concepts to her classmates in a creative humorous manner and also organized discussion groups which she has been able to facilitate as well. A spirit I cherish as a teacher.

Ariane has also demonstrated her creativity through her role as a onetime class monitor and later a health prefect, where she has come to the office and staff room with ideas that she believes to be easy to implement and impact the community positively. Along with her colleagues, she has established a debate and English speaking culture on the campus that the students are getting more and more involved in.

With all the debates and internal and external discussions and seminars that she has organized, have directly benefited this school and other sister institutions of learning around by far.

Ariane, also has a strong passion for writing and with some few of her friends, she has tried to start the first ever school newspaper, though they have not been able to reach the goal of publishing their first volume, which doubtlessly they will very soon. But more importantly, Ariane has maintained a cheerful and positive attitude during this challenge. I will never forget how she kept making jokes and teasing her colleagues to lighten the mood after what had been a relentless week of trying to pull together a volume, turned out to be a failure. Her positive attitude kept the teams' spirit up not giving in to despair.

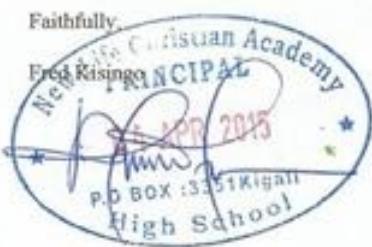
Ariane is the kind of person you would love to have as a student in your school. I want to assure you that she is just an amazing child. She is open-minded, and seeks to learn from people of all walks of life. Those below and above her. She is an intent listener, full of respect for other people's views and opinions.

Ariane is a promising young African leader, in any field of life, whether in the life of social sciences as a human scientist or a politician, for which I believe this school is opportunity.

I have been impressed by how much she has grown in the last years, and would love to see how much more she would learn and grow in your school, Damascus' Christian High School.

I strongly recommend her to your school.

Faithfully,



07 Statement of Applicant's Health



07 Statement of Applicant's Health



To be Completed in Black Ink, Signed, Dated, and Stamped by Attending Physician

Student Name: Mabano Ariane
(As it Appears in Passport) Last First Middle

Has the applicant ever had any of the following:

Yes	No	Yes	No	Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/> Allergies to drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/> Allergies to food	<input type="checkbox"/>	<input checked="" type="checkbox"/> Cancer
<input type="checkbox"/>	<input checked="" type="checkbox"/> Allergies to pets	<input type="checkbox"/>	<input checked="" type="checkbox"/> Asthma	<input type="checkbox"/>	<input checked="" type="checkbox"/> Parasites
<input type="checkbox"/>	<input checked="" type="checkbox"/> Diabetes Mellitus	<input type="checkbox"/>	<input checked="" type="checkbox"/> Enuresis	<input type="checkbox"/>	<input checked="" type="checkbox"/> Scarlet Fever
<input type="checkbox"/>	<input checked="" type="checkbox"/> Headache (persistent)	<input type="checkbox"/>	<input checked="" type="checkbox"/> Rheumatic Fever	<input type="checkbox"/>	<input checked="" type="checkbox"/> Hepatitis A/B
<input type="checkbox"/>	<input checked="" type="checkbox"/> Eating Disorders	<input type="checkbox"/>	<input checked="" type="checkbox"/> Malaria	<input type="checkbox"/>	<input checked="" type="checkbox"/> Seizure Disorder
<input type="checkbox"/>	<input checked="" type="checkbox"/> Hernia	<input type="checkbox"/>	<input checked="" type="checkbox"/> Poliomyelitis	<input type="checkbox"/>	<input checked="" type="checkbox"/> Learning/speech Disorder
<input type="checkbox"/>	<input checked="" type="checkbox"/> Sleepwalking	<input type="checkbox"/>	<input checked="" type="checkbox"/> Cough (persistent)	<input type="checkbox"/>	<input checked="" type="checkbox"/> ADHD (Attention-deficit Hyper Activity)

If "Yes" was checked for any of the above, physician must provide full details:

Any disease, impairment or abnormality of the following organs or systems:

Yes	No	Yes	No	Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/> Abdominal Organs	<input type="checkbox"/>	<input checked="" type="checkbox"/> Digestive System	<input type="checkbox"/>	<input checked="" type="checkbox"/> Bones, Joints, Skeletal System
<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood, Endocrine System	<input type="checkbox"/>	<input checked="" type="checkbox"/> Tonsils, Nose or Throat	<input type="checkbox"/>	<input checked="" type="checkbox"/> Varicose Veins
<input type="checkbox"/>	<input checked="" type="checkbox"/> Brain, Nervous System	<input type="checkbox"/>	<input checked="" type="checkbox"/> Ears or Hearing	<input type="checkbox"/>	<input checked="" type="checkbox"/> Eyes or Vision
<input type="checkbox"/>	<input checked="" type="checkbox"/> Genital-Urinary System	<input type="checkbox"/>	<input checked="" type="checkbox"/> Heart or Blood Vessels	<input type="checkbox"/>	<input checked="" type="checkbox"/> Lungs, Respiratory System
<input type="checkbox"/>	<input checked="" type="checkbox"/> Skin (Acne, etc.)	<input type="checkbox"/>	<input checked="" type="checkbox"/> Vertigo, Dizziness		

If "Yes" was checked for any of the above, physician must provide full details:

Has applicant ever been hospitalized? If yes, please explain:

Yes No

Has applicant ever been advised to have surgery that has not been done? If yes, please explain: Yes No

Is applicant presently taking any medication or injections? If yes, please explain: Yes No

Will the applicant bring any regularly used prescription drugs to the Untied States? Yes No

If yes, what are the names, purposes and frequency of use of these drugs?

Has the applicant ever consulted with or been treated by a specialist for any of the following?

Yes	No	Yes	No	Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Alcoholism		Anorexia Nervosa		Bulimia	
<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>	
Substance Abuse		Attempted Suicide			

If yes, to any of the above please explain:

I certify the correctness of the above information:

Physician's Signature

15/5/03
Date (Month/Day/Year)



7.1 Statement of Applicant's Health Page 2



To be Completed in Black Ink, Signed, Dated, and Stamped by Attending Physician

Student Name: Molband Ariane Middle
(As it Appears in Passport) Last First

Please Provide Figures for the Following:

Height: 1m 70 inches Weight: 65kg

Blood Type: B+ Blood Pressure: Normal

Vision without glasses: (Right Eye) OD Normal (Left Eye) OS Normal

Vision with glasses: OD OS

Are pupillary and knee reflexes normal? Yes No If no, please explain.

Does student have any scars or identifying marks? Yes No If yes, please describe.

Are there any restrictions on the student's participation in physical education and/or sports activities?

Yes No If yes, please describe.

Detail any disease, impairment or abnormality not fully explained on either page of this form.

None

ASTHMA IF THE STUDENT USES AN INHALER FOR ASTHMA OR ALLERGIES PLEASE SUBMIT A SIGNED LETTER FROM THE PHYSICIAN AUTHORIZING THE USE OF THE INHALER ON SCHOOL PROPERTY.

Does the student have Asthma? Yes No

If yes, please list what medications for asthma the student take if any?

ALLERGIES THIS APPLICATION WILL BE RETURNED AS INCOMPLETE IF PHYSICIAN DOES NOT FULLY COMPLETE THIS PAGE AND PAGE 7 PROPERLY

Does the student have any allergic reactions to the following? Cats Dogs Horses Rabbits Birds Others

What breeds of dogs/cats or other animals is the student allergic to? None

Can the student live in a home with a dog that lives indoors? Yes No

Can the student live in a home with a cat that lives indoors? Yes No

LIVING CONDITIONS (Please check/mark the appropriate boxes)

Any allergic reactions to the following? Dust Pollen Grass Mold Medications Food Smoke

FOOD & OTHER ALLERGIES (Please List): None

Please describe the student's symptoms:

Can any of the above allergic reactions be life threatening? Yes No (Please explain) _____

Can the symptoms be controlled with medication? Yes No (Please explain) _____

Note: If a student cannot live with indoor cats and dogs or has a life-threatening allergy, the student will be conditionally accepted into the program due to this medical condition and an additional fee will be charged as described in the ICES contract with Sending Organizations.

I certify the correctness of the above information:


Physician's Signature

15/15/15
Date (Month/Day/Year)







08 Vaccination & Medical Record

To be Completed in Black Ink, Signed, Dated, and Stamped by Attending Physician
Each Addition or Change to this Form Must Also be Signed by Attending Physician

Student Name: MABANO
(As it Appears in Passport) Last

ARIANE
First

Middle

Birth Date
Circle Month:
Jan Feb Mar Apr May Jun
Jul Aug Sep Oct Nov Dec
Day: <u>22</u> nd Year: <u>1997</u>

If the student has had any of the diseases listed on the Immunization Record, please indicate the disease name and dates of illness:

Students enrolled in kindergarten through grade 12 in the United States are required to have written proof on file at their public or private school showing that they have been immunized against poliomyelitis, diphtheria-tetanus- pertussis, hepatitis A and B, measles, mumps, rubella, varicella (chicken pox), and meningococcal disease. **Failure to provide this documentation is a cause for exclusion from school.**

DATE EACH GIVEN DOSE (MONTH/DAY/YEAR). PLEASE DO NOT USE BRACKETS OR "PLANNED" DATES ONLY ACTUAL DATES						
VACCINE	1 st Month/Day/Year	2 nd Month/Day/Year	3 rd Month/Day/Year	4 th Month/Day/Year	5 th Month/Day/Year	6 th Month/Day/Year
Polio	<u>12/22/1997</u>	<u>2/21/1998</u>	<u>3/21/1998</u>	<u>3/26/1998</u>	<u>3/30/1998</u>	<u>4/25/2001</u>
4 doses of Polio vaccine are required in U.S. One dose must be received after 4 years of age.						
Diphtheria	<u>2/21/1998</u>	<u>3/21/1998</u>	<u>3/30/1998</u>	—	—	—
5 doses of Diphtheria vaccine are required in U.S. One dose must be received after 4 years of age. Allow at least 4 weeks between doses of vaccine.						
Pertussis	<u>2/21/1998</u>	<u>3/21/1998</u>	<u>3/30/1998</u>	—	—	—
5 doses of Pertussis vaccine are required in U.S. One dose must be received after 4 years of age. Allow at least 4 weeks between doses of vaccine.						
Tetanus	<u>2/21/1998</u>	<u>3/21/1998</u>	<u>3/30/1998</u>	—	—	—
5 doses of Tetanus vaccine are required in U.S. One dose must be received after 4 years of age. Allow at least 4 weeks between doses of vaccine.						
Measles	<u>8/26/1998</u>	<u>9/26/1998</u>	<u>11/26/1998</u>	—	—	—
Mumps	<u>8/26/1998</u>	<u>9/26/1998</u>	—	—	—	—
Rubella	<u>8/26/1998</u>	<u>9/26/1998</u>	—	—	—	—
2 doses of Measles, Mumps, and Rubella vaccine are required in U.S. with 1 st dose after 1 year of age and 2 nd dose 28 or more days later or physician verification of disease on Page 8.1.						
Hepatitis A	<u>12/22/1997</u>	<u>1/26/1998</u>	<u>2/26/1998</u>	—	—	—
2 doses of Hepatitis A vaccine are required in U.S. after 2 years of age and the 2 doses must be given at least 6 months apart.						
Hepatitis B	<u>4/29/2001</u>	<u>5/29/2001</u>	—	—	—	—
3 doses of Hepatitis B vaccine are required in U.S. with 2 nd dose given 1 to 2 months after the 1 st dose and the 3 rd dose given 4 to 6 months after the 1 st dose. No exceptions based on practices in other countries.						
Ambirix/Twinrix (Combination Hep A and Hep B Vaccine)						
Note: Both Ambirix and Twinrix protect against Hepatitis A and B and contain identical ingredients and both are produced by GlaxoSmithKline. However, Ambirix is a two-dose regimen and Twinrix is a three-dose regimen. Ambirix is used in most of Europe while Twinrix is used in the U.S.						



8.1 Vaccination & Medical Record

To be Completed in Black Ink, Signed, Dated, and Stamped by Attending Physician
Each Addition or Change to this Form Must Also be Signed by Attending Physician

Student Name: MABAND
(As it Appears in Passport) Last

ARCANE
First

Middle

PLEASE DO NOT USE BRACKETS OR "PLANNED" DATES ONLY ACTUAL DATES	Month/Day/Year	Month/Day/Year	Month/Day/Year
(Tdap) Tetanus, Diphtheria and Pertussis Booster	<u>3/8/1999</u>	<u>5/20/2014</u>	
A Tdap booster vaccine is required in the U.S. and must have been received <u>within the past 5 years</u> .			

PLEASE DO NOT USE BRACKETS AND "PLANNED" DATES ONLY ACTUAL DATES	Month/Day/Year	Month/Day/Year	Month/Day/Year
Varicella Vaccine (Chicken Pox):	<u>1/19/1999</u>	—	—
Verification of Chicken Pox Disease (Please Provide the date of Disease): 2 doses of Varicella vaccine are required in U.S. with <u>1st dose after 1st birthday</u> and 2nd dose 28 or more days later or physician verification of disease above with month, day, year noted.			

Meningococcal Vaccine (Please specify vaccine type below)	Month/Day/Year	Month/Day/Year	Month/Day/Year
<input checked="" type="checkbox"/> MCV4/Menveo <input type="checkbox"/> Other Specify: <u>6/5/2015</u>			
1 dose of Meningococcal MCV4 vaccine is required in the U.S. for adolescents after age 13 and should protect against the A, C, Y, and W-135 strains.			

TB Test/Chest X-Ray (Please Complete Page 8.2)	Month/Day/Year	Result
Tuberculosis Test: <input checked="" type="checkbox"/> TST <input type="checkbox"/> IGRA	<u>4/30/2015</u>	<input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive
Chest X-Ray:		<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
TB Test Must Be Given 12-months in Past/ Chest X-Ray Required Only If Tuberculosis Test is Positive		

Does applicant have any health-related dietary requirements or restrictions? Yes No

If yes, please list _____

Has the student received or is this student currently receiving treatment from a psychiatrist, psychologist or other therapist for any emotional or psychological issue? Yes No

NOTE: This vaccine list is NOT all-inclusive. The vaccines listed above are the most commonly requested vaccines but variances between states and schools may apply. All students must comply with the vaccine requirements of their assigned school in the U.S. and natural parents are responsible for covering the costs of these vaccines.

Physician opinion of the state of the candidate's health: Excellent Good Fair Poor

Physician's name: BIMENYIMANA
Last

EMMANUEL
First

I, the undersigned, have reviewed the medical history of the applicant and given a thorough physical examination and certify that all important medical information has been noted on this form and that nothing relevant has been omitted.

Emmanuel

Physician's Signature

6/18/2015

Date (Month/Day/Year)

Dr BIMENYIMANA EMMANUEL
Medecin generaliste
078323601
Physician's Stamp



8.2 Tuberculosis Test/X-Ray Results Form

To be Completed in Black Ink, Signed, Dated, and Stamped by Attending Physician

Student Name: MABAND Last ARIANE First Middle
(As it Appears in Passport)

Tuberculosis Test (TST) or TB Blood Test (IGRA)

The student must be tested for tuberculosis with either a skin test (TST) or an Interferon Gamma Release Assay blood test (IGRA) within 12 months prior to their arrival in the U.S. and a dated copy of the test results must be provided to ICES.

If the TST (Mantoux) reveals an abnormal result of 10 mm or larger or if the IGRA blood test (QuantiFERON or T-Spot) shows a positive result, the student must have a chest X-ray to prove that he/she does not have an active TB infection. The student must obtain a signed report in English from their physician explaining the results of the chest X-ray. This report, but not the X-ray, must be sent to ICES and the student must bring a copy of the report with them to the U.S. with all vaccination records.

An IGRA may be preferable to a TST for students who have had a BCG vaccine since there is minimal chance for a false positive from an IGRA. Because the BCG vaccine has been found to only be effective in 50% of recipients it is not a substitute for a TB test.

Testing Location (Laboratory/Facility): KAYONZA - EASTER PROVINCE

Test Date: 4/30/2015

Body Site of Test: Right Arm Left Arm

Signature (administered by): Dr BIMENYIMANA Emmanuel

Medical Doctor Registered Nurse Other: _____

Date Read (within 48-72 hours from test date): 5/2nd/2015

Induration (please note in mm): 4 mm

TST or IGRA Test Results: Negative Positive

Chest X-Ray Result: Normal Abnormal

Signature (results read/reported by): Dr BIMENYIMANA Emmanuel

Medical Doctor Registered Nurse Other: _____

In order for this document to be valid/acceptable, all sections of this form must be fully completed by physician .

Physician's name: BIMENYIMANA Last

EMMANUEL First

Emmanuel
Physician's Signature

6/8/2015
Date (Month/Day/Year)

Dr BIMENYIMANA Emmanuel
Médecin généraliste
El 0783742691
Gahini
Physician's Stamp

09 ICES Rules



To be Completed, Signed, and Dated by Student and the Parents.
Applications Cannot be Accepted Without Pages 9 and 10 Signed and Dated.

Student Name: Mabono Ariane
(As it Appears in Passport) Last First Middle

1. A student must follow all rules of the household where he/she is living during his/her stay in the United States. All activities of the student must be approved by the host family in advance -- students must let their host family know where they are, whom they are with, and when they will return. Natural parents, relatives, and friends who plan to visit the student should not schedule a visit until after May 15, and only after discussing the visit with the student's host parents for their approval.
2. The use of drugs for non-medical reasons by ICES students is strictly forbidden under any circumstances. ICES students may not buy, sell, or possess any controlled and/or illegal drugs, including marijuana. If sufficient evidence is brought to the attention of ICES that you are suspected of using illegal drugs, you may be required to submit to a drug test.
3. It is against U.S. law for persons under the age of 21 to buy or use alcohol. This law applies to all ICES students as well.
4. The purchase and use of tobacco products in the U.S. is prohibited for persons under the age of 18. If you are 18, smoking in the host family's home is allowed only with the permission of the host parents. Smoking at school is not permitted.
5. Students on the ICES Program are not permitted to hitchhike under any circumstances.
6. Students may not make any life-changing decisions while on the program. This includes marriage, changing religion, body piercing or tattoos.
7. Students are allowed to travel within the U.S. with the host family, the ICES local coordinator, and on school sponsored trips. Students must submit a Travel Release Form to ICES three weeks in advance for consideration of approval for all other travel. Students are not allowed to travel while on probation.
8. Students may not return to their home country at any time during the exchange program. The only exception to this rule is for a death or imminent death in the immediate family. ICES students must return to their home countries within 2 weeks after the completion of school on a date agreed to by the host family. Students should not plan extensive travel after the completion of school. The only exception to this is for travel WITH natural parents, and only after they have signed the appropriate liability release forms. Visits from natural parents are ONLY allowed at the end of the student's program.
9. Students must obey the rules and regulations of the high school, which they attend. Attendance at school is mandatory, unless a student is ill and under a doctor's care. ICES students are required to enroll in a full-course load (which includes an English and U.S. History class) and to maintain a minimum of a "C" average in each class. Failure to do so, and/or repeated complaints from the school regarding poor attitude or poor behavior from the student is grounds for dismissal from the program.
10. ICES students cannot take regular full-time jobs during their Academic Year Abroad, but may accept non-competitive forms of employment such as baby-sitting, lawn mowing, etc., not to exceed 10 hours per week. ICES students are not permitted to obtain work permits.
11. ICES students are not permitted to drive any motorized vehicle (including but not limited to automobiles, trucks, tractors, motorcycles, motor scooters, snowmobiles, boats, jet skis, and all-terrain vehicles) except during the course of an accredited driver education class. Students may enroll in a school-sponsored or private licensed driver education class if the class is available, and only when the natural parents have signed the permission form.
12. Students are not permitted to possess or use firearms of any type while in the U.S. on the exchange program. This includes hunting and target shooting.
13. During the Academic Year, ICES students are under the jurisdiction of all local and national laws. In addition, ICES students must obey the decisions of the ICES Area Representative and staff members at all times. The rules and regulations of ICES and its decisions with regard to students are made with the health, well-being, and safety of the student in mind.
14. Students must be currently attending high school and must remain in school in their home country (except for breaks between semesters) until student travels to the United States for the exchange program while maintaining a "C" average and good standing.
15. **We affirm that all information provided in and with this application is truthful and accurate to the best of our knowledge. We understand that any false information provided by us in this application is grounds for dismissal from the program.**

TERMINATION FROM THE ACADEMIC YEAR PROGRAM

Any student who fails to comply with ICES rules, host family rules, or local/national laws, may be terminated from the Academic Year Program and sent home at his/her expense. **If there is a change in medical status from the time the student applied to the program in their home country until the time they depart for the U.S., the sponsoring agency in your home country must be notified immediately. I understand the above rules and agree to live by these rules during my Academic Year.**

Student's Signature

Ariane

Signature/s of Parents or Guardian

John Mabono

Signature/s of Parents or Guardian

15/05/2015
Date (Month/Day/Year)

15/05/2015
Date (Month/Day/Year)

15/05/2015
Date (Month/Day/Year)

9.1 ICES Social Media Rules



To be Completed, Signed, and Dated by Student and the Parents.
Applications Cannot be Accepted Without Pages 9 and 10 Signed and Dated.

Student Name: Mabano
(As it Appears in Passport) Last

Aribine
First

Middle

SOCIAL MEDIA RULES & AGREEMENT

What you post on social media says a great deal about who you are as a person. Sending the wrong message to your host family, your host high school teachers or your host community will negatively impact your exchange experience. In fact, students have been cancelled even before they arrive in the U.S. because they have posted something on social media that caused their selected host family to no longer be comfortable hosting the exchange student.

In an effort to make your exchange experience as positive as possible, we ask you to agree, with your parent's acknowledgement, to the following with regard to Facebook, Google Plus+, Instagram, My Space, Orkut, Pinterest, Twitter, YouTube or other social media/social network sites:

I will not post sexually-explicit or inappropriate photos or videos;

I will not post comments or photos about drinking alcohol or using drugs;

I will not post negative comments about my natural family, my host family, my friends, or my teachers;

I will not post negative comments about my Local Coordinator, ICES or my home country agency.

I will not post negative comments about my school, my host community, or the United States;

I will not post any racist, sexist, sexually suggestive, or anti-religious comments;

I will not post any video or comments that are "bullying" toward another person;

I will not post any untruth about another person; and

I will remove anything I have previously posted that would violate the agreements stated above.

I understand that violation of this Agreements may result in my dismissal from the program.

Anone

Student's Signature

Signature/s of Parents or Guardian

Signature/s of Parents or Guardian

15 / 05 / 2015

Date (Month/Day/Year)

15 / 05 / 2015

Date (Month/Day/Year)

15 / 05 / 2015

Date (Month/Day/Year)

10 ICES Agreement & Authorization



Student Name: Mabano
(As It Appears In Passport) Last

Ariane
First

Middle

AGREEMENT AND RELEASE

We the undersigned, do waive and release all claims against International Cultural Exchange Services and its agents for any injury, loss, damage, accident, delay or expense resulting from the applicant's participation in the program. We also release International Cultural Exchange Services and its agents and agree to indemnify them with regard to any financial obligations or damage or injury to the person or property of others that the applicant may cause while participating in this International Cultural Exchange Services program.

We understand and agree that the applicant's image and voice may be used for promotional purposes subject to any limitations imposed by U.S. Department of State regulations. All information submitted becomes the property of ICES and may be used in online or print materials or in other forms of publicity in effort to promote the program. If you disagree with this release please notify ICES in writing.

We understand that International Cultural Exchange Services and its agents are not responsible for any loss or injury suffered by the applicant during periods of independent travel or absence from the program.

If the applicant becomes ill or incapacitated, International Cultural Exchange Services or its agents may take such actions as it considers necessary including securing medical treatment and transporting the applicant home at his or her own expense. We release International Cultural Exchange Services and its agents from all liability related to such actions.

We understand that the applicant's participation in the program may be terminated at the discretion of International Cultural Exchange Services or its agents without any refund of fees, and that the applicant may be sent home at his or her own expense if he or she does not adhere to ICES rules, standards and instructions as set forth in this Application and elsewhere.

In the event that International Cultural Exchange Services or its agents advance or loan any money's to the applicant or incur special expenses on his or her behalf, we agree to make immediate repayment of International Cultural Exchange Services.

We understand that this agreement with International Cultural Exchange Services and its agents cannot be modified or interpreted except in writing by International Cultural Exchange Services.

MEDICAL RELEASE AUTHORIZATION

We, as parents/guardian of undersigned student, do authorize the International Cultural Exchange Services staff, the American sponsoring host parents, and the ICES Area Representative as agents of the undersigned parents, to consent to any X-ray examinations or hospital care which is deemed advisable by, and is rendered under the general supervision of any licensed physician or surgeon, whether such treatment or diagnosis is rendered at the office of said physician or surgeon or at a hospital.

We as parents/guardian of the undersigned student accept financial responsibility for any medical expenses (doctor visits, x-rays, urgent care, hospital care, emergency room visits, etc.) that are not covered by the student's insurance.

We also authorize ICES and host parents to have any missing vaccinations or medical test administered that may be required by the U.S. high school to complete or maintain the enrollment of the undersigned student.

It is understood that this authorization is not given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of aforesaid agents to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician or surgeon in the exercise of his/her best judgment may deem advisable. It also understood that the student maybe be required to sign any forms or releases mandated by a hospital, clinic or physician's office as this not the responsibility of the host family.

TRAVEL AUTHORIZATION

We, the natural parents, hereby give permission for our child to travel with the host family, the area representative, and on school sponsored and chaperoned trips. We agree to indemnify and hold harmless International Cultural Exchange Services, the Overseas Organization, and those parties mentioned above.

We understand that any plans for the above mentioned parties to take our child outside the U.S. would require a special signed travel release form from us.

Ariane

Student's S

Name of Parents or Guardian

John Mabano

Signature/s of Parents or Guardian

15 / 05 / 2015
Date (Month/Day/Year)

15 / 5 / 2015
Date (Month/Day/Year)

15 / 5 / 2015
Date (Month/Day/Year)



10.1 ICES Agreement & Authorization

Student Name: Mabano Ariane
(As it Appears in Passport) Last First Middle

DRIVER'S EDUCATION COURSE (Optional)

The American high school that you attend may or may not offer classroom instruction in driver's education. It is usually an academic elective which covers the "rules of the road," proper techniques for driving in various conditions, influences of drugs and alcohol, emergency procedures and an overview of the parts of an automobile. Should you have the opportunity to enroll in a Driver's Education course at your local high school, you will need to have your parents permission as indicated below:
By signing this statement, I (we) hereby give permission for our son/daughter to take Driver's Education if offered by the local high school or private licensed driver education school (fees to be paid by the student). I (we) acknowledge our son/daughter will NOT be allowed to drive the Host Family automobile or any other motorized vehicles while participating on the ICES program except for the vehicle provided by the aforementioned Driver's Education course.

Ariane

Student's Signature

15/05/2015
Date (Month/Day/Year)

MABANO JOSEPH

Name of Parent/s or Guardian

15/05/2015
Date (Month/Day/Year)

Amma

Signature/s of Parents or Guardian

15/05/2015
Date (Month/Day/Year)



10.2 ICES Placement Pre-agreements

Student Name: Mabano Ariane
 (As it Appears in Passport) Last First Middle

ICES encourages participants and their parents to be as open-minded as possible about various types of placements as this increases host family placement options. ICES has successfully double placed students in homes with another exchange student from a different country as well as with single persons with no children at home.

DOUBLE PLACEMENTS

ICES encourages participants and their parents to be as open-minded as possible about various types of placements as this increases host family placement options. ICES has successfully double placed students in homes with another exchange student from a different country as well as with single persons with no children at home. Double Placements are excellent opportunities for exchange students because they allow the student to share similar experiences with an exchange student from another country. U.S Department of State Regulations require prior consent from the student and their natural parents if students are placed in the same home with another exchange student. It is the choice of the Student and Parents whether or not to accept in a Double Placement. Please check one of the boxes and sign.

As a Participant, I am open to being placed in a home with another ICES exchange student.

As a Participant, I am not willing to consider a Double Placement with another ICES student based on information available at this time but I may consider this option at a later date.

PLACEMENT WITH SINGLE PERSON WITH NO CHILDREN AT HOME

More Americans are remaining single or have become single again as a result of death or divorce but would love to host an exchange student. Often such single people have more time to devote to the success of their exchange student. Please check one of the boxes below and sign.

As a Participant, I am open to being placed in a home headed by a single person with no children.

As a Participant, I am not willing to consider a home headed by a single person with no children based on information available at this time but I may consider this option at a later date.

PLACEMENT WITH A SAME-SEX COUPLE

Another demographic changing in the U.S. and the world is that a growing number of homes are headed by a couple of the same sex. It is the choice of the Student and Parents whether or not to be placed in a home headed by a same-sex couple. Please check one of the boxes below and sign.

As a Participant, I am open to being placed in a home with a same-sex couple.

As a Participant, I am not willing to be placed in a home with a same-sex couple.

Ariane
 Student's Signature

MABANO JOSEPH
 Name of Parents or Guardian Printed

Signature/s of Parents or Guardian

15/05/2015
 Date (Month/Day/Year)

15/5/2015
 Date (Month/Day/Year)

15/5/2015
 Date (Month/Day/Year)

11 Student & Family Photograph Album



Student Name Mabano *Last* Ariane *First* *Middle*
(As it Appears in Passport)

Welcome to the photo album page. You will be able to upload (up to 9) pictures, which should be 4"x 6" (10cm x 15cm) and 200 DPI (dots per inch). All photos should be in color, appropriate and recent.

THE FOLLOWING SIX PHOTOS ARE REQUIRED AT A MINIMUM:

- 1) a close-up color photo of the student with a SMILING face to be used on the student's identification (ID) card;
- 2) a family photo;
- 3) a photo of the student's home;
- 4) a photo of the student's community;
- 5) a photo of the student with friends; and
- 6) a photo of the student participating in his/her favorite hobby, sport or activity.



Describe this photo

My Family

11 Student & Family Photograph Album



Welcome to the photo album page. You will be able to upload (up to 9) pictures, which should be 4"x 6" (10cm x 15cm) and 200 DPI (dots per inch). All photos should be in color, appropriate and recent.

THE FOLLOWING SIX PHOTOS ARE REQUIRED AT A MINIMUM:

- 1) a close-up color photo of the student with a SMILING face to be used on the student's identification (ID) card;
- 2) a family photo;
- 3) a photo of the student's home;
- 4) a photo of the student's community;
- 5) a photo of the student with friends; and
- 6) a photo of the student participating in his/her favorite hobby, sport or activity.



Describe this photo

Me

Name Argine Mabano
 Age 17
 Birth Date Dec 22 1997
 Native (First) Language Kimyarwanda

Test Date 5/29/2015
 Gender Female
 Class/Grade 11
 Country of Origin Rwanda

STUDENT RECORD

LISTENING

SAMPLE A

1
 2
 3
 4

SAMPLE B

5
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READING

SAMPLE A

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RAW SCORES

Count the number correct in each section. Record the number correct in the "Number Correct" boxes below.

Listening	Reading	Total
Number Correct: <u>21</u>	Number Correct: <u>22</u>	Raw Score: <u>43</u>

STANDARD SCORES

To convert Raw Scores to Standard Scores, refer to the ELTIS® Examiner's Manual. Record the Standard Scores in the boxes below.

Listening	Reading	Total
Standard Score: <u>217</u>	Standard Score: <u>228</u>	Standard Score: <u>223</u>

13 Birth Certificate & Passport



46

Umwirondoro w'abavandimwe/inshuti batabazwa mughe cy'impanuka cyangwa urupfu.
Particulars of relative/friend to be informed in the event of accident or death.

Détails de parents/amis à contacter en cas d'accident ou de décès.

Izina:
Name/Nom

Agasanduku k'iposita:
Postal Address/Adresse

Inomero ya Téléfon:
Tel. No./No de tél.

REPUBLIKA Y'U RWANDA / RÉPUBLIQUE DU RWANDA / REPUBLIC OF RWANDA

URWANDIKO RW
ABAJYA MU MAHANGA
Passeport / Passport



Type / Type Code du pays / Country code N° yurwandiko / N° du Passeport / Passport N°
PC RWA PC216048

Izina / Nom / Surname

MABANO

Andi mazina / Prénom / Given names

ARAINÉ

Ubwenezhugu / Nationalité / Nationality

UMUNYARWANDA RWANDAISE RWANDESE

Itariki yavutseho / Date de naissance / Date of birth

22 DEC / DEC 1997

IGITSINA? Sexe / Sex

F

Aho yavukije / Lieu de naissance / Place of birth

KIMIRONKO GASABO

Aho rutangire / Lieu de délivrance / Place of issue

KIGALI

Itariki rutangireho / Date de délivrance / Date of issue

11 AOUT / AUG 2014

Itariki ruzarangirira / Date d'expiration / Date of expiry

11 AOUT / AUG 2019

URUTANZE / Autorité / Authority

D. G. Immigration & Emigration

Umukono wa nyirwo / Signature du titulaire / Holder's signature

PCRWAMABANO<<ARAINÉ<<<<<<<<<<<<<<<<<<

PC216048<0RWA9712227F1908114<<<<<<<<<<<<00



HOPITAL LA CROIX DU SUD
EXCELLENCE IN HEALTH CARE-EXCELLENCE EN SOINS DE SANTE
BP: 1825 KIGALI-RWANDA,
TEL: 2025/9786831699/0722831699/9785246882
E-mail: hopitalcroixdusud@yahoo.com

Page 8894

CERTIFICAT DE NAISSANCE N°

Nous certifions que: M. Mukabana wa Jacqueline a accouché à l'Hôpital la croix du Sud le 22.12.2019 à 3h45 d'un enfant de sexe F.
Poids à la naissance: 4.6g

Nous certifions que ce certificat est une copie conforme de l'enregistrement d'une naissance dans le registre de naissances dans l'HOPITAL susmentionné.

Emis avec le sceau de l'HOPITAL le 29.04.2015 (numéro dans le registre).

Signature de la sage femme

Signé le 29.04.2015



Signature du Médecin
HOPITAL LA CROIX DU SUD
DR. KABAREBOENDE Valentin
Spécialiste Gynéco Obstétricien
Oncologie

Signé le 29.04.2015





14 Student Interview Page 1

Student Name: _____
Last _____ First _____ Middle _____

Typed or Legibly Handwritten in Black Ink. Handwriting is Harder to Read than Typing.

1. Reasons for participating in High School Exchange in America:

2. Knowledge about the Program:

3. Personality (interpersonal skills, emotional stability):

4. Appearance/Behavior:

5. Has the student lived away from home before or spent time without parents?

6. Maturity (ability to think about problems, make compromises, and solve problems - independence):

7. Special information about the family background or experiences:

8. Characteristics that make this student recommendable:



14.1 Student Interview Page 2

Student Name: _____
(As it Appears in Passport) Last First Middle

Typed or Legibly Handwritten in Black Ink. Handwriting is Harder to Read than Typing.

9. Possible difficulties for student, if accepted:

10. English skills (reading, writing, verbal):

11. Tell us three personal goals or hopes that you have for yourself during your year in the USA?

12. How do you think you might grow or change from this experience?

13. Whose idea is it for you to go to the United States for a year? Do you want to go away next year? Why?

14. Do you like school? How do you do? What are your favorite subjects? How will you manage English?

15. Interviewer's Personal Comments (Required):

Interviewer's Name: _____

Interviewer's Signature (Required)

Date (Month/Day/Year)

