

# Finnish-Estonian Multidistrict

## Rotary District 1410 Long Term Program

### Exchange Student Application, 2026-27



**Name: Ville Matias VUOSIVAIHTARI**

### 1. Applicant Information

Full Legal Name as on passport or birth certificate (use uppercase for your FAMILY name; e.g., John David SMITH) <b>Ville Matias VUOSIVAIHTARI</b>		Name You Wish to be Called <b>Ville</b>	Sex <b>Male</b>
Home Address - Street <b>Vuosivaihtokatu 1</b>	City, State, & Postal Code <b>Salo 24280</b>	Country <b>Finland</b>	
Postal Address (if different) - Street/PO Box <b>Vuosivaihtotie 1</b>	City, State, & Postal Code <b>Salo 24280</b>	Country <b>Finland</b>	
E-mail Address <b>torsti.poutanen@kolumbus.fi</b>	Home Phone Number	Mobile Phone Number <b>+358 44 1234567</b>	
Place of Birth <b>Salo, Finland</b>	Date of Birth <b>2008-07-08</b>	Citizen of (Country) <b>Finland</b>	

### 2. Parent/Legal Guardian Information

Full Name of Parent/Legal Guardian #1 <b>Faija Vuosivaihtari</b>		Rotarian? <b>No</b>	If yes, name of Rotary Club
Home Address - Street <b>Vuosivaihtotie 1</b>	City, State, & Postal Code <b>Salo 24280</b>	Country <b>Finland</b>	
E-mail Address <b>faija@faija.fi</b>	Occupation <b>Nurse</b>	Skype ID	
Home Phone Number	Mobile Phone Number <b>+358 40 1234567</b>	Business Phone Number	WhatsApp (or fax)
Full Name of Parent/Legal Guardian #2 <b>Mutsi Vuosivaihtari</b>		Rotarian? <b>No</b>	If yes, name of Rotary Club
Home Address - Street <b>Vuosivaihtotie 1</b>	City, State, & Postal Code <b>Salo 24280</b>	Country <b>Finland</b>	
E-mail Address <b>mutsi@mutsi.fi</b>	Occupation <b>Engineer</b>	Skype ID	
Home Phone Number	Mobile Phone Number <b>+358 50 1234567</b>	Business Phone Number	WhatsApp (or fax)
In the event of an emergency, which parent or legal guardian should be contacted first? <b>Parent #2</b>		Marital status of the parents <b>Married to each other</b>	
If parents are separated or divorced, provide details of custody arrangement:			

### 3. Sponsor District and Rotary Club

Sponsor District Number <b>1410</b>	Sponsor Rotary Club <b>Uskela</b>
Sponsor District Youth Exchange Chair <b>Liisa Pressa</b>	Sponsor Club Youth Exchange Officer <b>Nipa Nuorisovaihtaja</b>
District YE Chair's E-mail Address <b>liisa@pressa.fi</b>	Club YEO's E-mail Address <b>camps-ib@rye.fi</b>





# Finnish-Estonian Multidistrict

## Rotary District 1410 Long Term Program

### Exchange Student Application, 2026-27

Name: Ville Matias VUOSIVAIHTARI

#### 6. Languages

Native Language: Finnish		----- Proficiency in Non-Native Languages -----		
Non-Native Language(s)	Years Studied	Speaking	Reading	Writing
English	9	Fluent	Fluent	Good
Swedish	5	Fair	Good	Fair

#### 7. Prior Exchanges

Have you previously participated in any exchange?	Yes	<i>If 'Yes', please check the student letter for details</i>
---	-----	--

#### 8. Secondary School Information

Name of Secondary School You Currently Attend Halikko Upper Secondary School		School Phone		
		School Fax		
School Website Address www.salo.fi				
Street Address Kuruntie 30		City Salo	State/Prov	Postal Code 24800
				Country Finland
Maximum grade level in secondary schools 12	Your current grade level (e.g., 10th, 11th) 10	Month and year you expect to graduate June, 2028		No. of years you've attended this school 1
List the courses you are currently taking Math, English, Arts, Sports, Physics, Chemistry, History				
Total number of students at your school 200	Number of students in your grade level 70	Your approx. class ranking (e.g., top 10%, 12th of 56) top 10%		
Name and title of school official or counselor that you consulted Outi Opo, Student counsellor		E-mail address of school official or counselor outi@opo.fi		

#### 9. Alternative Emergency Contact in home country

Name Kalle Kehveli		Relationship Neighbor		
Home Address - Street Vaihtokatu 10		City Salo	State/Prov	Postal Code 24280
E-mail Address kalle@kehveli.fi				
Home Phone	Business Phone	Mobile Phone +358 45 1234567		



**Finnish-Estonian Multidistrict**  
**Rotary District 1410 Long Term Program**  
**Exchange Student Application, 2026-27**

**Name: Ville Matias VUOSIVAIHTARI**

**10. Prior Exchange Information and Student's Letter**  
**(Student has participated in a prior exchange)**

I was in a Camp in 2024.

Copy-paste student letter here (max 6000 characters).



**Finnish-Estonian Multidistrict**  
**Rotary District 1410 Long Term Program**  
**Exchange Student Application, 2026-27**

**Name: Ville Matias VUOSIVAIHTARI**

**11. Parent's Letter**

Copy-paste parent letter here (max 6000 characters).

# Finnish-Estonian Multidistrict

## Rotary District 1410 Long Term Program

### Exchange Student Application, 2026-27

Name: Ville Matias VUOSIVAIHTARI

#### 12. Photos

My Family



Write here what the viewer sees in this photo.

My Special Interest



Write here what the viewer sees in this photo.

Something Important to Me



Write here what the viewer sees in this photo.

My Home



Write here what the viewer sees in this photo.



## Rotary Youth Exchange – Long-Term Exchange Program

## Section C-1: Medical History &amp; Examination

Page 1 of 3

**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.

Fill in personal data

ary Sponsor District Instructions for required copies and signatures. Print specified number of completed copies  
j). Electronic signature may be applied last if both paper and electronic signatures are needed.

Full Legal Name as on passport or birth certificate (use uppercase for FAMILY name; e.g. John David SMITH) <b>Ville Matias VUOSIVAIHTARI</b>		Date of Birth (YYYY-MM-DD) <b>2007-07-09</b>		<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary
Home Address – Street <b>Vuosivaihtotie 1</b>		City <b>Salo</b>		State/Province  Postal Code <b>24280</b> Country <b>Finland</b>
E-mail Address <b>torsti.poutanen@kolumbus.fi</b>		Home Phone Number		Mobile Phone Number <b>+358401234567</b>

## Medical History

Medical Doctor fills from here on

1. How long has the applicant been the patient of the physician?

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	<input type="checkbox"/>	<input type="checkbox"/>	n. Liver disease/hepatitis	<input type="checkbox"/>	<input type="checkbox"/>
b. <b>Anorexia/bulimia/other eating disorder*</b>	<input type="checkbox"/>	<input type="checkbox"/>	o. Malaria	<input type="checkbox"/>	<input type="checkbox"/>
c. Appendicitis	<input type="checkbox"/>	<input type="checkbox"/>	p. Menstrual disorders	<input type="checkbox"/>	<input type="checkbox"/>
d. Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	q. <b>Mental disorders*</b>	<input type="checkbox"/>	<input type="checkbox"/>
e. Asthma	<input type="checkbox"/>	<input type="checkbox"/>	r. Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>
f. <b>Attention deficit disorder*</b>	<input type="checkbox"/>	<input type="checkbox"/>	s. Rheumatic fever	<input type="checkbox"/>	<input type="checkbox"/>
g. Bowel problems	<input type="checkbox"/>	<input type="checkbox"/>	t. Serious headache/migraine	<input type="checkbox"/>	<input type="checkbox"/>
h. Cancer	<input type="checkbox"/>	<input type="checkbox"/>	u. Stomach ulcer	<input type="checkbox"/>	<input type="checkbox"/>
i. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	v. Typhoid fever	<input type="checkbox"/>	<input type="checkbox"/>
j. Epilepsy/seizures	<input type="checkbox"/>	<input type="checkbox"/>	w. Urinary tract infection	<input type="checkbox"/>	<input type="checkbox"/>
k. Hearing loss	<input type="checkbox"/>	<input type="checkbox"/>	x. Vertigo/dizziness	<input type="checkbox"/>	<input type="checkbox"/>
l. Heart disease	<input type="checkbox"/>	<input type="checkbox"/>	y. Visual correction – eyeglasses/contact lenses	<input type="checkbox"/>	<input type="checkbox"/>
m. Hernia	<input type="checkbox"/>	<input type="checkbox"/>	z. Vision problems – other	<input type="checkbox"/>	<input type="checkbox"/>

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?	<input type="checkbox"/>	<input type="checkbox"/>
b. Taken any prescribed medication in the past six months?	<input type="checkbox"/>	<input type="checkbox"/>
c. <b>*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?</b>	<input type="checkbox"/>	<input type="checkbox"/>
d. Ever used heroin, cocaine, marijuana or other hallucinogens, amphetamines, or other street drugs?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
f. Had excessive weight gain or loss recently?	<input type="checkbox"/>	<input type="checkbox"/>
g. Suffered chest pain, wheezing, shortness of breath, or fainting episodes?	<input type="checkbox"/>	<input type="checkbox"/>
h. Suffered chronic diarrhea, vomiting, abdominal pain, or constipation?	<input type="checkbox"/>	<input type="checkbox"/>
i. Exhibited chronic skin conditions (e.g., severe acne, eczema, psoriasis)?	<input type="checkbox"/>	<input type="checkbox"/>
j. Suffered weakness of neurological or muscular skeletal system?	<input type="checkbox"/>	<input type="checkbox"/>
k. Had any dietary restrictions? If yes, specify and note reason (medical, religious, personal choice): _____	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "Yes" for any parts of questions 2 and 3, please explain (except non-medical dietary restrictions):

**\*Affirmative answers to questions 2b, 2f, 2g, and/or 3c require a letter of explanation from the treating physician**

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



# Rotary Youth Exchange – Long-Term Exchange Program

## Section C-1: Medical History & Examination

Page 2 of 3

4. Indicate year when the applicant had the following infectious diseases (or indicate that he or she has not) Use Part 5 comments for other details.			
Measles (rubeola) <input type="checkbox"/> No <input type="checkbox"/> Yes, year _____	Mumps <input type="checkbox"/> No <input type="checkbox"/> Yes, year _____	Hepatitis (if so, see comments) <input type="checkbox"/> No <input type="checkbox"/> Yes, year _____	Whooping cough (pertussis) <input type="checkbox"/> No <input type="checkbox"/> Yes, year _____
Rubella (German measles) <input type="checkbox"/> No <input type="checkbox"/> Yes, year _____	Varicella (Chicken Pox) <input type="checkbox"/> No <input type="checkbox"/> Yes, year _____	Scarlet fever <input type="checkbox"/> No <input type="checkbox"/> Yes, year _____	Other: COVID-19 <input type="checkbox"/> No <input type="checkbox"/> Yes, year _____

5. Immunization Information <i>(may be completed by medical records, nursing or appropriate personnel and verified by physician)</i> Please verify that these ISO format dates match the official source documents provided in "Section C-2: Immunization Records/Certification copies"							
The applicant has been immunized against the following diseases:	Dates of immunizations Using ISO format (YYYY-MM-DD) enter the dates of ALL doses received. Immunizations are a prerequisite to school attendance in many locations. Requirements vary. The host country, host Rotary district and/or school may require additional immunizations.						
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>	7 <sup>th</sup>
Diphtheria							
Pertussis (whooping cough)							
Tetanus							
Rubella (German measles)							
Mumps							
Measles (rubeola)							
Polio <input type="checkbox"/> Sabin TOPV (3 or more) <input type="checkbox"/> Salk IPV (4 or more)							
Varicella (Chicken Pox/Shingles)							
Hepatitis B							
Hepatitis A							
Yellow Fever							
Japanese Encephalitis							
Meningococcal Meningitis							
Typhoid							
COVID-19 Manufacturer or Name:							
Others (specify):							
Additional Comments: (Examples: Other COVID-19 vaccine manufacturer(s) for later doses, hepatitis lab test results, other immunizations, vaccine adverse reactions)							

6. Tuberculosis screening: The applicant must present evidence of recent TB screening (within 3 months of examination date) by skin test or blood test.	
Date of screening (YYYY-MM-DD) _____ Result/diagnosis: _____ Method: <input type="checkbox"/> TB Skin test (TST) <input type="checkbox"/> TB Blood test (IGRA) Please document any BCG vaccine dose(s), diagnostic studies or treatments related to tuberculosis not included in above immunizations or comments.	
If no tuberculosis screening done, leave this part BLANK	

Tuberculosis screening is done only if requested by Rotary.





## Rotary Youth Exchange – Long-Term Exchange Program

## Section C-1: Medical History &amp; Examination

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7. 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

## Physical Examination

Date: (yyyy-mm-dd)	Height: (cm)	Weight: (kg)	Blood Pressure: Systolic (mmHg)	Diastolic	Pulse: (rate/minute)
8. Does today's examination show any abnormal findings for:					
Head and neck	Yes <input type="checkbox"/> No <input type="checkbox"/>	Abdomen	Yes <input type="checkbox"/> No <input type="checkbox"/>	Skin	Yes <input type="checkbox"/> No <input type="checkbox"/>
Ear, nose, throat	<input type="checkbox"/> <input type="checkbox"/>	Hernias	<input type="checkbox"/> <input type="checkbox"/>	Extremities	<input type="checkbox"/> <input type="checkbox"/>
Chest/lungs	<input type="checkbox"/> <input type="checkbox"/>	Lymph nodes	<input type="checkbox"/> <input type="checkbox"/>	Spine/Skeletal	<input type="checkbox"/> <input type="checkbox"/>
Heart	<input type="checkbox"/> <input type="checkbox"/>			Neurological	<input type="checkbox"/> <input type="checkbox"/>
				Breasts	Not done <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
				Genitalia (external)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
				Rectal	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
					Not done (See below)

Examination of Breasts and External Genitalia is at physician discretion. Rectal exam is not required if bowel history and abdominal exam are normal.

For any "YES" (abnormal) in part 8, above, please note details in the space below with any other comments or recommendations.

If more space is needed, please provide on separately signed typewritten or computer-generated page(s) with applicant's full name and date of birth.

OTHER notes: Physical Examination findings, comments or recommendations, if any:

## 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:

Make sure that the Medical Doctor ticks relevant boxes.

☐ 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 in 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 address, phone, fax and E-mail

Physician Name

Medical Doctor  
stamps here

Physician Signature (ink on paper) or basic e-signature (using Fill &amp; Sign)

Medical Doctor signs and dates here

Date (YYYY-MM-DD)

If there are separate pages, including any Letter(s) of explanation from treating physician(s), please append following this page.

Sponsor District: 1410

Applicant Name: Ville Matias VUOSIVAIHTARI

Fill in district number before dentist exam



## 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.

Use computer entry if possible. Consult Rotary Sponsor District Instructions for required copies and signatures. Print specified number of completed copies first for ink signatures on paper (if required). Electronic signature(s) may be applied last if both paper and electronic signatures are needed.

Fill in personal data before dentist exam

Full Legal Name as on passport or birth certificate (use uppercase for FAMILY name; e.g. John David SMITH) <b>Ville Matias VUOSIVAIHTARI</b>		Date of Birth (YYYY-MM-DD) <b>2007-07-09</b>		<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary
Home Address – Street <b>Vuosivaihtotie 1</b>	City <b>Salo</b>	State/Province	Postal Code <b>24280</b>	Country <b>Finland</b>
Email Address <b>torsti.poutanen@kolumbus.fi</b>		Home Phone Number		Mobile Phone Number <b>+358401234567</b>

Dental Examination Date (YYYY-MM-DD):

Dentist fills in from here on.

- Is the applicant in good dental health? ☐ Yes ☐ No
  - Does the applicant require dental work at this time? ☐ Yes ☐ No
  - 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):

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

## 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 address, phone, fax and E-mail

!!!! Dentist signs and dates here !!!!

Dentist stamp here !!

Dentist Name

Dentist Signature (ink on paper) or basic e-signature (using Fill & Sign)  
Click below only for digital signature

Dentist's signature here !!

Date (YYYY-MM-DD)

# Finnish-Estonian Multidistrict

## Rotary District 1410 Long Term Program, 2024-25





### Student, Parent, & Sponsor Endorsements

Full Legal Name as on passport or birth certificate (use uppercase for your FAMILY name; e.g., John David SMITH) <b>Ville Matias VUOSIVAIHTARI</b>		Name You Wish to be Called <b>Ville</b>	Sex <b>Male</b>
Home Address - Street <b>Vuosivaihtotie 1</b>	City & State/Province <b>Salo</b>	Postal Code & Country <b>24280 Finland</b>	
E-mail Address <b>torsti.poutanen@kolumbus.fi</b>	Home Phone Number	Mobile Phone Number <b>+358401234567</b>	
Place of Birth <b>Salo, Finland</b>	Citizen of (Country) <b>Finland</b>	Date of Birth <b>2007-07-09</b>	

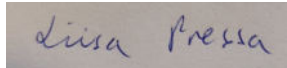


**(A) APPLICANT GUARANTEE** I, the applicant named above, agree to do the following: (1) Purchase round-trip air travel before I depart my home country; (2) abide by the rules and decisions of the program, accepting advice and supervision of my hosts; (3) attend all orientations and trainings offered 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 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 as circumstances arise, and provide an emergency fund, if required by the host district, under control of the host Rotary club/district, to be returned at completion of the exchange if not used; (5) attend all orientation meetings; (6) abide by program rules and follow host district policy on visiting the applicant while he/she is

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 approved families for up to one year, and attend secondary school.

Ville Vuosivaihtari, Applicant (sign here in blue ink) 		Date (e.g., 2021-01-25) <b>2023-12-01</b>
<b>Same dates in all 4 boxes !!</b>		
Faija Vuosivaihtari, Parent/Guardian (sign here in blue ink) 	Date (e.g., 2021-01-25) <b>2023-12-01</b>	Phone: +358407654321 E-mail: faija@faija.fi
Mutsi Vuosivaihtari, Parent/Guardian (sign here in blue ink) 	Date (e.g., 2021-01-25) <b>2023-12-01</b>	Phone: +358441234567 E-mail: mutsi@mutsi.fi
Witness - Sponsor Club Representative (sign here in blue ink) 	Date (e.g., 2021-01-25) <b>2023-12-01</b>	Phone: +358441234567 E-mail: camps-ib@rye.fi

### (C) SPONSOR CLUB AND DISTRICT ENDORSEMENT

<i>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.</i>		
Sponsor District Number <b>1410</b>	Sponsor Club ID Number <b>9969</b>	Sponsor Rotary Club Name <b>Uskela</b>
<b>Sponsor District Youth Exchange Chair</b>	<b>Sponsor Club President</b>	<b>Sponsor Club Youth Exchange Officer</b>
Name <b>Liisa Pressa</b>	Name <b>Liisa Pressa</b>	Name <b>Nipa Nuorisovaihtaja</b>
E-mail Address <b>liisa@pressa.fi</b>	E-mail Address <b>liisa@pressa.fi</b>	E-mail Address <b>camps-ib@rye.fi</b>
Street Address <b>Pressantie 13</b>	Street Address <b>Pressantie 13</b>	Street Address <b>Nipantie 10</b>
City, State, Postal Code <b>Salo, 24280</b>	City, State, Postal Code <b>Salo, 24280</b>	City, State, Postal Code <b>Salo, 24280</b>
Phone Number <b>+358443333333</b>	Phone Number <b>+358443333333</b>	Phone Number <b>+358442222222</b>
Signature (in blue ink) 	Signature (in blue ink) 	Signature (in blue ink) 
Date Signed (e.g., 2021-01-25 or 25-Jan-2021) <b>26/Jul/2023</b>	Date Signed (e.g., 2021-01-25 or 25-Jan-2021) <b>2023-11-28</b>	Date Signed (e.g., 2021-01-25 or 25-Jan-2021) <b>2023-11-30</b>

# Finnish-Estonian Multidistrict

## Rotary District 1410 Long Term Program, 2025-26

### Host Club, District, & School Endorsements (Guarantee Form)

Full Legal Name as on passport or birth certificate (use uppercase for your FAMILY name; e.g., John David SMITH) <b>Ville Matias VUOSIVAIHTARI</b>		Date of Birth 2008-07-08	Sex Male
Place of Birth Salo, Finland	Country of Citizenship Finland	Country of Residence Finland	

#### (A) HOST CLUB AND DISTRICT GUARANTEE

<i>The Rotary Club and Rotary District specified within this section will provide room and board in approved homes, provide up to one year of study at the secondary school level, invite the applicant to participate in Rotary Club and District events and activities typical of the host country, and provide guidance and supervision to assure the applicant's welfare. The host Rotary Club will also give the applicant a monthly allowance as specified below. The host Rotary District agrees to ensure appropriate screening, selection, and training for host families and Youth Exchange volunteers and orientation for the student upon his/her arrival.</i>					
Host Country		Host Club Name			Host Club ID #
Host District	Monthly Allowance	Arrival Airport in Host Country	Airport Code	Arrival Date(s)	
Name of District Youth Exchange Chair		Name of Host Club President		Name of Host Club Youth Exchange Officer	
Email Address of District Youth Exchange Chair		Email Address of Host Club President		Email Address of Club Youth Exchange Officer	
Signature of District Youth Exchange Chair		Signature of Host Club President		Signature of Club Youth Exchange Officer	
Date (e.g., 2021-01-25)	Phone Number	Date (e.g., 2021-01-25)	Phone Number	Date (e.g., 2021-01-25)	Phone Number

#### (B) HOST CLUB COUNSELOR

Name		Email Address			
Street Address		City	State/Province	Postal Code	Country
Home Phone Number		Business Phone Number		Mobile Phone Number	

#### (C) SCHOOLING GUARANTEE

<i>(To be completed by the school the applicant will attend in host country) The applicant will attend school from date of school start for one school year. Costs of tuition and activities not a part of the normal curriculum must be paid by the applicant or his/her parents/guardians.</i>					
Name of School		Phone Number	Fax Number	Date School Starts	
Street Address		City	State/Province	Postal Code	Country
Affix School Stamp or Official Seal		Name and Title of School Official		Email Address	
		Signature (in blue ink)		Date (e.g., 2021-01-25)	

#### (D) FIRST HOST FAMILY

Name of Host Parent #1		Email Address	Business Phone	Mobile Phone	
Name of Host Parent #2		Email Address	Business Phone	Mobile Phone	
Street Address		City	State/Province	Postal Code	Country
Home Phone Number	Names and Ages of any Other Adults (18 years of age or older) in the Home				

**Fill in name and district number**

## Rotary Youth Exchange – Long-Term Exchange Program

### Section G: Rules, Attestations, Permissions, Releases & Consents

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 in.
- 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.



# Rotary Youth Exchange – Long-Term Exchange Program

## Section G: Rules, Attestations, Permissions, Releases & Consents

### 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, Rotary members, their partners, and other volunteers must safeguard the children and young people with whom they come into contact and protect them from physical, sexual, and psychological abuse.

*Adopted by the Rotary International Board of Directors, October 2019*

#### Instructions:

Regardless of the age of the student, this form should be signed by the exchange student and by both of his or her parents. If a parent does not have custody of the student and a legal guardian does, then the form should be signed by the legal guardian. A step parent needs to sign the form only if the step parent has adopted the student or has been appointed legal guardian. This applies to all signature blocks, not only in this Section, but elsewhere in this Application Form.

### ATTESTATIONS AND AGREEMENT TO PROGRAM RULES AND CONDITIONS

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 document are true and accurate to the best of my knowledge.

**Same dates in all 4 places !!!**

Applicant (full legal name) <b>Ville Vuosivaihtari</b>	Date (YYYY-MM-DD) <b>2024-12-01</b>	e-Signature (or ink on paper) 
Parent/Legal Guardian #1 (full legal name) <b>Fatsi Vuosivaihtari</b>	Date (YYYY-MM-DD) <b>2024-12-01</b>	e-Signature (or ink on paper) 
Parent/Legal Guardian #2 (full legal name) <b>Mutsi Vuosivaihtari</b>	Date (YYYY-MM-DD) <b>2024-12-01</b>	e-Signature (or ink on paper) 
Witnessed in the presence of Sponsor Club/District Representative (name and title) <b>Nipa Nuorisovaihtaja, YEO</b>	Date (YYYY-MM-DD) <b>2024-12-01</b>	e-Signature (or ink on paper) 

**Insert names and sign dates**

### LIMITED RELEASE OF LIABILITY AND COVENANT TO COLLECT DAMAGES ONLY FROM APPLICABLE INSURANCE

We fully understand the nature of being an exchange student and the risk of injury or loss of property associated with an exchange. We understand that these risks are likely greater than they would be if a student were living in his or her home country.

**IN CONSIDERATION** of the acceptance and participation of the applicant in the Rotary Youth Exchange Program, we hereby release and agree to defend, hold harmless, indemnify, and covenant not to collect damages from:

- Rotary International (including all members, officers, directors, committee members, chaperones, and employees of Rotary International);
- The host and sponsor Rotary Club and Rotary District (including all members, officers, directors, committee members, chaperones, and employees of the host and sponsor Rotary clubs and districts; and
- All host parents and members of their families (collectively "RYE program")

for those **damages that are over above those covered by applicable insurance policies** from any or all liability for any loss, property damage, personal injury, or death, including any liability that may arise out of any negligent act or omission, which may be suffered or claimed by the applicant, parent, or guardian during (or as a result of) the participation by the applicant in the Rotary Youth Exchange program, including travel to and from the host country. We understand that the RYE Program **shall remain responsible for any damages caused by its negligence to the extent of any applicable insurance.**

Applicant (full legal name) <b>Ville Vuosivaihtari</b>	Date (YYYY-MM-DD)	e-Signature (or ink on paper)
Parent/Legal Guardian #1 (full legal name) <b>Fatsi Vuosivaihtari</b>	Date (YYYY-MM-DD)	e-Signature (or ink on paper)
Parent/Legal Guardian #2 (full legal name) <b>Mutsi Vuosivaihtari</b>	Date (YYYY-MM-DD)	e-Signature (or ink on paper)
Witnessed in the presence of Sponsor Club/District Representative (name and title) <b>Nipa Nuorisovaihtaja, YEO</b>	Date (YYYY-MM-DD)	e-Signature (or ink on paper)

**Same dates in all 4 places**





# Rotary Youth Exchange – Long-Term Exchange Program

## Section G: Rules, Attestations, Permissions, Releases & Consents

### PERMISSION FOR MEDICAL CARE AND RELEASE OF MEDICAL RECORDS AND LIABILITY

We, the parents/legal guardians of the applicant, and I, the applicant, **HEREBY DECLARE and confirm:**

- that the Medical Sections C-1 and C-2 with Dental Section D of this application include ALL health information known to us/me understanding that incomplete Medical or Dental Sections may lead to an early termination of the exchange.
- that the exchange student will be fully vaccinated according to the requirements of the receiving host country, host Rotary district or school.
- that **if additional medical issues arise between the completion of this application form and the exchange departure date, sponsor and host districts will be notified immediately.**
- We/I further authorize the Rotary Youth Exchange Officer, the Rotarian Counselor and/or the host parent to serve as my child's/my representative for the purpose of receiving medical information and communicating with medical providers about my child's/my medical condition.

We, the parents/legal guardians of the applicant, and I, the applicant, **HEREBY AUTHORIZE release** of the aforementioned Medical Sections C-1 and C-2 with Dental Section D which provide all health information included with this application.

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.
- In the event of accident or sickness, we/I authorize treating medical providers to release personal health information to any Rotarian, authorized chaperones of Rotary activities, and/or host parent(s) of student to the extent necessary to decide whether to consent to medical or dental treatment. This authorization is intended to release confidential medical information that might otherwise be protected by applicable medical confidentiality laws.
- 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 any additional 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 obligation for any medical treatment rendered (whether or not covered by insurance).

Applicant (full legal name)	Date (YYYY-MM-DD)	e-Signature (or ink on paper)
Ville Vuosivaihtari		
Parent/Legal Guardian #1 (full legal name)	Date (YYYY-MM-DD)	e-Signature (or ink on paper)
Fatsi Vuosivaihtari		
Parent/Legal Guardian #2 (full legal name)	Date (YYYY-MM-DD)	e-Signature (or ink on paper)
Mutsi Vuosivaihtari		
Witnessed in the presence of Sponsor Club/District Representative (name and title)	Date (YYYY-MM-DD)	e-Signature (or ink on paper)
Nipa Nuorisovaihtaja, YEO		

**Same dates in all 4 places**

#### GENERAL NOTE ABOUT APPLYING SIGNATURES:

Fill & Sign Tool is available in Adobe Reader (or full version Acrobat). SmallPDF.com offers an e-Sign tool. Other tools for electronic signatures may be suggested by the Sponsor District. For scanned signatures on paper, leave signature fields empty, print, apply ink signatures, scan to PDF file. Doing all signatures the same way is usually best, but ink and basic electronic signatures can sometimes be used together with success.

**Follow RYE Sponsor District instructions** regarding suitable signatures for this application.



## Rotary Youth Exchange – Long-Term Exchange Program

### Section G: Rules, Attestations, Permissions, Releases & Consents

#### Rotary Youth Exchange Application Privacy Statement

If you are accepted into the long-term Rotary Youth Exchange program, this application and the information contained within will be shared with relevant Rotary entities including your sponsoring club and home district plus the district and club that will be hosting your exchange, according to the policies of these Rotary-certified sponsoring and hosting districts. This information may also be shared with others involved with conducting the program, including exchange counselors and host parents. Any personal data shared will be processed in accordance with all applicable laws.

Personal data will be processed only by authorized youth exchange officials. Your application will be secured and protected. When sharing any information from this application, only the portions which are appropriate and necessary will be provided to your host school, your medical providers and dentists, Rotary counselor(s), program coordinators and host parents.

Personal data will be retained only as long as needed to conduct the exchange program. This will include a temporary period after the conclusion of your exchange for administrative purposes such as complying with data retention requirements of applicable law; assembling district and regional exchange program summary reports and statistical tallies; completion of certification audits; and post-exchange follow-up communications for program evaluation. No sooner than two (2) years and no later than five (5) years following the originally-scheduled conclusion of your exchange, unless separately consented otherwise, your personal records will be destroyed according to the policies or practices of your sponsoring and hosting districts including paper shredding and/or purging of electronic data in compliance with the laws and regulations applicable for each participating location.

Students may request correction or deletion of personal data using the same contact information provided for submitting this application or by contacting the youth exchange chairperson for the applicable Rotary sponsor or host district.

Rotary International ("RI"), headquartered in Evanston, Illinois, USA, is the global organization that charters Rotary clubs. RI certifies Rotary Districts meeting standards for participation in youth exchange programs. RI will not receive a copy of this application.

#### CONSENT TO USE OF PERSONAL DATA

I acknowledge that before beginning this application I was provided the above application privacy statement and translation, if needed, which I have read and understand. I consent that my personal data including medical information may be collected, used and disclosed in compliance with local privacy laws by relevant Rotary entities as described above and including any sponsoring and hosting Rotary Youth Exchange Multidistricts as needed to: verify my eligibility; coordinate my exchange with international exchange partners, schools, and government agencies; and to facilitate my participation in Rotary Youth Exchange activities at home and abroad.

Applicant (full legal name) <b>Ville Vuosivaihtari</b>	Date (YYYY-MM-DD)	e-Signature (or ink on paper)
Parent/Legal Guardian #1 (full legal name) <b>Fatsi Vuosivaihtari</b>	Date (YYYY-MM-DD)	e-Signature (or ink on paper)
Parent/Legal Guardian #2 (full legal name) <b>Mutsi Vuosivaihtari</b>	Date (YYYY-MM-DD)	e-Signature (or ink on paper)

#### BASIC CONSENT REGARDING IMAGES AND RECORDINGS

I consent to anyone associated with the Rotary Youth Exchange program including Rotary members, host family members, and agents of the program ("Rotary") recording my voice and image by any means ("Recordings"). I understand Recordings may include audio, video or still photos.

I grant free of charge the right for Rotary to use Recordings depicting my image or voice in e-mails, newsletters or youth exchange program promotions including those shared by websites or social media. I understand that laws vary by country with regard to consents or releases for use of Recordings and that my sponsoring and hosting Rotary districts may or may not each provide relevant local policies, or request other consents or releases, either as part of this application or separately at a later date.

Applicant (full legal name) <b>Ville Vuosivaihtari</b>	Date (YYYY-MM-DD)	e-Signature (or ink on paper)
Parent/Legal Guardian #1 (full legal name) <b>Fatsi Vuosivaihtari</b>	Date (YYYY-MM-DD)	e-Signature (or ink on paper)
Parent/Legal Guardian #2 (full legal name) <b>Mutsi Vuosivaihtari</b>	Date (YYYY-MM-DD)	e-Signature (or ink on paper)



# ***Finnish-Estonian Multidistrict***

## **Outbound Applicant Referral**

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WWW

### **Reference Provider**

Name: Outi Opo  
E-mail Address: torsti.poutanen@kolumbus.fi  
Phone: +358 41 1234567

### **Date Submitted**

04/27/2025

### **Outbound Applicant**

Name: Vuosivaihtari, Ville  
Home Address: Vuosivaihtokatu 1  
City/St/Zip: Salo 24280  
Home Phone:  
Cell Phone: +358 44 1234567  
E-mail Address: torsti.poutanen@kolumbus.fi  
School: Halikko Upper Secondary School, Grade 10  
Sponsor Club: Uskela Rotary Club, District 1410

### **Evaluation**

#### **1. How long have you known this student?**

One year

#### **2. In what capacity do you know this student?**

I am his student counsellor

#### **3. Please evaluate the student's creative, original thought:**

- ☒ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ No Basis

#### **4. Please evaluate the student's independence and initiative:**

- ☒ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ No Basis

#### **5. Please evaluate the student's intellectual ability:**

- ☒ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ No Basis

#### **6. Please evaluate the student's emotional stability:**

- ☒ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ No Basis

***Finnish-Estonian Multidistrict***  
**Outbound Applicant Referral**

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**7. Please evaluate the student's academic achievement:**

- ☒ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ No Basis

**8. Please evaluate the student's openness to new ideas:**

- ☒ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ No Basis

**9. Please evaluate the student's flexibility and adaptability:**

- ☒ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ No Basis

**10. Please evaluate the student's ability to communicate:**

- ☒ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ No Basis

**11. Please evaluate the student's potential for growth:**

- ☒ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ No Basis

**12. Please evaluate the student's disciplined habits:**

- ☒ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ No Basis

**13. Please evaluate the student's participation:**

- ☒ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ No Basis

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

***Finnish-Estonian Multidistrict***  
**Outbound Applicant Referral**

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- ☒ Yes  
☐ No

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

- ☒ Yes  
☐ No

**16. In reference to this Applicant's candidacy as a future Rotary Youth Exchange student, I:**

- ☒ Strongly Recommend  
☐ Recommend  
☐ Have No Opinion  
☐ Do Not Recommend  
☐ Very Not Recommended

**17. Please add some comments to assist Rotary in evaluating this student's suitability:**

XXXXXXXXXXXXXXXXXX



## PERUSOPETUKSEN PÄÄTTÖTODISTUS

Oppilaan nimi

**Testi Oppilas**

Henkilötunnus

**010111A002Ä**

Oppilaan opinto-ohjelma	Vuosiviikko- tuntimäärä	Arvio	
<b>Äidinkieli ja kirjallisuus</b>			
Suomen kieli ja kirjallisuus	10	kiitettävä	9
Ilmaisutaito, lyhytkurssi	1	hyväksytty	
<b>Toinen kotimainen kieli</b>			
Ruotsi, B1-oppimäärä	4	kiitettävä	9
<b>Vieras kieli</b>			
Englanti, A1-oppimäärä	7	hyvä	8
Matematiikka	11	*hyvä	*8
Biologia	3,5	hyvä	8
Maantieto	3,5	hyvä	8
Fysiikka	3,5	tydyttävä	7
Kemia	3,5	tydyttävä	7
Terveystieto	3	hyvä	8
Uskonto/Elämäkatsomustieto	3	hyvä	8
Historia	4	kohtalainen	6
Yhteiskuntaoppi	3	tydyttävä	7
Musiikki	6	erinomainen	10
Kuvataide	2	hyvä	8
Piirtäminen ja maalaus	1	hyväksytty	
Käsityö	4	kiitettävä	9
Liikunta	7	hyvä	8
Kotitalous	3	hyvä	8
<b>Soveltavat valinnaiset aineet</b>			
Taloustaito	2	kiitettävä	9
Tieto- ja viestintätekniikka	1	hyväksytty	

Oppilaan opinto-ohjelmaan on kuulunut oppilaanohjausta ja työelämään tutustumista.

Lisätietoja: Oppilas on opiskellut tähdellä merkityt (\*) oppiaineet yksilöllisen oppimäärän mukaan.

Koulun opetuskieli: suomi

Kontiolahdella, kesäkuun 5. päivänä 2021

koulun leima

---

allekirjoitus  
rehtori

Perusopetuksen oppimäärä sijoittuu tasolle kaksi kansallisessa tutkintojen ja muiden osaamiskokonaisuuksien viitekehyksessä ja eurooppalaisessa tutkintojen viitekehyksessä.

Arvosanat: erinomainen 10, kiitettävä 9, hyvä 8, tyydyttävä 7, kohtalainen 6, välttävä 5, hylätty 4, hyväksytty, osallistunut

Todistus on Opetushallituksen 10.2.2020 hyväksymien opetussuunnitelman perusteiden mukainen.



# CERTIFICATE OF PRIMARY EDUCATION PERUSOPETUKSEN PÄÄTTÖTODISTUS

YEARS 1-9

Oppilaan nimi

**Testi Oppilas**

Henkilötunnus

010111A002Ä

Oppilaan opinto-ohjelma	HOURS/WEEK Vuosiviikko- tuntimäärä	GRADE Arvio	
<b>Äidinkieli ja kirjallisuus</b> FINNISH & LITERATURE			
Suomen kieli ja kirjallisuus	10	kiitettävä	9 EXCELLENT
Ilmaisutaito, lyhytkurssi	1	hyväksytty	
<b>Toinen kotimainen kieli</b>			
Ruotsi, B1-oppimäärä SWEDISH	4	kiitettävä	9
<b>Vieras kieli</b>			
Englanti, A1-oppimäärä ENGLISH	7	hyvä	8 GOOD
Matematiikka MATH	11	*hyvä	*8
Biologia BIOLOGY	3,5	hyvä	8
Maantieto GEOGRAPHY	3,5	hyvä	8
Fysiikka PHYSICS	3,5	tydyttävä	7 ACCEPTABLE
Kemia CHEMISTRY	3,5	tydyttävä	7
Terveystieto HEALTH EDUCATION	3	hyvä	8
Uskonto/Elämäkatsomustieto RELIGION	3	hyvä	8
Historia HISTORY	4	kohtalainen	6 FAIR
Yhteiskuntaoppi SOCIAL SCIENCE	3	tydyttävä	7
Musiikki MUSIC	6	erinomainen	10 OUTSTANDING
Kuvataide ARTS	2	hyvä	8
Piirtäminen ja maalaus	1	hyväksytty	
Käsityö HANDWORK	4	kiitettävä	9
Liikunta SPORT	7	hyvä	8
Kotitalous COOKING	3	hyvä	8
<b>Soveltavat valinnaiset aineet</b>			
Taloustaito ECONOMICS	2	kiitettävä	9
Tieto- ja viestintätekniikka INFORMATION TECHNOLOGY	1	hyväksytty	ACCEPTED

Oppilaan opinto-ohjelmaan on kuulunut oppilaanohjausta ja työelämään tutustumista.

Lisätietoja: Oppilas on opiskellut tähdellä merkityt (\*) oppiaineet yksilöllisen oppimäärän mukaan.

Koulun opetuskieli: suomi

Kontiolahdella, kesäkuun 5. päivänä 2021

koulun leima

\_\_\_\_\_  
allekirjoitus  
rehtori

Perusopetuksen oppimäärä sijoittuu tasolle kaksi kansallisessa tutkintojen ja muiden osaamiskokonaisuuksien viitekehyksessä ja eurooppalaisessa tutkintojen viitekehyksessä.

Arvosanat: erinomainen 10, kiitettävä 9, hyvä 8, tyydyttävä 7, kohtalainen 6, välttävä 5, hylätty 4, hyväksytty, osallistunut

Todistus on Opetushallituksen 10.2.2020 hyväksymien opetussuunnitelman perusteiden mukainen.

