



STUDENT APPLICATION FORM

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ABOUT YOU (please print or type)

YOUR FIRST NAME	
YOUR LAST NAME	
DATE OF BIRTH	
PLACE OF BIRTH	
HOME ADDRESS, Street, State Zip	
TELEPHONE (Home)	
VACATION HOME ADDRESS	
TELEPHONE (Vacation Home)	
GENDER	
AGE	
E-Mail	

ABOUT YOUR FAMILY

FATHER FULL NAME (First, Last)	
OCCUPATION	
TELEPHONE (Business)	
TELEPHONE (Mobile)	
E-Mail	
MOTHER FULL NAME (First, Last)	
OCCUPATION	
TELEPHONE (Business)	
TELEPHONE (Mobile)	
E-Mail	
NUMBER OF SISTERS AND AGES	
NUMBER OF BROTHERS AND AGES	

EDUCATIONAL INFORMATION

NAME OF THE SCHOOL			
GRADE			
1 ST STUDIED LANGUAGE		# OF YEARS STUDYING	
1 ST STUDIED LANGUAGE		# OF YEARS STUDYING	

MEDICAL INFORMATION

Are your vaccinations up to date?

TETANUS		TUBERCULOSE	
MEASLES		POLIO	
ALLERGIES If yes please explain.			
ARE YOU ON MEDICATION?			
BLOOD TYPE			
SMOKER, YES / NO			

GENERAL

HOBBIES AND SPORTS	
DO YOU PLAY ANY INSTRUMENT?	
PLEASE LIST THE COUNTRIES YOU VISITED	
FAVORITE FOOD	
FAVORITE SUBJECT AT SHCOOL	

HERE, PLEASE TELL US SPECIAL INFORMATION ABOUT YOUR CHILD THAT YOU WOULD LIKE US TO KNOW.	
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MEDICAL AUTHORIZATION

We, the students' parents, hereby grant the group leader, host family and program organizer, all necessary permission and authorizations to act as legal guardians and in any situation, especially in emergencies whether medical or other, including medical treatment.

Date	
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PLEASE ADD ANY KIND OF FAMILY PHOTO AND YOUR PHOTO IN THE SPACE BELOW. PLEASE DESCRIBE PEOPLE IN THE PICTURES.

ONLY FOR HOMESTAY PROGRAMS

Please write a letter to the host family. This is the very important part of your application. Here, you will have the opportunity to reveal your true personality. Do not waste this space repeating information you have provided elsewhere in this application. Please do not write less than 300 words.