

GERMAN-AMERICAN PARTNERSHIP PROGRAM
STUDENT INFORMATION FORM

(photo)

1. PERSONAL DATA

First and family name: Sex: Grade:

Address: E-Mail:

Date and place of birth: Religion:

Parents' names and occupations:

Brothers (number/ ages): Sisters (number/ ages):

Telephone (to make sure that in case of an emergency somebody is available at any time of the day we ask for precise information:

Phone-nr.	from/ to ... hours	Answering will be (name):	This is:

This information form serves to select a host family which matches with your personal way of life. Please, answer the questions so that the reader can picture your personality. However, take care: only honest answers will really enable to help with the selection.

Information regarding the condition of health are absolutely necessary to enable prompt action in a state of emergency. All information will be treated confidentially.

2. PERSONAL HABITS AND PREFERENCES

Religion*:

Do you attend service regularly? yes no

Is religion an important part of your life? yes no

Alcoholic beverages*:

Are you used to drinking alcoholic beverages (beer, wine)? yes no

Do you feel able to do without any alcoholic beverages? yes no

Smoking*:

Do you smoke? no occasionally little a lot

If your host family wished you to do so, would you be willing to reduce this amount? yes no

Do you object to others smoking around you? yes no

Household chores:

Do you have to do specific chores at home? yes no

If so, what are they?

„Job“*:

Do you have a part-time job? yes no

If so, what do you do?

Animals:

Do you like animals? yes no. To which animals do you object?

Do you have pets at home? yes no. If so, which one(s)?

3. YOUR SPARE TIME

Describe your spare time activities (incl. clubs, organizations, associations):

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4. TRAVEL EXPERIENCE

Which trips to foreign countries have you taken, how long and for what purpose?

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* You can choose if you want to answer the questions with *, but keep in mind that this information will help to make a perfect match (see frontpage for further information).

Which were your predominant impressions? What did you learn from these trips?

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Have you ever been a guest in a foreign family? When and for how long?

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5. STAYING IN YOUR HOST FAMILY

Would you share a room with your host brother or sister? yes no.

Would you rather prefer to be hosted by a large or a small family?

Write down, what you expect from participating in this program and what you hope to achieve by staying in your host family and in the country you visit.

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6. THE VISIT OF YOUR EXCHANGE PARTNER

What do you expect from your partner when he/she comes to visit you?

(What should he/she be interested in? What will he/she have to be prepared to?)

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Will your partner have a room to himself/herself or will you use yours together?

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7. INFORMATION CONCERNING HEALTH

Which health restrictions have to be paid attention for?

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Do you have to take a certain medication regularly? yes no

If so, which?

Why?

Do you suffer from an allergy? yes no

Against what?

What has to be done, if the allergy arises?

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Do you have to follow a special diet? If so, please, describe.

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8. FURTHER INFORMATION

Further information which you consider to be important:

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Place, date

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Signature of applicant

Confirmation of parent(s) or guardian:

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Place, date

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Signature of parent(s) or guardian.