

GERMAN AMERICAN PARTNERSHIP PROGRAM

STUDENT INFORMATION FORM

(photo)

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**1. Personal Data**

First and family name: ..... Gender: ..... Grade: .....

Address: .....

Email-Address: ..... (applicant)

..... (parent/s)

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: (mother, father...)

.....

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

**Smoking\*:**

Do you smoke?  no  occasionally  a 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  
 Do you have pets at home?  yes  no

If so, which and how many? .....

**3. Your spare time**

Describe your spare time activities (including 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 front page 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                     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?  
(What should he/she be interested in? What will he/she be prepared to do?)

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Will your partner have a room to himself/herself or will you share your room?

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**7. Information concerning health**

Which health restrictions have to be paid attention to? (Food intolerances...)

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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

.....  
Signature of Applicant

**Confirmation of parent(s) or guardian:**

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Place, date

.....  
Signature of parent(s) or guardian