

GAPP 20 / 20

German American Partnership Program

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Student Information Form

1. Personal data

First name and family name: _____

Sex: _____

Address: Street: _____

Post code and place: _____

Phone: _____ eMail: _____

Date and place of birth: _____ Religion: _____

Father (first name / family name): _____ Occupation: _____

Mother (first name / family name): _____ Occupation: _____

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

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

Area Code & Number	from / tohours	Name of Person at Number	Relation to Applicant
e.g.: 07271-2914	8 a.m - 6 p.m.	Rolf Braun	father

Please remember that the best selection can be made only if your responses to the following questions are absolutely candid.

Information concerning special health needs is crucial if prompt, effective action is to be taken in an emergency. All information will be treated confidentially.

2. Personal Habits and Preferences

Religion:

Do you attend services regularly? () yes () no

Is religion an important part of your life? () yes () no

Smoking:

Do you smoke? () no () occasionally () little () a lot

If your host family wished 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, what kind? _____

3. Your spare time

List your spare time activities:

4. Travel experience:

List foreign countries, if any, you have visited; give dates and purpose:

What were the main impressions that you formed from these trips? What do you feel you learned from these trips?

5. Staying in a host family:

Have you ever stayed in the home of a foreign family ? List dates and places.

Would you mind sharing a room with you host partner? () yes () no

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

What do you expect from staying with you host family and residing in the country you visit?.

6. The visit of your exchange partner

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

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

7. Information concerning health:

Do you have any special requirements or restrictions pertaining to your health?

() yes () no. If yes, what are they? _____

Do you have to take any medication regularly? () yes () no

If so, which medication? _____

How often? _____ Why? _____

Do you suffer from an allergy? () yes () no

If so, against what?

What must be done in case of an allergy attack?

Do you have to follow a special diet? () yes () no

If so, describe: _____

Are you a vegetarian? () yes () no

8. Further information

Further information which you consider to be important: _____

I have given this information to the best of my knowledge and conscience. I have not withheld anything which could be of importance in selecting my exchange partner and host family, which might jeopardize my own security or that of the entire exchange group or which might otherwise undermine the success of the exchange program.

(Place, Date)

(Signature of Applicant)

(Place, Date)

(Signature of Parent(s) or Guardian)