

GAPP 2025 / 2026

German American Partnership Program

recent **passport photo**

(please glue photo on application form, **do not** staple it!)

Student Information Form

1. Personal data

First name and family name: _____

Sex: _____ Nationality: _____ class 10 _____

Address: Street: _____

Post code and place: _____

Phone (landline): _____ Mobile phone: _____

E-mail: _____

Date and place of birth: _____

Father (first name / family name): _____

Occupation (in German and English, please):

Mother (first name / family name): _____

Occupation (in German and English, please):

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

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. 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? _____

Are you allergic? () yes () no

If so, what are you allergic to?

Do you follow a special diet (e.g. vegan, vegetarian, gluten-free, ...)? () yes () no

If so, describe. _____

3. Personal habits and preferences

Religion:

What denomination are you? _____

Would you be willing to attend services with your host family?

() sure () maybe () no

Smoking:

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

If so, would you be willing to give it up during the time of the exchange

(visit to USA and return visit)? () yes () no

Does anyone in your household smoke? () 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? Explain. _____

Job:

Do you have a part-time job? () yes () no

If so, what do you do? Explain. _____

Animals:

Do you have pets at home?

() yes

() no

If yes, what kind? _____

Would you have a problem being around animals such as a cat or a dog?

4. Your spare time

Which extracurricular activities ("AGs") do (or did) you take part in? When and for how long? _____

Do you do voluntary work? (e.g. as trainer in sports club, group leader in church group, representative of your class, "SV" ...) _____

Explain how you spend your spare time. _____

Explain how you spend a typical weekend.

5. Travel experience

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

6. Staying in a host family

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

Would you share a room with your host partner? ☐ yes ☐ no

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

We try to match girls with girls and boys with boys, but sometimes we have different numbers of boys and girls on the American and German side. Would you be willing to be hosted / host a guest of the opposite sex? ☐ yes ☐ no

During your stay with your host family, what activities would you be particularly interested in? What would you like to experience / try / see? (No general answers like "experience the 'American Way of Life' or 'American High School life'" or "get to know American Culture", ...)

7. The visit of your exchange partner

What kind of partner would best fit into your home? (No general answers like "should be interested in Germany", "should be open-minded", "be nice", "should accept me", ...)

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

8. Further information

Give the names of two of your present or former teachers that can tell us a bit more about you: _____

Further information which you consider to be important for your partner or host family:

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 Father or Guardian)

(Place, Date)

(Signature of Mother or Guardian)