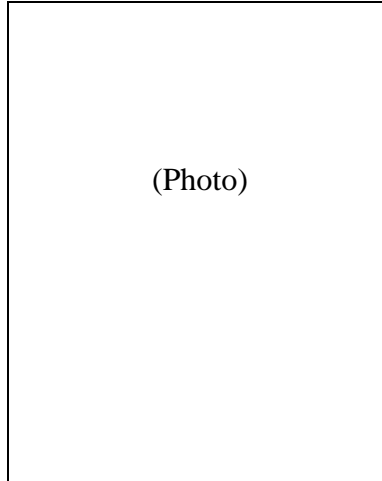


**German-American Partnership Program  
STUDENT INFORMATION FORM**



**PERSONAL DATA**

First and Last Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade/Age: \_\_\_\_\_

Address: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Religion (optional): \_\_\_\_\_

Father's Name: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Siblings and Ages: \_\_\_\_\_

Telephone Numbers (IN CASE OF EMERGENCY: please be accurate):

Area Code and Number	From/to...hours	Name of Person	Relation to Applicant

- The information contained herein will be used to select a host family that best approximates your personal way of life. It is, therefore, essential that the information you present is sufficiently detailed so as to give us a true picture of yourself, even though we must also ask you to write concisely and not exceed the space provided.
- **Please remember that the best selection can be made only if your responses to the following questions are absolutely honest and candid.**
- Information concerning special health needs is crucial, especially if prompt action needs to be taken in an emergency. All information will be treated confidentially.

**PERSONAL HABITS AND PREFERENCES**

***Religion:***

Do you attend services regularly?  yes  no  
 Is religion an important part of your life?  yes  no  Sundays  
 If your host family went to church regularly, would you be willing to go along?  yes  no

***Smoking:***

Does anyone in your household smoke?  no  occasionally  a lot  
 Do you smoke?  no  occasionally  a lot  
 The rules regarding smoking are clear:

\*NO SMOKING allowed in the host family’s home, and anytime that we are together in school, on field trips, or on any other occasion.

\*If you are caught with the possession of tobacco, you are subject to discipline. Especially if sharing with any of the students on the program, or if under the age of 18.

Are you willing to make the appropriate changes to your habit in order to follow the GAPP rules, as well as respect the host family’s wishes?  yes  no

***Household chores:***

Do you have to do specific chores at home?  yes  no  
 If so, what are they? How often are you responsible for them?

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***Job:***

Do you have a part-time job?  yes  no  
 If so, what is it and what are some responsibilities you have there?

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***Animals:***

Do you like animals? ( ) yes ( ) no

Are there any animals you completely object to? \_\_\_\_\_ ( ) no

Do you have pets? ( ) yes

If so, which kind and how many? \_\_\_\_\_

Are you allergic to any animals? ( ) yes ( ) no ( ) not seriously

If so, which and what happens? \_\_\_\_\_

**YOUR SPARE TIME**

Describe your spare time activities:

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If you had an entire afternoon off in the summer, what would your dream day be like?

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**TRAVEL EXPERIENCE**

Which foreign countries, if any, have you visited? For how long and for what purpose?

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

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Have you ever lived in the home of someone from a different country or stayed in someone's house on your travels? When, why, and for how long? What was your experience like?

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**STAYING WITH YOUR HOST FAMILY**

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

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

What expectations do you have about participating in this exchange program? What do you hope to achieve by staying with your host family and residing in the country you visit?

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**THE VISIT OF YOUR EXCHANGE PARTNER**

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

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What are your plans for your partner when he/she comes? What expectations do you have of your time in the U.S. together? What are you most looking forward to?

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Will your partner share your room or have a room of his/her own?

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Please describe yourself in one paragraph: what is your personality like? What habits do you have that he/she should be aware of? What words would describe you as a person and why?

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**INFORMATION CONCERNING HEALTH**

Do you have any special requirements or restrictions regarding your health? If so, describe.  yes  no

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Do you have to take medication regularly? If so, which, how often, and why?  yes  no

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Do you have any allergies? (include medication, animals, foods, trees, etc.)  yes  no

If so, which? And what must be done in case of an allergy attack?

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Do you have to follow a specific diet? If, so, please describe:  yes  no

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**FURTHER INFORMATION**

Is there anything you feel would be important to know about you that wasn't addressed on this form?

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**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.**

\_\_\_\_\_  
date

\_\_\_\_\_  
signature of applicant

**\*Confirmation of Parent(s) or Guardian**

\_\_\_\_\_  
date

\_\_\_\_\_  
signature of Parent(s) or Guardian

\* \* \* \* \*

**\$100 DOLLAR DEPOSIT**

*Make all checks payable to Wilmot High School (WUHS)*

Date received: \_\_\_\_\_

Cash? \_\_\_\_\_ Check? \_\_\_\_\_ (signed by: \_\_\_\_\_ )

I understand that my deposit of \$100 is non-refundable, and is a sign of my commitment to the GAP-Program. I will make all payments when they are due and fundraise if needed.

\_\_\_\_\_  
date

\_\_\_\_\_  
signature of applicant

\_\_\_\_\_  
date

\_\_\_\_\_  
signature of Parent(s) or Guardian