

GAPP 2017 / 2018
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: _____
eMail: _____

Date and place of birth: _____ Religion: _____
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: _____ / _____

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

Comment: _____

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? _____

Comment: _____

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 share a room with you host partner? yes no
Would you prefer to be hosted by a large or a small family?
Would you prefer to host/be hosted by a girl or a boy
or would it be okay to host/be hosted by either a boy or a girl

What do you expect from staying with your 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? _____

Are you allergic? yes no
If so, what are you allergic to? _____

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/vegan/frutarian/...? yes no
Specify: _____

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 Father or Guardian)

(Place, Date)

(Signature of Mother or Guardian)

Note: Both parents need to sign the application form (if possible).