

GERMAN-AMERICAN PARTNERSHIP PROGRAM
STUDENT INFORMATION FORM

(photo)

1. PERSONAL DATA

grade:

English teacher:

First and family name: Sex: Grade:

Address: E-Mail:

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:

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 (beer, wine)? ☐ yes ☐ no

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

Smoking*:

Do you smoke? ☐ no ☐ occasionally ☐ 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. To which animals do you object?

Do you have pets at home? ☐ yes ☐ no. If so, which one(s)?

3. YOUR SPARE TIME

Describe your spare time activities (incl. 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 frontpage 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 a ☐ 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 you?
(What should he/she be interested in? What will he/she have to be prepared to?)

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Will your partner have a room to himself/herself or will you use yours together?

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7. INFORMATION CONCERNING HEALTH

Which health restrictions have to be paid attention for?

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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

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Signature of applicant

Confirmation of parent(s) or guardian:

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Place, date

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Signature of parent(s) or guardian.