

## Application Form – School Guest

– Please type or write neatly in black print –

ICXchange-Deutschland e.V.  
 Bahnhofstraße 16-18  
 D-26122 Oldenburg  
 Tel. +49 (0) 441 - 92 398-0  
 Fax +49 (0) 441 - 92 398-99  
 E-Mail info@ICXchange.de  
 Internet www.ICXchange.de

Host Country

Program No.

Start of program (day/month/year)

End of program (day/month/year)

### Applicant

Family name

First name/s

Date of birth  day  month  year

City + Country of birth

Nationality

Street address

Postcode/City

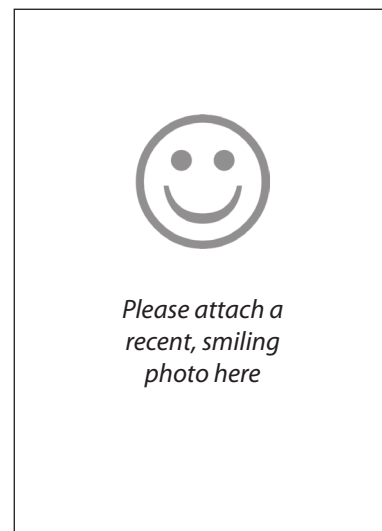
Country/State

Home phone

Mobile phone

E-mail address

Sex (M/F)  Weight  Height  T-Shirt-Size



### Family Data

**Father** (legal guardian  Yes  No)

Family name

First name/s

Date of birth  day  month  year

Nationality

Street address

Postcode/City

Home phone

Business phone

Mobile phone

E-mail address

Occupation

**Mother** (legal guardian  Yes  No)

Family name

First name/s

Date of birth  day  month  year

Nationality

Street address

Postcode/City

Home phone

Business phone

Mobile phone

E-mail address

Occupation

### Brothers/Sisters

First name/s	Age	Sex (M/F)	Living at home?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

I live with:  Father  Mother  Stepfather  Stepmother  Grandfather  Grandmother  Others (please explain)

## Personal Data

How would you describe yourself?

- outgoing       quiet  
 talkative       timid  
 independent       sociable  
 sporty       polite

Are you vegetarian?

- Yes       No

If yes, please explain:

Do you have any pets?  Yes  No

Do you like pets?  Yes  No

Can you adjust to a home with indoor pets?  Yes  No

Can you adjust to a home with outdoor pets?  Yes  No

The School Guest program is a nonsmoking program and I agree not to smoke while in the program  Yes  No

Do you usually help with household chores?  Yes  No

Do your parents require you to be home at a specific time in the evening?  Yes  No

If yes, what time weekdays?

What time weekends?

List any hobbies, sports or other activities you participate in. Also, state any musical instruments you play or (artistic) interests you pursue. Indicate frequency and skill.

	regularly	sometimes	seldom	excellent	good	average
<div style="background-color: #cccccc; height: 18px;"></div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<div style="background-color: #cccccc; height: 18px;"></div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<div style="background-color: #cccccc; height: 18px;"></div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<div style="background-color: #cccccc; height: 18px;"></div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<div style="background-color: #cccccc; height: 18px;"></div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Indicate languages you speak and/or have studied and explain your proficiency.

Language	Years studied	excellent	good	average	fair	poor
English	<div style="background-color: #cccccc; width: 100%; height: 18px;"></div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<div style="background-color: #cccccc; height: 18px;"></div>	<div style="background-color: #cccccc; width: 100%; height: 18px;"></div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<div style="background-color: #cccccc; height: 18px;"></div>	<div style="background-color: #cccccc; width: 100%; height: 18px;"></div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Health

Do you suffer from any allergy, illness or disability?  Yes  No

Do you need or take any medication on a regular basis?  Yes  No

Are you receiving any medical treatment at present?  Yes  No

Do you have any physical restriction?  Yes  No

Do you have any eating disorder?  Yes  No

Do you have any special dietary requirement?  Yes  No

If you have answered "yes" to any of these questions, please give details:

## Emergency Contact

Person to contact in case of emergency (if we cannot reach your natural parents or guardians)

Family name  Country

First name/s  Home phone

Street address  Business phone

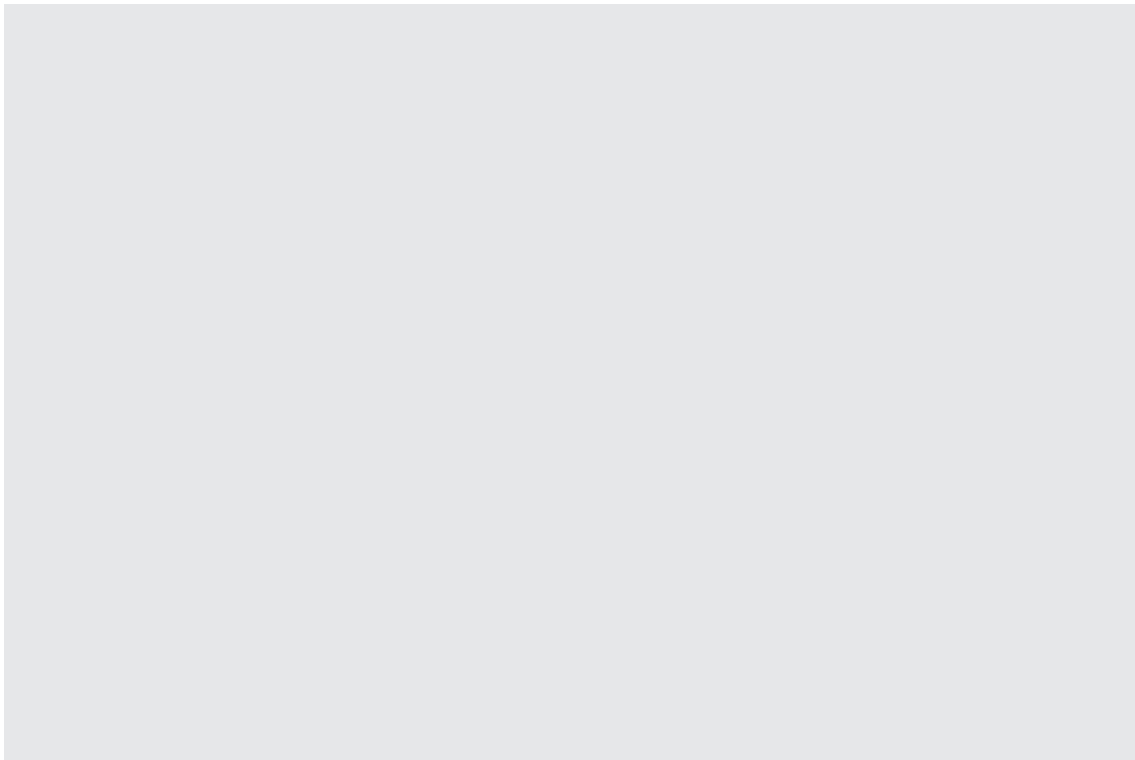
Postcode/City  E-mail address

Relationship:  Grandfather  Grandmother  Uncle  Aunt  Other

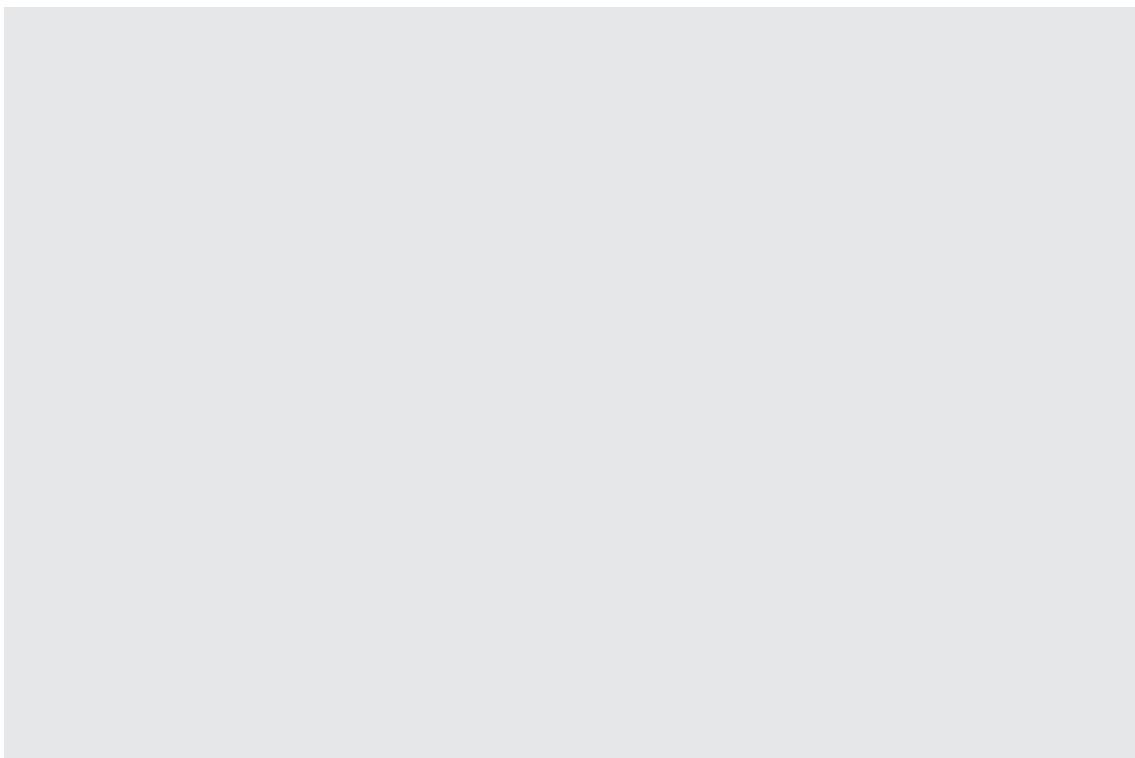
## **Family Album**

On this page place photos showing you and your family and friends in the places you live or frequently go to. This is an album for your host family so that they can get an idea of the way you live.

Name



***Describe the photo:***



***Describe the photo:***

## Letter to your Host Family

Your host family is interested in knowing about you. Please write them a brief letter in the target language describing yourself and your interest in participating in a cross-cultural program.

It will be helpful if you write about your relationship with family members and friends, your study and personal habits, your ability to handle difficult situations, your home and educational life and your future plans.

**Dear host family/Chère famille d'accueil/ Estimada familia de acogida:**

## Airport

From which major airport in Germany would you like to start your flight?

## How did you learn about the program?

Exchange fair    School    Friends/Family    Internet    Other: \_\_\_\_\_

## Declaration of the Student

It is my own decision to participate in the program, and I confirm that all statements correspond to the truth and have been made conscientiously.

I have read the ICX Privacy Policy under <https://icxchange.de/datenschutzerklaerung> and I agree to the processing of my personal data.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of applicant

## Declaration of Parents/Legal Guardians

The participation of our son/daughter in the ICX program is with our approval.

We agree to authorize ICX, its partner organization and/or the host family to act for us in an emergency, accident or illness during the period of time our son/daughter is involved in the ICX program.

I / We have read the ICX Privacy Policy under <https://icxchange.de/datenschutzerklaerung>, and I/we agree to the processing of my / our data and the data of our daughter / son.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of parents or legal guardians

## Comments (for ICX use only)
