

## Application Form – Language & Culture

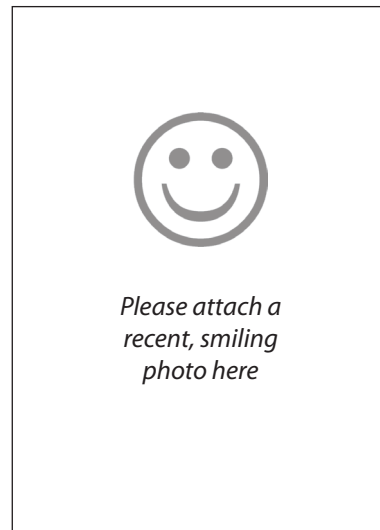
– Please type or write neatly in black print –

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Host Country  Start of program  (day/month/year)  
 Program No.  End of program

### 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

	<b>Father</b> (legal guardian <input type="checkbox"/> Yes <input type="checkbox"/> No)		<b>Mother</b> (legal guardian <input type="checkbox"/> Yes <input type="checkbox"/> No)
Family name	<input type="text"/>	Family name	<input type="text"/>
First name/s	<input type="text"/>	First name/s	<input type="text"/>
Date of birth	<input type="text"/> day <input type="text"/> month <input type="text"/> year	Date of birth	<input type="text"/> day <input type="text"/> month <input type="text"/> year
Nationality	<input type="text"/>	Nationality	<input type="text"/>
Street address	<input type="text"/>	Street address	<input type="text"/>
Postcode/City	<input type="text"/>	Postcode/City	<input type="text"/>
Home phone	<input type="text"/>	Home phone	<input type="text"/>
Business phone	<input type="text"/>	Business phone	<input type="text"/>
Mobile phone	<input type="text"/>	Mobile phone	<input type="text"/>
E-mail address	<input type="text"/>	E-mail address	<input type="text"/>
Occupation	<input type="text"/>	Occupation	<input type="text"/>

### 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)

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

Family name  Home phone   
 First name/s  Business phone   
 E-mail address   
 Relationship:  Grandfather  Grandmother  Uncle  Aunt  Other

## 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 Language & Culture 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?

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

Language	Years studied	excellent	good	average	fair	poor
English						

## 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:

## Airport

If you wish to arrange your flight with ICX, 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