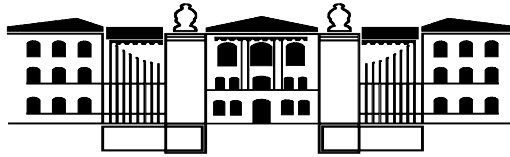


CHRISTIAN-WIRTH-SCHULE

– Gymnasium –

Schule mit besonderer musikalischer Förderung



Schloßplatz 1, 61250 Usingen, Telefon: (0 60 81) 9 13 40

Application for Student Exchange Noblesville/Usingen

Exchange Years: _____

NAME _____

ADDRESS _____

HOME PHONE NUMBER _____

DATE OF BIRTH _____

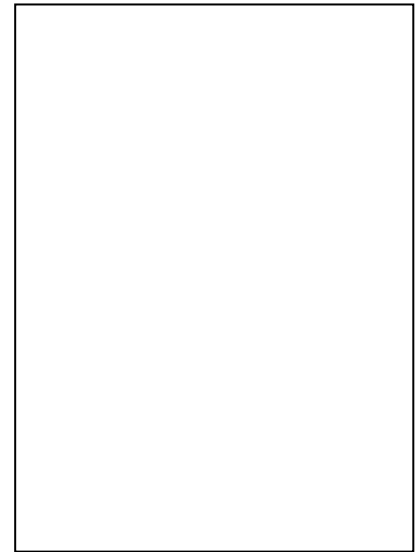
EMAIL ADDRESS _____

MOBILE PHONE NUMBER _____

NAME OF PARENTS _____

PARENTAL EMAIL ADDRESS _____

EMERGENCY CONTACTS _____



Further Family Information

Composition of family (only members currently living at your address)

1. Parents _____

2. siblings (names/sex/ages/living at home) _____

3. significant others (pets, grandparents, au pairs etc)

Family habits and customs

We would like to match visiting students with host families so that the homestay program is as enjoyable as possible for all. Your frank answers to the following questions will be most helpful. Please rank your family based on the following characteristics:

How would you characterize your family?

1 = not very

3 = somewhat

5 = very much so

Easygoing	1	2	3	4	5
Serious/quiet	1	2	3	4	5
Independently oriented	1	2	3	4	5
Family oriented	1	2	3	4	5
Communicative	1	2	3	4	5
Strict	1	2	3	4	5
Liberal	1	2	3	4	5
Close-knit	1	2	3	4	5

As a family do you:

1 = almost never

3 = sometimes, but not regularly

5 = often and/or regularly

Eat meals together	1	2	3	4	5
Play games or music	1	2	3	4	5
Have family discussions	1	2	3	4	5
Attend cultural events	1	2	3	4	5
Attend church	1	2	3	4	5
Attend sporting events	1	2	3	4	5
Vacation together	1	2	3	4	5

Do both your parents work? Yes No

If yes, how much time will they be able to devote to the host student?

Your home

1. Do you live in an apartment a private house other

2. How far is your home from school? _____

3. What means of transportation would normally be used by the visiting student?

(to attend school) _____

(to participate in other activities) _____

4. Would the visiting student have a separate bedroom? Yes No

If not, with whom would s/he share a room? _____

*****Please note, A SEPARATE BED IS REQUIRED, but a separate room IS NOT*****

5. What arrangements would be made for the visiting student's lunch?

6. Do you have a curfew? Yes No Time(s): _____

7. Are there smokers in your family? Yes No

If yes: light moderate heavy

8. Do you smoke? Yes No

9. Would you be able to stop smoking for the duration of this exchange? Yes No

10. Are you allowed to drink alcohol at home? Yes No

11. Would you be willing to host a foreign student who smokes? Yes No

12. Does your family follow a special diet (vegetarian, Kosher, etc.) which would be important for a prospective guest to know about ahead of time? Yes No

If so, please describe: _____

International experience

1. Has anyone in the family lived, traveled or studied abroad? Yes No

If so, please describe: _____

2. Has your family ever hosted a foreign guest before? Yes No

If so, please describe: _____

The host student

1. What are your major interests at school?

2. Students' Interests: Do you participate in any activities outside of school (part-time job, extracurricular activities, music or other lessons, etc.) in which the visiting student would not be able to participate? Please specify and indicate how much time is involved for each activity.

Activity	Time Commitment/Week	guest student participation	
		Yes	No

3. Circle all the words that best describe your character (circle as many as necessary):

outgoing	shy	adaptable	organized
stubborn	calm	patient	humorous
group-oriented	individualist	easygoing	serious
emotional	spontaneous	studious	social
religious	private	talkative	courteous
pensive	considerate	well-mannered	mature
open-minded	adventurous	like to be alone	optimistic

4. What do you like to read? _____

5. What type of music do you like to listen to? _____

6. What TV shows do you like to watch? _____

7. What are your favorite computer games? _____

8. How often and where do you hang out with friends? _____

9. Is there any other information that would be helpful in placing a foreign student with your family?

Health information

Please list any health conditions you may have.

Do you take any medication regularly?

Do you have any allergies?

What must be done if you have an allergy attack?

Is there anything special that should be known about your diet needs?

Last but not least

Have you participated in any other exchange program (France, Poland)? _____

What can you contribute to making this exchange an unforgettable experience?

Which tasks could you assume responsibility for? _____

Goals:

- What impressions and insight were you able to gather from this exchange?
- What did you learn about similarities and differences in way of life, family connections, cultural life etc.?

Signature of Student

Date

Signature of Parent/Guardian

Date