

STUDENT EXCHANGE MÜNSTER – FRESNO 2018

APPLICATION FORM / ANMELDEFORMULAR



PERSONAL INFORMATION

FAMILY NAME		FIRST NAME	
ADDRESS			
MALE <input type="checkbox"/>		FEMALE <input type="checkbox"/>	
E-MAIL ADDRESS			
PARENT'S E-MAIL-ADDRESS			
PHONE		MOBILE PHONE	
FATHER'S OCCUPATION		MOTHER'S OCCUPATION	
DATE OF BIRTH		BROTHERS AND SISTERS	

PICTURE

FURTHER INFORMATION

NAME OF SCHOOL		HOW MANY YEARS HAVE YOU STUDIED ENGLISH?
SPECIAL INTERESTS, HOBBIES, ETC.		
ARE YOU A MEMBER OF AN ASSOCIATION, CLUB OR ORGANISATION? WHICH ONE(S)?		
HAVE YOU EVER STAYED IN A FOREIGN COUNTRY / BEEN GUEST IN A FOREIGN FAMILY / FOR A LONGER PERIOD OF TIME? - WHERE AND WHEN?		
HOW DID YOU GET INFORMATION ABOUT THE YOUTH EXCHANGE? <input type="checkbox"/> SCHOOL <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> NEWSPAPER _____		
ARE YOU ALLERGIC TO CATS, DOGS OR OTHER ANIMALS? <input type="checkbox"/> NO <input type="checkbox"/> YES, _____		MUST YOU FOLLOW A SPECIAL DIET? <input type="checkbox"/> NO <input type="checkbox"/> YES, _____
DO YOU SMOKE? YES <input type="checkbox"/> NO <input type="checkbox"/>		
SIGNATURE		PARENTS SIGNATURE