

GNS EXCHANGE PROGRAM

If you are selected to participate in this program, this application will be forwarded to your exchange partner to provide information about you. Please type the application or print clearly in black ink to ensure legibility of the information. Only legible applications will be accepted. Please send a recent digital photo.

STUDENT INFORMATION

Last Name: _____ First Name: _____

Address: _____

City: _____ Postal Code: _____ Email: _____

Telephone: _____ Fax: _____

Date of Birth: _____ How old will you be next September 1, _____ Years _____ Months _____ Sex: F M

I am interested in an exchange to (list top 3 Round Square World Regions: Africa, Europe/Oman, India/Thailand, Americas [including Bermuda], Australia):

I am in Grade _____ at this time (date: _____) and would like to go on an exchange in Grade _____, preferably in Fall / Winter / Spring / Summer Term (please circle one). It is best for our family to host my partner in Fall / Winter / Spring / Summer Term (please circle one).

FATHER OR GUARDIAN

Last Name: _____ First Name: _____

Home Phone: _____ Work Phone: _____

Is this address the same as students? Yes No Email: _____

Fax: _____ Cell: _____

MOTHER OR GUARDIAN

Last Name: _____ First Name: _____

Home Phone: _____ Work Phone: _____

Is this address the same as students? Yes No Email: _____

Fax: _____ Cell: _____

GENERAL INFORMATION

1. Family

Indicate who will live in your home during the visit of the exchange student: Father Mother Guardian(s)

Brother(s)? How many? _____ Ages: _____ Sister(s)? How many? _____ Ages: _____

Other (please specify): _____ Would you accept a mixed exchange (boy/girl) Yes No

One of your parents or guardians must be in your home for the duration of the exchange.

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2. Living Conditions

What type of home do you have? House Apartment Mobile Home Other: _____
 Yes No Will you provide the student with his/her own room? If no, whom will the student be sharing with? _____

3. Personal Relationships

Friends: Are there places in your community, other than school, where you can easily meet other people your own age? Yes No

If yes, please explain where and how: _____

Although the exchange student must be given priority for the duration of the exchange, the partners do not have to be together constantly. The exchange student is to be considered a member of the family, with the freedom to choose her/his own friends. This is usually the key to a successful exchange.

4. Health

Do you follow a special diet (e.g., vegetarian)? Yes No

If yes, please specify: _____

Do you have any chronic health problems? Yes No

If yes, please specify and explain any limitations they imply (medication, ramp access, etc.): _____

Do you have allergies? Yes No Do you require medical treatment for your allergies? Yes No

Please describe any conditions, which you cannot tolerate? (foods, animals, plants, chemicals, smoking, life on a farm, etc.):

If the possible exchange is in a family where you would encounter any of these conditions, would you take the exchange? Yes No

Explain: _____

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5. Animals

Do you like animals? Yes No

Would you accept twinning in a family where there are animals? Yes No

Do you have animals in your house? Yes No

If yes, which type and how many? _____ Cat _____ Dog _____ Bird _____ Other

6. Religion

Is it important for you to attend religious services regularly? Yes No

If yes, which religion do you practice? _____

7. Pocket Money

Do you currently get pocket money? Yes No

Students must supply their own pocket money to pay for activities such as movies, concerts, sporting events, snacks, etc. Students who have participated in the program in the past have indicated that they spend between \$300 and \$500 on such activities during their stay.

8. Recreational Activities

Which of the three categories below best indicates your personality? Artistic Intellectual Athletic

Which activities do you participate in regularly? Indicate the number of hours per week:

At school: _____ hrs/week: _____

At home: _____ hrs/week: _____

Elsewhere: _____ hrs/week: _____

What type of music do you like? Indicate your order of preference 1–8:

_____ Classical _____ Rap _____ Popular _____ Western
_____ Rock _____ Heavy Metal _____ Jazz _____ Other : _____

Is there any kind of music that you do not like? Yes No

If yes, please specify: _____

What types of social and cultural activities do you like? Indicate your order of preference (1–8):

_____ Movies _____ Dance _____ Computers _____ Video Games _____ Shopping _____ Music
_____ Sports _____ Television _____ Other: _____

What types of hobbies do you enjoy? Please check as many as apply:

Fine Arts Drama Sports Games

Reading Other: _____

In your opinion sports are: Very Important Important Not Important

Do you participate in one or more sports? Yes No

If yes, which is the most important sport for you? _____

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SIGNATURES

Both students and parents must show a commitment to participate in this program. The parents must be prepared to encourage their child to persevere in the exchange despite difficulties encountered while adapting to a new situation.

We have read and understood the responses of our child in this application form and we accept with enthusiasm our child’s intention to participate in the exchange. We will do everything to ensure that the exchange is successful for our child and the exchange student with whom we may be twinned.

Date	Signature of Father (Guardian)
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Date	Signature of Mother (Guardian)
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I am committed to the successful completion of this exchange. If chosen, I will make every effort to make the exchange partner selected for me welcome.

Date	Signature of Student
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REFERENCES

Homeform Advisor Recommendation (please respond as to why you think this student will be a good ambassador and host): What has this student participated in recently to be ready for this exchange opportunity?

Date	Signature of Homeform Advisor
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