

Gastonia Sister Cities Program

- German Language Class
- Peru Language Class

APPLICATION

I. Student Information:

Full Name (as it appears on your license or Passport) _____

Nick name _____

Street _____ City _____ State _____

Zip _____ Phone: _____ Cell: _____

Birth-date: ____/____/____ Email: _____

II. School Information:

Name of School Attending: _____ Grade: _____

Extra Curricular activities and community involvement:

III. Parent/Guardian Information:

Mother's Name: _____

Phone: Home _____ Work _____ Cell _____

Father's Name: _____

Phone: Home _____ Work _____ Cell _____

Email (if different from student's): _____

IV. Essay questions: (Please attach answers on a separate sheet)

1. State the reason(s) you would like to learn a foreign language.
2. Why would you like to visit Germany or Peru? Include what you think Germany or Peru would be like, also include why you may not want to visit.
3. Describe yourself.

V. Please attach 2010-2011 transcript of grades/academic records with attendance.

VI. Teacher Recommendations:

We need at least 2 recommendations from current teachers they may include school, church or after school lessons, or scout leaders.

The other reference many come from a family friend or someone who knows you outside of the school setting.

VII. Should you be selected for this program, you may have the opportunity to travel on an overseas trip. Please answer these questions in reference to housing.

1. Do you have any dietary restrictions? _____
If yes, please explain:

2. Do you have any physical restrictions, impairments, or allergies that will limit placement options or participation in everyday family and/or school activities?
If yes, please explain:

3. Have you ever traveled to another country? _____
If yes, please explain: _____

4. Will your family be willing to host an exchange student for approximately two weeks? _____

VIII. I have completed the application for the Sister Cities Program and understand the guidelines.

Photography Release

By my signature, I hereby give permission for my child to be photographed during events, classes, and special activities held by Sister Cities, and I give my permission for those photograph(s) to be used, without restriction as to changes or alterations, for advertising, promotion, exhibition, or any other lawful purposes. I waive any right to inspect or approve the photograph(s) that may be used now or in the future, whether that use is known or unknown to me, and I acknowledge that I understand that there will not be any compensation arising from the use of the photograph(s).

Student Signature: _____ Date: ____/____/____

Parent Signature: _____ Date: ____/____/____