



2007 Summer Cultural Exchange Program Application Form

1. Applicant's Name:

Last name	Middle	First	Preferred name/nickname
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2. Address & Phone Numbers:

Telephone: Home: _____ Cell: _____

3. Passport Information (The information must be provided by July 1, 2007)

Passport Number (if known) _____

Passport Issue Date: _____

Passport Expiration Date: _____

City and Country of Birth: _____

City

Country

4. Parent or Guardian Information

Father/Guardian

Last Name	First Name	Business or Cell phone
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Country of Birth	Occupation	Employer	E-mail address
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Mother/Guardian

Last Name	First Name	Business or Cell phone
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Country of Birth	Occupation	Employer	E-mail address
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5. Emergency Contacts:

If a parent/guardian cannot be reached, please include someone else to contact:



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_____	_____	_____	_____
Last Name	First Name	Relationship	Telephone numbers
_____	_____	_____	_____
Last Name	First Name	Relationship	Telephone numbers

6. Medical Requirements and Health Restrictions:

Do you have any physical restrictions, impairments or allergies that will limit your participation in every day school and family activities? ____ Yes ____ No
If yes, please explain:

7. Dietary Information:

Do you have any dietary restrictions? ____ Yes ____ No
If yes, please list and explain: _____

Are you a vegetarian? ____ Yes ____ No
If yes, are you able to eat: ____ Fish ____ Poultry ____ Dairy products

8. Interests and Activities:

List your major interests and activities, and indicate how often you pursue them.

Signatures: _____
Student Signature **Date**

Parent/guardian Signature **Date**