

Gastonia Sister Cities Program
2008 - 2009
GERMAN LANGUAGE PROGRAM
APPLICATION

I. Student Information:

Last Name _____ First _____ MI _____
Street _____ City _____ State _____
Zip _____ Phone: _____ Cell: _____
Birth-date: ____/____/____ Email: _____

II. School Information:

Name of School Attending: _____ Grade: _____

Please attach a 2007-2008 transcript of grades/academic records with attendance. Must attach three (3) references, 2 academic, 1 personal interview will be required

Extra Curricular activities and community involvement:

III. Parent Information:

Mother's Name: _____

Phone: Home _____ Work _____ Cell _____

Father's Name: _____

Phone: Home _____ Work _____ Cell _____

Email (if different from student's): _____

Please call 704-854-6602 or email sistercity@cityofgastonia.com should you have any questions.

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

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

V. Teacher Recommendations:

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

VI. 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. Can you live in a household with pets? _____
4. Have you ever traveled to another country? _____
If yes, please explain: _____

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

VII. I have completed the application for the German Language class 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: ____/____/____

Parent Signature: _____ Date: ____/____/____