

Gastonia Sister Cities Exchange Program

APPLICATION

I. Student Information:

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

Nick name or preferred name _____

Street _____ City _____ State _____

Zip _____ Phone: _____ Cell: _____

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

II. School Information:

Name of School Attending: _____ Grade: _____

III. Family Information:

Mother's/Guardian's Name: _____

Phone: Home _____ Work _____ Cell _____

Father's/Guardian's Name: _____

Phone: Home _____ Work _____ Cell _____

Email (if different from student's): _____

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

1. Explain why you want to participate in the program and what you hope to get out of the experience.
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. Include all extracurricular activities and community involvement.

V. Please attach current transcript of grades/academic records with attendance.

VI. Teacher Recommendations:

We need at least 2 recommendations: current teacher, church leaders, coaches, scout leaders, etc.

VII. Please answer these questions in reference to housing.

1. How many people live in your household? _____
2. Will your family be willing to host an exchange student for approximately two weeks? _____
3. What kind of accommodations will you provide for your host student? (share a room/have their own room, etc.) _____

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

5. 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: _____

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

VIII. I have completed the application for the Sister Cities Program and understand the requirements and 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: ____/____/____

Please call 704-869-1938 or email juliannL@cityofgastonia.com should you have any questions.