

# European Partners in Education (EPIE) Student Exchange Application Form

(please print using a dark pen, English only! )

(photo / Foto)

(more photos of family and interests are encouraged on another page)

## 1. PERSONAL DATA

First and last name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Sex: \_\_\_\_\_ Grade / Form: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Religion: \_\_\_\_\_

Telephone private: \_\_\_\_\_

Work: Father \_\_\_\_\_ Mother \_\_\_\_\_

E-mail (student): \_\_\_\_\_

Father's name: \_\_\_\_\_

Father's occupation: \_\_\_\_\_

Mother's name: \_\_\_\_\_

Mother's occupation: \_\_\_\_\_

E-Mail (parents): \_\_\_\_\_

Sisters (names, ages): \_\_\_\_\_

Brothers (names, ages): \_\_\_\_\_

## 2. PERSONAL PREFERENCES / PERSÖNLICHE GEWOHNHEITEN

Do you smoke? / Rauchst du?      ( ) no    ( ) little    ( ) a lot

Could you do without smoking if necessary?    ( ) yes    ( ) no

How much do you object to others smoking around you?

- inside the house: ( ) very much ( ) a little ( ) not much
- outside: ( ) very much ( ) a little ( ) not much

Which pets do you have at home? \_\_\_\_\_

Of which animals are you afraid? \_\_\_\_\_

Special interests or activities in the family: \_\_\_\_\_

### 3. SPARE TIME Please check (x)

How do you spend your free time?

**often**                      **sometimes**                      **never**

	often	sometimes	never
Reading			
What type of literature?			
Active Sports			
What type?			
Play a musical instrument			
Which one(s)?			
Listening to music			
What type?			
Movies / Filme			
TV / Fernsehen			
Computer			
Other spare time activities?			
_____			
_____			

Which association/club/organization are you a member of? \_\_\_\_\_

Please explain the kind of these clubs/organizations:n \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Which organized (after school) activities do you participate in? \_\_\_\_\_

What specific chores do you have to do at home? \_\_\_\_\_

#### 4. SCHOOL / SCHULE

What are your favourite subjects? \_\_\_\_\_

How far is your home from school? \_\_\_\_\_

How will your guest get to school? ( ) by walking ( ) by bike ( ) by car ( ) by bus

#### 5. PERSONALITY INFORMATION / INFORMATION ZUR PERSON

Please describe yourself using the following marking scale

- 1 = not at all or never
- 2 = slightly or rarely
- 3 = moderately or sometimes
- 4 = very much or often
- 5 = exclusively or always

extroverted		introverted	
adaptable		organized	
stubborn		patient	
calm		lively	
sense of humour		group-oriented	
individualistic		easy-going	
serious		emotional	
shy		talkative	
open-minded		religious	
adventurous		mature	
friendly		reliable	

#### 6. IN YOUR HOST FAMILY

Would you mind sharing a room with your host brother or sister? ( ) yes ( ) no

Will your guest have his/her own room? ( ) yes ( ) no

Would you prefer to host a ( ) girl ( ) boy ( ) no preference

How would you describe your family?

	not very	kind of	very
easy going			
quiet			
serious			
family-oriented			
communicative			
strict			

As a family you do:

	not often	sometimes	often
attend sports events			
play (board) games			
play music			
have family discussions			
attend cultural events			
eat meals together			
vacation together			

## 7. INFORMATION CONCERNING HEALTH

Which health restrictions have to be paid attention for? \_\_\_\_\_  
\_\_\_\_\_

Do you take a certain medication regularly? ( ) yes ( ) no

If so, which? \_\_\_\_\_

Why? \_\_\_\_\_

Do you suffer from an allergy? ( ) yes ( ) no

To what? / \_\_\_\_\_

What has to be done, if the allergy arises? \_\_\_\_\_  
\_\_\_\_\_

Do you have to follow a special diet? If so, please describe. \_\_\_\_\_  
\_\_\_\_\_

I have given this information to the best of my knowledge and conscience.

\_\_\_\_\_  
Place, Date

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Place, Date

\_\_\_\_\_  
Signature of parent or guardian

**Letter to your host family:**

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signature and date