

7242 La Jolla Blvd
 La Jolla, California 92037
 Telephone (858) 455-0302
 Fax: (858) 455-0335
 www.afice.org



STUDENT APPLICATION

Year Student Semester Student (Please type or print)	
(Underline name you are called)	
Student's name _____ <small style="display: inline-block; width: 20%; text-align: center;">Last</small> <small style="display: inline-block; width: 40%; text-align: center;">First</small> <small style="display: inline-block; width: 20%; text-align: center;">Middle</small>	
Home address _____ <small style="display: inline-block; width: 25%; text-align: center;">Street</small> <small style="display: inline-block; width: 20%; text-align: center;">Postal Zone</small> <small style="display: inline-block; width: 20%; text-align: center;">City</small> <small style="display: inline-block; width: 15%; text-align: center;">Country</small>	
Home telephone _____ / _____ Date of birth _____ / _____ / _____ <small style="display: inline-block; width: 15%; text-align: center;">Area Code</small> <small style="display: inline-block; width: 15%; text-align: center;">Month</small> <small style="display: inline-block; width: 15%; text-align: center;">Day</small> <small style="display: inline-block; width: 15%; text-align: center;">Year</small>	
E-mail _____	
Country issuing passport _____ Country of birth _____	
Passport number _____ City of birth _____	
Expiration date of passport _____ / _____ / _____ <small style="display: inline-block; width: 15%; text-align: center;">Month</small> <small style="display: inline-block; width: 15%; text-align: center;">Day</small> <small style="display: inline-block; width: 15%; text-align: center;">Year</small>	
Religion _____ Very active Active Little interest	Hair Color _____ Eye Color _____ Height _____ Weight _____ Male Female <small style="display: inline-block; width: 10%; text-align: center;">m</small> <small style="display: inline-block; width: 10%; text-align: center;">cm</small> <small style="display: inline-block; width: 10%; text-align: center;">kilos</small>
Father or legal guardian: _____ <small style="display: inline-block; width: 30%; text-align: center;">Last Name</small> <small style="display: inline-block; width: 30%; text-align: center;">First Name</small> _____ <small style="display: inline-block; width: 100%;">Street</small> _____ <small style="display: inline-block; width: 20%; text-align: center;">Postal Zone</small> <small style="display: inline-block; width: 20%; text-align: center;">City</small> <small style="display: inline-block; width: 20%; text-align: center;">Country</small> Telephone Number _____ / _____ <small style="display: inline-block; width: 15%; text-align: center;">Area Code</small> Telephone Business _____ / _____ <small style="display: inline-block; width: 15%; text-align: center;">Area Code</small> Date of birth _____ / _____ / _____ <small style="display: inline-block; width: 15%; text-align: center;">Month</small> <small style="display: inline-block; width: 15%; text-align: center;">Day</small> <small style="display: inline-block; width: 15%; text-align: center;">Year</small> Occupation/Title _____	Mother or legal guardian: _____ <small style="display: inline-block; width: 30%; text-align: center;">Last Name</small> <small style="display: inline-block; width: 30%; text-align: center;">First Name</small> _____ <small style="display: inline-block; width: 100%;">Street</small> _____ <small style="display: inline-block; width: 20%; text-align: center;">Postal Zone</small> <small style="display: inline-block; width: 20%; text-align: center;">City</small> <small style="display: inline-block; width: 20%; text-align: center;">Country</small> Telephone Number _____ / _____ <small style="display: inline-block; width: 15%; text-align: center;">Area Code</small> Telephone Business _____ / _____ <small style="display: inline-block; width: 15%; text-align: center;">Area Code</small> Date of birth _____ / _____ / _____ <small style="display: inline-block; width: 15%; text-align: center;">Month</small> <small style="display: inline-block; width: 15%; text-align: center;">Day</small> <small style="display: inline-block; width: 15%; text-align: center;">Year</small> Occupation/Title _____
Parents are: Married Separated Divorced Other Student lives with: Both Parents Mother Only Father Only Other	

STUDENT PROFILE

Describe your favorite school subjects:

Describe any sports you play:

Describe any musical instruments you play or have played:

Describe any artistic interests that you have:

Describe any other hobbies or interests that you might have:

Describe any part time job or work experience that you have had, if any:

Have you previously participated in an academic year or semester U.S. exchange program? YES NO

Are you willing to live with a Host Family where someone smokes in the house? YES NO

If no, would you be willing if the family smoked outside of the house only? YES NO

Are you willing to be hosted by a single host parent who does not have children in the home? YES NO

Brother and Sisters	First Name	Age	Sex	Living at Home?
	<hr/>	<hr/>	<hr/>	<hr/>
	<hr/>	<hr/>	<hr/>	<hr/>
	<hr/>	<hr/>	<hr/>	<hr/>
	<hr/>	<hr/>	<hr/>	<hr/>

List foreign languages you speak or have studied.

LANGUAGE	YEARS OF STUDY	PROFICIENCY		
English	_____	Average <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input type="checkbox"/>
_____	_____	Average <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input type="checkbox"/>
_____	_____	Average <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input type="checkbox"/>

When do you graduate high school in your home country? _____

What grade level are you currently attending? _____

List any medications you are receiving regularly and why you are taking them:

Please list any allergies to medications or pets and detail the severity of your allergies:

Nearest relative or friend if parent not available:

Last Name First Name Telephone Number _____ / _____
Area Code

Street Postal Zone City Country

Relationship _____

DOUBLE PLACEMENT AGREEMENT

We agree for the above student to be placed in a double placement with a student from another language region in the same home.

Signed:

Natural Father: _____
First Last

Date: _____ / _____ / _____
Month Day Year

Natural Mother: _____
First Last

Date: _____ / _____ / _____
Month Day Year

Student: _____
First Last

Date: _____ / _____ / _____
Month Day Year