



APPLICATION FOR STUDENT EXCHANGE PROGRAM

Applications are due to Sr. Carassou, icarassou@palmertrinity.org

ABOUT THE STUDENT

- Family Name: _____ First Name: _____
- Gender: _____ Date of Birth: _____
- Citizenship: _____ Passport#: _____
- Graduation year: _____ Email address: _____
- Native language: _____ Other languages: _____
- Health (please specify any diet requirements, allergies, etc): _____

ABOUT THE STUDENT'S FAMILY

- Parent's marital status: _____
- Father's full name: _____ Mother's full name: _____
- Address: _____ Address: _____

- Cell phone: _____ Cell phone: _____
- Email: _____ Email: _____
- Profession: _____ Profession: _____
- Work telephone: _____ Work telephone: _____
- Emergency contact & tel: _____ Emergency contact & tel: _____

- Native language: _____ Native language: _____
- Language (s) spoken at home: _____
- Names and ages of any brothers/sisters. Do they live at home? _____

- Would you have a separate bedroom for the exchange student? _____
- Is your home smoke-free? _____ How does your child arrive at school? _____
- Are there any household rules that you would like your exchange partner to know? _____



GENERAL INFORMATION – To be filled out by the STUDENT

- What are your favorite subjects at school? _____

- Have you traveled abroad? With or without your parents? Where and for how long?

- What are your hobbies/activities outside of school?

- What are your family weekend activities/hobbies?

- How would you describe yourself?

- Why do you want to participate in this exchange?

- Is there anything else you would like to add?



STUDENT AND PARENT ACKNOWLEDGEMENT

If I am accepted on this exchange, I acknowledge that flexibility as well as a positive and sociable attitude are necessary for it to be beneficial and a success.

Student signature: _____ Date: _____

If my son/daughter is accepted on this exchange, I understand that flexibility as well as a positive and sociable attitude are necessary for it to be beneficial and a success.

- If accepted on this exchange, I agree to host a student in our home or during the identified exchange dates.

Father's signature: _____ Mother's signature: _____

Date: _____ Date: _____

OFFICE USE ONLY:

Approval Granted

Study Away Committee: _____

Academics: _____

Deans: _____

Counselor: _____

Nurse: _____

Finance: _____