

Student Exchange Program

Lodi High School

Student Information

Name

Date of Birth

Address

Home phone

Mobile phone

Email address

INFORMATION ABOUT THE PEOPLE YOU LIVE WITH

I live with my (circle one)

Mother

Father

Stepmother

Stepfather

Guardian

Father / Stepfather / Guardian

Name

Year/country of birth

Phone

Mobile no.

Email

Occupation

Mother / Stepmother / Guardian

Name

Year/country of birth

Phone

Mobile no.

Email

Occupation

Names and ages of brothers and sisters:

Brothers:

Sisters:

PASSPORT INFORMATION

Town/city of birth

Country of birth

Passport number

Passport issue date

Passport expiration date

Place/Office of passport issue

Name of your religious affiliation if any

How often do you participate in structured religious services?

Weekly

Monthly

Occasionally

Never

It is likely your host family will have a different religious affiliation, how strongly do you feel about having to structured religious services of your own faith?

Require access

Not necessary

DIETARY RESTRICTIONS

Do you have dietary restrictions, including any that are for religious or are self-imposed?

Yes

No

If you are a vegetarian, are you willing to eat:

Fish Yes No

Poultry Yes No

Dairy produce Yes No

PETS

Can you live in a household with pets?

Which live indoors?

Yes

No

Which live outdoors?

Yes

No

If no to either, please identify the animal(s) and explain

MAJOR INTERESTS AND ACTIVITIES

Identify your major interests and activities and indicate how often you pursue them.

