

**TULSA-CELLE-PARTNERSHIP  
STUDENT APPLICATION FORM FOR SISTER CITY EXCHANGE**

**Form #2**

**1) APPLICANT INFORMATION**

FULL NAME \_\_\_\_\_ male/female \_\_\_\_\_ age \_\_\_\_\_

ADDRESS/POSTAL CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_ CITIZEN OF (country) \_\_\_\_\_

German language proficiency \_\_\_\_\_

Proposed Date and Length of Desired Exchange \_\_\_\_\_

**2) PARENT/GUARDIAN INFORMATION**

MOTHER'S NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

LEGAL GUARDIAN \_\_\_\_\_ OCCUPATION \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

**3) PEOPLE WE CAN CONTACT FOR RECOMMENDATIONS:**

A) Current Teachers:

Name \_\_\_\_\_ Work Phone \_\_\_\_\_ e-mail \_\_\_\_\_

Name \_\_\_\_\_ Work Phone \_\_\_\_\_ e-mail \_\_\_\_\_

B) Community Leader

Name \_\_\_\_\_ Work Phone \_\_\_\_\_ e-mail \_\_\_\_\_

4) **School activities / Extra curricular activities** ( offices held, school newspaper, yearbook, athletics)

\_\_\_\_\_

5) **Hobbies / Interests**

\_\_\_\_\_

6) **International Travel Experience** (if any)

\_\_\_\_\_

7) **Medical Information**

List any medical conditions such as but, not limited to, allergies, asthma or diabetes the prospective host family should be aware of. This information is intended for the prospective host family, and it will not prevent the applicant from engaging in the exchange.

\_\_\_\_\_

\_\_\_\_\_

Does the applicant smoke? yes \_\_\_\_\_ no \_\_\_\_\_

Date : \_\_\_\_\_ Signature of Applicant \_\_\_\_\_