**STUDENT INFORMATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Please Type or Print Legibly in Black Ink* | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | |  | |
| **Student Name** |  | | | | | | | | | | | | | | | | | | | | | | | MM | | | | | | | | DD | | | YYYY |
| ***Date Filled Out*** | | | | | | | | | | | |
| First name | | | | | | | Middle name | | | | | | Last name | | | | | | | Suffix | | | **Please attach photograph**  **taken within**  **the last 6 months**   1. 2” X 2” (or 5cm X 5 cm) 2. White background 3. No eyeglasses | | | | | | | | | | | |
| **Date of Birth** |  | | | | |  | | |  | | | | **Gender** | | | | □  Male | | | □  Female | | | |
| Month | | | Day | | | | | Year | | | |
| **Last Attended** | Elementary School | | | | | | |  | | | | | | | | | | | | | | | |
| Secondary School | | | | | | Middle |  | | | | | | | | | | | | | | | |
| High |  | | | | | | | | | | | | | | | |
| Current Grade Level | | | | | | |  | | | | | | | | | **Applying Grade Level** | | | | | | | | | | | |  | | | | | | |
| **Address** |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| Street | | | | | | | | | | | | | | | | | City | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | |
| State / Province | | | | | | | | | | Postal Code | | | | | | | | | | | | | | Country | | | | | | | | | | |
| **Birth Place** |  | | | | | | | |  | | | | | | | | **Emergency Contact** | | | | | Relationship | | | | | | | | | Contact Number | | | | |
|  | | | | | | | | |  | | | | |
| City | | | | | | | | Country | | | | | | | |
| **Citizenship** |  | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | |
| **Mother** | | | | | | | | | | | | | | | | **Father** | | | | | | | | | | | | | | | | | | | |
| Name | | |  | | | | | | | | | | | | | Name | | | | | | | | | | |  | | | | | | | | |
| Occupation | | |  | | | | | | | | | | | | | Occupation | | | | | | | | | | |  | | | | | | | | |
| Name of Workplace | | |  | | | | | | | | | | | | | Name of Workplace | | | | | | | | | | |  | | | | | | | | |
| Cell Phone No. | | |  | | | | | | | | | | | | | Cell Phone No. | | | | | | | | | | |  | | | | | | | | |
| Daytime Contact No. | | |  | | | | | | | | | | | | | Daytime Contact No. | | | | | | | | | | |  | | | | | | | | |
| Email Address | | |  | | | | | | | | | | | | | Email Address | | | | | | | | | | |  | | | | | | | | |
| Do you speak English? | | | | | □ Yes | | | □ No | | | | | | | | Do you speak English? | | | | | | | | | | | | □ Yes | | | | | □ No | | |
| Will you use the school dormitory? | | | | | | | | | | □ Yes | | | | | □ No | | | | | | | | | | | | | | | | | | | | |
| **Siblings** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Relationship | | Name | | | | | | | | | | | | | | | Age | | Gender | | | | | | | | Co-residence (Yes / No) | | | | | | | | |
|  | |  | | | | | | | | | | | | | | |  | |  | | | | | | | |  | | | | | | | | |
|  | |  | | | | | | | | | | | | | | |  | |  | | | | | | | |  | | | | | | | | |
|  | |  | | | | | | | | | | | | | | |  | |  | | | | | | | |  | | | | | | | | |
|  | |  | | | | | | | | | | | | | | |  | |  | | | | | | | |  | | | | | | | | |

**STUDENT QUESTIONNAIRE**

*To be completed in English by the participant*

1. **How do you feel your culture and society differ from American culture and society?**

|  |
| --- |
|  |
|  |
|  |
|  |

1. **Describe your relationship with your parents, brothers and sisters.**

|  |
| --- |
|  |
|  |
|  |
|  |

1. **What activities do you generally take part in with your family?**

|  |
| --- |
|  |
|  |
|  |
|  |

1. **Please describe any dietary requirements you might have for religious or any other reasons.**

|  |
| --- |
|  |
|  |
|  |
|  |

1. **What are your academic and career goals? (If undecided, discuss the possibilities that you are considering.)**

|  |
| --- |
|  |
|  |
|  |
|  |

**STUDENT ACADEMIC AND**

**EDUCATIONAL INFORMATION**

*To be completed by the participant*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1. How many years of school will you have completed before coming to this school?** | | | | | | | | | | **yrs** |
| **2. What is your current grade level?** | (  ) pro-7th | | | (  ) 7th | | | (  ) 8th | (  ) 9th | (  ) 10th | (  ) 11th |
| **3. What is your favorite subject in school?** | | |  | | | | | | | |
| **4. What is your least favorite subject in school?** | | | | |  | | | | | |
| **5. Do you intend to go to university?** | |  | | | | | | | | |
| **If yes, which country do you intend to study in?** | | | | | |  | | | | |
| **And, what do you intend to study?** | |  | | | | | | | | |

1. **What foreign language(s) have you studied? How would you rate your ability, using**

**E=excellent, G=good, F=fair, and P=poor?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Language** | **Years of study** | **Reading** | **Writing** | **Speaking** | **Listening** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. **Describe briefly your foreign travel and other international experiences, if any.**

**Indicate whether you travelled with or without your family.**

|  |
| --- |
|  |
|  |
|  |

1. **What do you expect to gain from this school? How does it relate to your academic and career goal?**

|  |
| --- |
|  |
|  |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | |  |
| **Full name of the student**  **(CAPITAL LETTERS)** | **Signature of the student** | **Date** | |