

# EXCHANGE STUDENT APPLICATION



**PROGRAM TYPE:** School Year   
Semester

Family Name		Given Name(s)		Nickname (if any)	
Street Address				City	
State/Province	Zip/Postal Code	Country	Birthdate		
City of Birth		Country of Birth	Citizen of (Country)		
Legal Permanent Resident of (Country)		E-mail Address		Phone Number with City/Area Code	

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Colour \_\_\_\_\_ Hair Colour \_\_\_\_\_

Gender  Male  Female

Religious Preference (if any) \_\_\_\_\_ Are you religiously  Very Active  Active  Inactive?

Father or Legal Guardian		Mother or Legal Guardian	
Family Name	Given Name(s)	Family Name	Given Name(s)
Address		Address	
City	State/Province	City	State/Province
Zip/Postal No.	Country	Zip/Postal No.	Country
Occupation/Title	Age (Optional)	Occupation/Title	Age (Optional)
Phone Number with City/Area Code Cell/Mobile Phone Number		Phone Number with City/Area Code Cell/Mobile Phone Number	

Nearest relative or friend to contact, in case of emergency, if parent or legal guardian is not accessible		
Name	Phone Number with City/Area Code	Relationship

Brother(s) and Sister(s) Name(s)	Age	Gender	School/Occupation	Living at Home? <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are you a member of any club(s)? If so, which?

List hobbies, interests, and sports in which you participate, all in order of importance to you:

Do you sing or play a musical instrument? \_\_\_\_\_ If yes, please describe:

What are your normal household responsibilities?

Indicate any part-time jobs and work/volunteer experience you may have had:

Have you ever been an exchange student before? \_\_\_\_\_ If yes, which country(ies)?

Why do you choose to become an exchange student?

Indicate the foreign languages you speak and/or have studied:

Language

Years of Study









Indicate with an X if you have or have had any of the following illnesses:

	Yes	No		Yes	No		Yes	No
Allergy (only if serious)	<input type="checkbox"/>	<input type="checkbox"/>	Eczema	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	Rubella	<input type="checkbox"/>	<input type="checkbox"/>
Cancer/Tumors	<input type="checkbox"/>	<input type="checkbox"/>	Measles	<input type="checkbox"/>	<input type="checkbox"/>	Scarlet Fever	<input type="checkbox"/>	<input type="checkbox"/>
Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>	Migraine Headaches	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>	<input type="checkbox"/>
Convulsive Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Mumps	<input type="checkbox"/>	<input type="checkbox"/>	Thyroid Disease	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Psychological Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Ulcer	<input type="checkbox"/>	<input type="checkbox"/>
Dyslexia	<input type="checkbox"/>	<input type="checkbox"/>	Pertussis (whooping cough)	<input type="checkbox"/>	<input type="checkbox"/>	Urological Problems	<input type="checkbox"/>	<input type="checkbox"/>
Eating Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Physical Handicap	<input type="checkbox"/>	<input type="checkbox"/>	Other _____		

If yes, are any of the above serious enough to warrant regular treatment or require special consideration in hosting you by a 'normal' host family? \_\_\_\_\_  
Please explain (if serious):

If you will be required to take any prescription medication(s) during your stay, please specify which medication(s) and for what condition(s):

Are you a vegetarian?  Yes  No

If yes, as it may be more difficult to find families to host vegetarian students, please indicate which foods you are *absolutely* unable or unwilling to eat:

Do you have any other health, dietary, physical or emotional condition(s) that should be considered when we are placing you in a host family?  
(Keep in mind that such conditions may limit the number of families willing or able to host you.)

### ASSE DANMARK STUDENT PROGRAM RULES

1. The following Rules for Asse Danmark Students (“Rules”) have been established by ASSE Danmark as minimum standards of participant conduct, and any infraction may result in immediate repatriation (return) of the Student to his/her home country:
2. It has been arranged for you to attend school and attendance is mandatory. You must take classes in your host country’s history, government and language, in addition to other required or challenging classes. You may not receive failing marks/grades or a complaint from your school. Your classroom behavior and academic performance must be exemplary. Your host school makes the final decision about your grade level placement, as well as if receipt of a diploma, academic credits, and/or graduation is possible for you. You must abide by your host school’s decision. Participation in extracurricular school activities (e.g. sports, drama, band, etc.) is not guaranteed and may not be available at the school in which you are enrolled.
3. All use, purchase or possession of alcohol, drugs, tobacco, e-cigarettes, vaporizers or harmful controlled substances is prohibited.
4. Tattooing or body piercing are strictly prohibited during your stay.
5. You are not allowed to drive or purchase a motorized vehicle. Participation in driver’s education programs and/or obtaining a driver’s license may not be possible in the area or school in which you are placed. In addition, student insurance does not permit you to drive or ride the following vehicles: motorcycles, mopeds, scooters, ATV’s, any two or three wheeled motorized vehicle, snowmobiles, and/or sport watercraft such as wave runners, jet skis or other such powered devices. Accidents and injuries as a result of these activities will not be covered by the student insurance, whether you are driving or riding as a passenger.
6. It is required that you spend the Christmas/New Year holidays and other major holidays and family celebrations with your Host Family. You are only allowed to travel outside your local area if travel is done with your host family or with a ASSE Danmark approved church/school group. And if so, you must have permission from ASSE Danmark, your host family and natural parents.
7. For the benefit of the program ASSE Danmark strongly encourages you to limit texting, phone calls and real time communication with friends and natural family in your home country to allow you to immerse yourself in your exchange program.
8. You are not allowed to take a job during your stay.
9. All your activities must be approved by your host parents. You must always advise your host parents of your whereabouts and when you will return home.
10. You must abide by the decisions of ASSE Danmark, its representatives and your Host Family.
11. You must not borrow money from or lend money to your host family or other persons in your host community.
12. As visits by natural parents can seriously jeopardize a participant’s success in the program, ASSE Danmark does not permit parents or guardians to visit their son or daughter for the duration of the program. Visits after the last day of school are permitted, provided the ASSE Danmark and the Coordinator, is advised of the plans well in advance. No visits by friends or siblings are allowed at any time during the program.
13. With the exception of volunteer returns or repatriations, ASSE Danmark will not permit you to return home until the Program’s conclusion.
14. You consent to the use of your name, photograph, film or video likeness or any comments or statements made in your application, in materials or publications utilized to promote our Program.

Each Student and his or her Parent(s) or Guardian(s) must acknowledge that they understand and have agreed to adhere to the above Rules prior to the Student’s final program acceptance.

First parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Second parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_