



School Integration: Germany

Dates: from..... to

A.1 Participant

Surname.....	First names.....
Sex <input type="checkbox"/> M <input type="checkbox"/> F	NationalityAge-Age.....
Date of Birth.....	Birth place.....
Home address.....	
.....	
City.....	Country.....
Tel.....	Mobile:.....
I live with: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian	
<input type="checkbox"/> Others.....	Email:

A.2 PARENTS

Father's surname.....	First name.....
Home tel. n° ().....	Business n° ().....
Profession.....	

Mother's surname.....	-First name.....
Home tel. n° ().....	-Business n° ().....
Profession.....	

- Guardian's surname.....	-First name.....
-Address.....	
-Home tel. n° ()..... -Business n° ().....	
-Profession.....	

Brother(s) & age.....	
- Sister(s) & age.....	

-Person to contact in case of emergency.....	
.....	



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B. Personal data

What qualities do you value most in yourself?

.....

What qualities do you value most In others?.....

.....

Religion.....

Do you attend services on a regular basis?.....

Do you smoke? Yes

If yes, would you accept to not smoke in the host family?.....

Do you like pets ? Yes No

What do you enjoy doing with your own family?.....

.....

At home, do you perform any duties?

Yes No

If no, are you willing to reasonably help with your host family?

.....

How many hours do you study per day at home ?

What time do you usually go to bed at?.....

Do you like watching T.V ? Yes No

Are you a member of an organisation ? Yes No

If yes, which one?.....

Can you adjust easily to new situations?

.....

Have you ever lived outside your own country?

Yes No

If yes, where, when and how long?.....

.....

Please tick your favourite activities?

- | | | | |
|-----------------------------------|--|---------------------------------------|--|
| <input type="checkbox"/> Swimming | <input type="checkbox"/> Tennis | <input type="checkbox"/> Cycling | <input type="checkbox"/> Horse Riding |
| <input type="checkbox"/> Golf | <input type="checkbox"/> Sailing/Windsurfing | <input type="checkbox"/> Computers | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Classical Music | <input type="checkbox"/> Modern Music | <input type="checkbox"/> Cinema |
| <input type="checkbox"/> Theatre | <input type="checkbox"/> Classical Dancing | <input type="checkbox"/> Rugby | <input type="checkbox"/> Museums/Culture |

Sports.....

.....

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Do you play a Musical instrument?.....



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C. Family life and Friends

-To allow your host family to get a better understanding of yourself and what you like to do in your spare time, please enclose 4 photos relating to friends, hobbies, family life and a brief comment on each photo.

1. **-Describe the photo below :**

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2. **-Describe the photo below :**

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3. - Describe the photo

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4. - Describe the photo

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E. Parents' Statement

Introduction of the student by the parents

To ensure your child's integration into his host family. Please state the following points :

- Describe your child's personality
- Describe the relationship your son/ daughter has with you and the other members of the family
- Explain why you have decided to send your child to Germany.

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Image use permission

I authorize GLT Languages and Tours to take, reproduce, and publish pictures, videos and records of my child.

YES NO



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F. Health Record

- The following pages must be completed and signed.

-Height.....

-Weight.....

Do you have or have had any of the following allergies : food, medication, pets, dust, pollen
etc.....
.....

	Yes	No		Yes	No
Migraine?Migraine	<input type="checkbox"/>	<input type="checkbox"/>	Angines/Tonsillitis	<input type="checkbox"/>	<input type="checkbox"/>
Eczema/Eczema	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsie/Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Asthme/Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Rhume de foins/Hay fever	<input type="checkbox"/>	<input type="checkbox"/>
Meningite/Meningitis	<input type="checkbox"/>	<input type="checkbox"/>	Appendicite/Apppendicitis	<input type="checkbox"/>	<input type="checkbox"/>
Toubles cardiaques/heart disorder	<input type="checkbox"/>	<input type="checkbox"/>	Evanouissement/Fainting spells	<input type="checkbox"/>	<input type="checkbox"/>
Varicelle/Chicken pox	<input type="checkbox"/>	<input type="checkbox"/>	Rougeole/Measles	<input type="checkbox"/>	<input type="checkbox"/>
Pollio/Polio	<input type="checkbox"/>	<input type="checkbox"/>	Rhumatisme/Rjeumatism	<input type="checkbox"/>	<input type="checkbox"/>
Somnambulisme/Sleep Walking	<input type="checkbox"/>	<input type="checkbox"/>	Troubles urinaires/Urinary	<input type="checkbox"/>	<input type="checkbox"/>
Troubles respiratoires/Respiratory disorder	<input type="checkbox"/>	<input type="checkbox"/>			
Other diseases not listed above:					
Comment.....					
.....					
.....					

If you have an allergy or disease that may still need treatment, the physician must give full details of symptoms, treatment and required environmental limitation.
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Please state your Health Insurance/Company?.....Policy no:.....

MEDICAL AUTHORISATION

I, being parent or legal guardian of the above-named applicant do hereby appoint Global Languages & Tours, their Irish, French/German/Spanish Associates, or their host family to act on my behalf in authorizing emergency medical, dental, surgical or hospitalization for the above-named applicant during the period of his/her stay.

Signed: (Parent/legal Guardian)



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G. Teacher's Comments

Class.....School Address.....

How long have you known the applicant?..... - Year(s)

- Please indicate the student's character by ticking the appropriate box:

	Excellent	Good	Average	Poor
Responsible				
Reliable				
Independent				
Open minded				
Inquisitive				
Sense of humour				
Maturity				
Honest				
Ability to adapt to new situations				
Personal motivation				

-Please fill in below any further comments on the students' personality, aptitude in class, the students' personality, aptitude in class, study habits, attendance records, etc.....

-Teacher's name.....
-Subjects taught to the student:.....
-Signature.....

School Integration Information: Please state the length of time studying German?.....

What is your level of German?.....

Please enclose a copy of your recent exams.