

Preliminary Application Form Long-Term Exchange Program

Students Name:	Age:	
Address:	PC:	_
Home Phone #:	Cell Phone #:	_
	DOB:	
Please note: Students must be no older that leave on exchange.	nn 17 years and six months as of July 1, in the year of t	the student will
Current High School:	Grade:	
Extra Curricular Activities: (Hobbies, Sports	s, Interests etc):	
Volunteer Involvement:		
Previous Travel Experience (alone or with	your family?):	
5 5	rrently has exchange agreements with multiple count scretion of the District 7010 Youth Exchange Committ	
Date:		
Applicant's Signature:		
Signature of Custodial Parent(s):		