

Discover Jiangsu—American Youth Exchange Application Form

PASSPORT INFORMATION					
Given Names	Surnam	ie			
Sex	National	ity			
Date of Birth	Place of B	irth			
Passport No.	Date of Is	sue			
	Date of Expira	ation			
SCHOOL INFORMATION AND LEARNING EXPERIENCE					
School Name		Grade			
Chinese Language					
Learning					
Experience					
HEALTH CONCERNS					
Drug Allergies					
Food Allergies					
Other Allergies					
Pre-existing illnesses or conditions.					



OTHER INFORMATION				
Height (cm.)		T-shirt Size		
Hobbies				

EMERGENCY CONTACT				
Name	Relationship to			
	student			
Address				
Cell Phone	Home Phone			
Email				

CONFIRMATION				
Signature of Applicant		Signature of Parent/Legal Guardian		