

Discover Jiangsu—American Youth Exchange Application Form

PASSPORT INFORMATION							
Given Names		Surname					
Sex		Nationality					
Date of Birth	(day/month/year)	Place of Birth					
Passport No.		Date of Issue (day/month)		th/year)			
	Date of Expiration		(day/month/year)				
SCHOOL INFORMATION AND LEARNING EXPERIENCE							
School Name	(current school which you are studying at)		Grade				
Chinese Language	(example: I study Chinese once a week at school so I can speak a little Chinese						
Learning	I have never studied Chinese before but I plan to study Chinese in the future						
Experience	etc)						
HEALTH CONCERNS							
Drug Allergies							
Food Allergies							
Other Allergies	(please specify)						
Dra aviatina illnagga	a ar aanditians:						

Pre-existing illnesses or conditions:

To ensure proper treatment in case of accident, please provide accurate and complete information. You will be held liable for any personal injury resulting from the withholding of medical history.



OTHER INFORMATION					
Height (cm.)		T-shirt Size	(for the use of customizing program souvenir T-shirts only)		
Hobbies					

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

CONFIRMATION					
Signature of Applicant		Signature of Parent/Legal Guardian			