



Your Cover Photo(s)

About You

FIRST NAME (NAME AS LISTED ON PASSPORT)		LAST NAME	
MIDDLE NAME		PREFERRED NAME	
GENDER <input type="checkbox"/> F <input type="checkbox"/> M	BIRTH DATE	HEIGHT	WEIGHT
ETHNICITY	CITIZENSHIP	COUNTRY OF LEGAL RESIDENCY	

Contact Information

HOME STREET ADDRESS			
CITY	STATE	ZIP CODE	COUNTRY
PREFERRED PHONE NUMBER	HOME PHONE NUMBER	MOBILE PHONE NUMBER	
If we want to mail you something, we should send it to:			
<input checked="" type="checkbox"/> The Home Address listed above		<input type="checkbox"/> The Alternate Address listed below	
EMAIL ADDRESS			

Religious Affiliation (optional)

WHAT IS YOUR RELIGION, IF ANY?
HOW OFTEN DO YOU PARTICIPATE IN STRUCTURED RELIGIOUS SERVICES?
Bearing in mind that it is likely your host family will have different religious affiliation, how strongly do you feel about having access to structured religious services of your own faith?
<input type="checkbox"/> Required <input type="checkbox"/> Not Necessary



About Your Family

What is your family structure?

Parent or Guardian 1	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input checked="" type="checkbox"/> Other(describe) Son	<input type="checkbox"/> You live with this Parent/Guadian
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FIRST NAME	LAST NAME
OCCUPATION	EMAIL ADDRESS
WORK PHONE NUMBER	MOBILE PHONE NUMBER

Send a copy of all information to this parent/guardian Email Address:

Parent or Guardian 2	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input checked="" type="checkbox"/> Other(describe)	<input type="checkbox"/> You live with this Parent/Guadian
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FIRST NAME	LAST NAME
OCCUPATION	
WORK PHONE NUMBER	MOBILE PHONE NUMBER

Send a copy of all information to this parent/guardian Email Address:

Sibling Full Name	Relationship	Birth Date	Live At Home
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Do you have relatives or close friends living abroad? Yes No

If yes, how?



Connecting Lives, Sharing Cultures

ID# 16-00775 Name: Frau

AFS Application Form

About Your Family



Emergency Contact

If your Parent/Guardian cannot be reached, please indicate someone else in case of emergency:

NAME

RELATIONSHIP

EMAIL ADDRESS

TELEPHONE NUMBER



Passport Information

NAME ON PASSPORT	PASSPORT NUMBER
PASSPORT ISSUE DATE	PASSPORT EXPIRATION DATE
PLACE OF ISSUE	REMINDER: The name you use in the application needs to be the exact same as in your passport.



Education

SCHOOL NAME

SCHOOL STREET ADDRESS

CITY	STATE	ZIP CODE	COUNTRY
PHONE NUMBER		EMAIL ADDRESS OR WEBSITE	
CURRENT GRADE/LEVEL		EXPECTED YEAR OF GRADUATION	

What is your academic standing in the class?

Language

What is your primary Language? German

Other languages	Year Studied	Speaking ability			
		<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
		<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
		<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
		<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
		<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent



Health & Lifestyle

Do you have physical restrictions, impairments or allergies that will limit placement options or participation in everyday family and/or school activities?
 No Yes (describe)

Please check the appropriate boxes if you CANNOT live with :

CATS	<input type="checkbox"/> Indoors	<input type="checkbox"/> Outdoors	Why?
DOGS	<input type="checkbox"/> Indoors	<input type="checkbox"/> Outdoors	
OTHER	<input type="checkbox"/> Indoors	<input type="checkbox"/> Outdoors	Which and why?

Do you have dietary restrictions (for medical or religious reasons)? No Yes (describe)

Do you smoke cigarettes? If yes, please understand that it is illegal in many countries for youth to purchase and/or smoke cigarettes. Additionally, most AFS host families will not accept a participant who smokes. Yes I will not smoke during my AFS exchange program.



Program Preference

Please share with us how you heard about AFS Unknown

What type of program do you want to participate in?

How long do you want to participant in the program?

When do you want to participate?	YEAR	DEPARTURE PERIOD	
Destinations in order of preference:		1.	2.
3.		4.	5.
6.		7.	8.
9.		10.	

Disclaimer: I understand that host countries may not be able to accommodate the restrictions or requirements indicated in the completed application and that acceptance on the AFS Program is not a guarantee that destination preferences can be honored.



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AFS Application Form

Your Photos

1. Please identify for your host family your major interest and activities.

Bitte beschreibe deiner Gastfamilie auf Englisch ausführlich deine Interessen, Freizeitaktivitäten und Hobbies! Wie oft gehst du ihnen nach?

2. Letter to Host Family.

Hier kannst du dich deiner zukünftigen Gastfamilie in einem Brief vorstellen. Genauso wie du neugierig bist auf deine Gastfamilie, ist sie neugierig auf dich! Du solltest versuchen dich in deinem jetzigen Umfeld zu beschreiben. Die Fragen an der Seite können dir dabei als Orientierung dienen. Denk daran, dass dies der erste Eindruck deiner Persönlichkeit ist, den die Gastfamilie erhält!

Dein Brief sollte ca. 2 Seiten lang und auf Englisch verfasst sein! Ein Dankeschön an die Familie, dass sie jemanden aufnehmen möchten, ist sicherlich nicht verkehrt, schließlich öffnen sie ihr Zuhause einem Fremden...:

1. *Wie würden deine Freunde oder Familie dich beschreiben?*
2. *Wie würdest du die Beziehung zu deinen Eltern und Freunden beschreiben? Bist du anders als deine Geschwister? Wie ist deine Rolle in deiner Familie? In was für Situationen bittest du deine Eltern um Hilfe?*
3. *Beschreibe deine Interessen und Aktivitäten und wie häufig du ihnen nachgehst!*
4. *Beschreibe deine Rolle außerhalb der Familie (Schule, Jugendgruppen, Vereinen, etc.)! Was ist dir im Verhältnis zu anderen wichtig?*
5. *Warum hast du dich für ein AFS Austauschprogramm beworben? Welche persönlichen Ziele verbindest du mit dem Programm?*
6. *Was in deinem Alltag empfindest du als schwierig?*
7. *Beschreibe eine herausfordernde Situation, der du in deinem Leben begegnet bist. Unabhängig davon, ob du Erfolg damit hattest oder nicht, wie bist du mit dieser Herausforderung umgegangen?*
8. *Welche Zukunftspläne hast du (z.B. Ausbildung, Beruf, Interessen)?*

Bitte schreibe beide Texte auf einem gesonderten Blatt, wenn möglich am Computer.



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Parental Authorization Form

CANDIDATE NAME	HOME COUNTRY
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CONSENT

The candidate application, pages 1 to 11, is incorporated herein by reference and this consent form exclusively applies to the candidate application. I understand that my privacy is very important to AFS and that prior to participating in the inquiry application process in which any of my personal or sensitive information ("personal data") may be collected, AFS would like to inform me about its data protection and privacy policies and obtain my permission. I understand and accept that AFS may process the personal and sensitive information that I have provided here, and may transmit such data to third parties for any purpose reasonably required for the proper organization and fulfillment of the AFS inquiry application process and the AFS program. I understand that the data will not be sold or otherwise transferred to third parties for purpose. AFS will transfer and store personal data in central databases in at least two locations to ensure that the data is not lost. Currently those locations are in the United States of America and in Thailand. Those databases have a restrictive access and can only be accessed by AFS employees or volunteers, both of which will use the information exclusively for the management of the AFS program operations. By signing below, you explicitly acknowledge that AFS Intercultural Programs, Inc., its national and regional affiliates and Partner organizations (herein referred to as "AFS") are entitled to process the personal data being provided by me (including all sensitive personal data being provided) in the manner described above. You also acknowledge and confirm that all provided personal data is accurate and complete.

PERMISSION TO USE PHOTOGRAPHS AND VIDEO FOOTAGE

We understand that photographs and film and video footage (the images) of current and former candidates are occasionally used by AFS in promotional materials. By signing this Agreement, we grant to AFS the right to use, publish and/or reproduce for any lawful and legitimate purpose excerpts from interviews and letters, images and audio recordings and any other still or moving images of the candidate taken during his/her involvement with AFS and to use his/her name in this connection. We understand that if we do not wish the candidate's images to be so used, we must mark the following box and initial the space beside it. By leaving this box blank, we understand that we will be deemed to have consented to such use.

If you initial here, you confirm that you DO NOT give permission for AFS to use such letters, images and audio recordings of your child. In this case, your child may not be allowed to be part of AFS group photos, etc.

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT AND FOR RELEASE OF MEDICAL INFORMATION

Should any medical emergency arise, if time permits, AFS will communicate with us through the National Office and request permission for surgery or other necessary treatment; however, if in the sole judgment of AFS, time and circumstances do not permit communication with us, we authorize AFS to consent to medical treatment, the administration of x-ray examination, anesthetics, blood transfusion, medical or surgical diagnosis or treatment and hospital care and to make medical evacuation arrangements and transport, if required, which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon.

We are aware that some local government or school authorities may require certain vaccinations in order for our child to participate in school or community responsibilities. We understand that we are responsible for any costs related to these requirements.

We hereby also authorize AFS, and/or its duly authorized medical consultant, to obtain all medical records relating to examinations or treatments for our son/daughter while on the program and any other information concerning such examinations or treatments.

PERMISSION FOR SCHOOL SPONSORED ACTIVITIES (FOR SCHOOL-BASED PROGRAMS ONLY)

We authorize the AFS host parents for my son/daughter during his/her participation in the AFS program to execute any authorization required by our son/daughter's school for our son/daughter to participate in any school sponsored activities, events or programs.

SCHOOL COMMITMENT (FOR SCHOOL-BASED PROGRAMS ONLY)

The student fully understands that this AFS program is school-based and family-oriented. The student intends to participate fully in school activities and to complete all assignments and schoolwork while on exchange. We understand that school is compulsory. If the student should neglect the above, AFS and/or the host school has the right to deny his/her participation in classes and s/he may be sent home.

CANDIDATE NAME	SIGNATURE
PARENT/GUARDIAN 1 NAME*	SIGNATURE
PARENT/GUARDIAN 2 NAME*	SIGNATURE
DATE	PLACE

* Parent/Guardian signature is required for all secondary school programs and candidates not of legal age in the country of residence.



Name:

Host Family Application

This page is to be completed by the applicant's parents!

1. Describe each member in the family (including yourself) as to personality, interests, etc.

2. Describe a typical weekday and weekend in your family. Be sure to mention any common family activities and interests.

3. Describe what is important in your family. What are your family values?

4. What kind of chores do you expect family members to help with around the house?	by
5. What kinds of rules do you have in your household? (Such as curfews, limits on computer, TV, or telephone use, etc.)	by
6. Why is your family interested in hosting an AFS participant?	by
7. The AFS participant you host may come from a family and culture with different habits and expectations about meals. Are there meals the AFS participant would be expected to get for him/herself? If the participant will take a lunch to school, who will prepare the lunch? Do you eat meals together as a family? What responsibilities will the AFS participant and host siblings have in meal preparation and clean-up?	by



Name:

Host Family Placement Information

This page is to be completed by the applicant's parents!

1. Do you have preferences concerning the sex of the student?	Boy <input type="text" value="pÿ"/> Girl <input type="text" value="pÿ"/> No preference <input type="text" value="pÿ"/>
2. How do you live?	Rural <input type="text" value="pÿ"/> House <input type="text" value="pÿ"/> Big <input type="text" value="pÿ"/> Urban <input type="text" value="pÿ"/> Apartment <input type="text" value="pÿ"/> Small <input type="text" value="pÿ"/>
3. In case both parents work: Who takes care of the exchange student?	<input type="text" value="pÿ"/>
4. Will the student have his own room?	Yes <input type="text" value="pÿ"/> No <input type="text" value="pÿ"/>
5. Do you speak foreign languages in your family?	Yes <input type="text" value="pÿ"/> No <input type="text" value="pÿ"/>
If yes, please specify:	<input type="text" value="pÿ"/>
6. What religious affiliation does your family have?	<input type="text" value="pÿ"/>
7. Do you go to church?	Regularly <input type="text" value="pÿ"/> Sometimes <input type="text" value="pÿ"/> Seldom <input type="text" value="pÿ"/> Never <input type="text" value="pÿ"/>
8. Would you host a student that follows a special diet (e.g. vegetarian)?	Yes <input type="text" value="pÿ"/> No <input type="text" value="pÿ"/>
9. Do you have pets?	Yes <input type="text" value="pÿ"/> No <input type="text" value="pÿ"/>
If yes, please specify:	Inside the house: <input type="text" value="pÿ"/> Outside: <input type="text" value="pÿ"/>
Do you smoke inside the house?	Yes <input type="text" value="pÿ"/> No <input type="text" value="pÿ"/>
Would you accept a student who smokes?	Yes <input type="text" value="pÿ"/> No <input type="text" value="pÿ"/>
The student can take part in the following activities during his / her stay (sports, leisure, culture, making music...):	<input type="text" value="pÿ"/>
Wie haben Sie vom AFS-Austauschprogramm erfahren?	Zeitung <input type="text" value="pÿ"/> Schule <input type="text" value="pÿ"/> Freunde/Verwandte/Bekannte <input type="text" value="pÿ"/> AFS-Werbematerial (Flyer, Broschüren) <input type="text" value="pÿ"/> Radio/TV <input type="text" value="pÿ"/> Internet/AFS-Webseite <input type="text" value="pÿ"/> Arbeitsplatz/Mitarbeiterzeitung <input type="text" value="pÿ"/> AFS-Mitarbeiter <input type="text" value="pÿ"/> Waren schon einmal Gastfamilie <input type="text" value="pÿ"/> Familienmitglied war mit AFS im Ausland <input type="text" value="pÿ"/> Sonstiges <input type="text" value="pÿ"/>

**Health Certificate** (Page 1 of 2)

To be completed and signed by the candidate's physician. The physician should not be related to the candidate. Each question must be answered for "YES" responses to questions 3-14. Please provide a detailed explanation here or attached in a separate report. AFS reserves the right to ask for further information and determine if the candidate meets the program medical qualifications. The candidate and parent/guardian must also sign.

CANDIDATE NAME	HOME COUNTRY
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BIRTH DATE DD / MM / YYYY	HEIGHT	WEIGHT
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1 B/P	PULSE	RESPIRATION	BLOOD TYPE
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2 Do you note any abnormalities concerning height, weight (including substantial loss or gain in the past six months), blood pressure, pulse or respiration?
 No Yes (describe)

3 Please check the appropriate box. Has the candidate HAD any of the diseases/conditions listed below:

MEASLES	<input type="checkbox"/> No <input type="checkbox"/> Yes	IF KNOWN Titer:	Date: / /	RHEUMATIC FEVER	<input type="checkbox"/> No <input type="checkbox"/> Yes
MUMPS	<input type="checkbox"/> No <input type="checkbox"/> Yes	IF KNOWN Titer:	Date: / /	COUGH (PERSISTENT, RECURRING)	<input type="checkbox"/> No <input type="checkbox"/> Yes
RUBELLA	<input type="checkbox"/> No <input type="checkbox"/> Yes	IF KNOWN Titer:	Date: / /	HEADACHES (PERSISTENT, RECURRING)	<input type="checkbox"/> No <input type="checkbox"/> Yes
CHICKEN POX	<input type="checkbox"/> No <input type="checkbox"/> Yes	IF YES	Month: Year:	SLEEPWALKING	<input type="checkbox"/> No <input type="checkbox"/> Yes
POLIO MYELITIS	<input type="checkbox"/> No <input type="checkbox"/> Yes			ENURESIS	<input type="checkbox"/> No <input type="checkbox"/> Yes
HEPATITIS	<input type="checkbox"/> No <input type="checkbox"/> Yes			APPENDICITIS	<input type="checkbox"/> No <input type="checkbox"/> Yes
TUBERCULOSIS	<input type="checkbox"/> No <input type="checkbox"/> Yes			PARASITES (INTERNAL)	<input type="checkbox"/> No <input type="checkbox"/> Yes

If yes, give detailed information and dates (use extra pages if necessary):

4 ACNE No Yes if yes, identify area, severity, any medication taken, name, dosage & frequency:

5 ALLERGIES No Yes if yes, identify type, any medication taken, name dosage & frequency:

6 ASTHMA No Yes if yes, identify type, severity, any medication taken, name, dosage & frequency:

7 DIABETES No Yes if yes, identify type, severity, any medication taken, name, dosage & frequency:

8 SEIZURE DISORDER No Yes if yes, identify type, severity, any medication taken, name, dosage & frequency:

9 Has the candidate ever had any disease, impairment or abnormality of:

Abdominal organs, digestive system	<input type="checkbox"/> No <input type="checkbox"/> Yes	Heart blood vessels	<input type="checkbox"/> No <input type="checkbox"/> Yes
Lungs, respiratory system	<input type="checkbox"/> No <input type="checkbox"/> Yes	Tonsils, nose or throat	<input type="checkbox"/> No <input type="checkbox"/> Yes
Bones, joints, locomotor system	<input type="checkbox"/> No <input type="checkbox"/> Yes	Blood, endocrine system	<input type="checkbox"/> No <input type="checkbox"/> Yes
Genito-urinary system	<input type="checkbox"/> No <input type="checkbox"/> Yes	Eyes/vision, ear/hearing	<input type="checkbox"/> No <input type="checkbox"/> Yes

If yes, please explain (use extra pages, if necessary)

10 Has the candidate been hospitalized? No Yes

If yes, give dates, diagnosis and outcome for each incident.



Health Certificate (Page 2 of 2)

CANDIDATE NAME	HOME COUNTRY
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11 Is the candidate currently taking medication or injections (other than those mentioned previously)? No Yes

If yes, identify the medication, reason for usage, dosage and frequency:

12 Has the candidate EVER consulted a neurologist, psychologist or any other specialist **for a nervous, emotional or eating disorder**? No Yes

13 Is there a history of, or present evidence of, an emotional, nervous or eating disorder? No Yes

If yes to either (12 or 13), a FULL report by the specialist and a statement by the candidate about the illness or specific problem must be attached in a sealed envelope. Note: Placement in a foreign host family, school and community requires adjustment which often involves emotional stress. It will not be a time for relaxation or temporary relief from any current therapy. If the candidate is experiencing current emotional, physical, personal or family difficulties, these difficulties can be severely exacerbated by the adjustment demands of the AFS program. Therefore, you are requested to evaluate carefully the candidate's current or previous condition and treatment along with his or her ability to manage potential adjustment anxieties and stress in a foreign environment.

14 Are there any health limitations or restrictions on the candidate's activities and/or sports participation, or any medical information which should be considered for a home/school placement? No Yes

If yes, please describe:

15 Does the candidate wear glasses or contact lenses? No Yes

16 What was the date of the candidate's last dental check up? DATE

Does the candidate wear dental braces? No Yes

If yes, will orthodontic care be needed while on the program? No Yes FREQUENCY

17 Please specify exact day, month and year that the candidate had the following **immunizations**:

<input type="checkbox"/> MEASLES	Dates:	<input type="checkbox"/> TETANUS	Dates:
<input type="checkbox"/> MUMPS	Dates:	<input type="checkbox"/> POLIOMYELITIS	Dates:
<input type="checkbox"/> RUBELLA	Dates:	<input type="checkbox"/> BCG	Dates:
<input type="checkbox"/> DIPHTHERIA	Dates:	<input type="checkbox"/> HEPATITIS B	Dates:
<input type="checkbox"/> PERTUSSIS	Dates:	<input type="checkbox"/> OTHER	Dates:

TB Test—which type (circle one): Mantoux or Tine Date: Result + -

If positive, was chest x-ray done? No Yes Date: Result + -

I, the undersigned, certify that a thorough physical examination of the candidate has been given and all important recent medical information has been included on the health certificate, that nothing relevant has been omitted, and that the candidate is able to travel. I understand that the omission of any information could be harmful to the candidate's health care and could result in early termination from the AFS program.

PHYSICIAN NAME AND DEGREE	SIGNATURE
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ADDRESS	DATE
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Your signature below attests that you understand and accept the AFS Medical Policies as stated on the Participation Agreement, that the information on the health certificate is correct and complete and that inaccurate or incomplete information could be harmful to the candidate's health care and could result in early termination from the AFS program.

CANDIDATE SIGNATURE	DATE
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PARENT/GUARDIAN SIGNATURE	DATE
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3C Additional Allergy Information

FOR OFFICE USE

AFS ID#

Name of Participant _____ Country: Germany

We understand that you are suffering from some allergies. With this questionnaire we invite you to provide more details about what exactly causes allergic reactions and how it affects you. Please be as specific as possible, for instance whether the allergies are caused by simply being in the same room with a cat or a dog or whether they only appear when you hold or touch a pet.

1) Please describe in detail the allergy (-ies) you have. Under which circumstances and how often do they occur? What are the symptoms? How does it affect your well-being?

2) Do you take medication? If so what kind and how often?

3) How do you cope with this allergy (-ies) in your daily life? What are the absolute needs that should be taken into consideration by your future host family?

Applicant's signature: _____ Date _____

Parents/ Legal Guardian's signature: _____



Sehr geehrter behandelnder Arzt,
um uns die medizinische Prüfung Ihres Patienten zu erleichtern, bitten wir Sie, detaillierte Angaben zu machen, wenn möglich auf Englisch. Sollten Sie mehr Platz benötigen, dann hängen Sie weitere Blätter bitte an. Herzlichen Dank für Ihre Mithilfe!

NAME OF PATIENT _____

1. Name and date of diagnosis (Diagnose, wann gestellt)

2. Symptoms (Krankheitssymptome)

3. Therapy: medication, treatments, psychotherapy, counseling etc.
(Therapiemaßnahmen: (Medikamente, Behandlungen, Psychotherapie, Beratungsgespräche etc.)

4. Duration of therapy, completed? (Therapiedauer, abgeschlossen?)

5. Outcome, prognosis, necessary check-ups (Therapieergebnis, Prognose, Kontrolluntersuchungen während des AFS-Jahres)

6.) Declaration of no objection (Unbedenklichkeitserklärung für das AFS-Austauschjahr)

Doctor's signature/stamp: _____ Date _____

Schüleraustausch Baden-Württemberg – Vertrauliches Schulgutachten

Sehr geehrte Damen und Herren,

Ihr Schüler/Ihre Schülerin möchte gerne am *Schüleraustausch Baden-Württemberg* teilnehmen. Dabei handelt es sich um **gegenseitige, individuelle Austauschprogramme**, die von AFS Interkulturelle Begegnungen e.V. im Auftrag des Ministeriums für Kultur, Jugend und Sport Baden-Württemberg koordiniert werden. Voraussetzung für eine erfolgreiche Bewerbung ist die Ausstellung eines vertraulichen Schulgutachtens.

Schüler, die über AFS vermittelt werden, besuchen im Ausland eine weiterführende Schule und leben in der Familie ihres Austauschpartners. Im Gegenzug wohnen die Austauschpartner während ihres Aufenthalts in Baden-Württemberg bei den Familien der deutschen Teilnehmer. Die Jugendlichen und ihre Familien müssen also die Bereitschaft mitbringen, sich auf andere Kulturen und Menschen einzustellen.

Bitte unterstützen Sie Ihren Schüler/Ihre Schülerin, indem Sie die beiliegenden Formularblätter ausfüllen und ein kurzes Empfehlungsschreiben (*Letter of recommendation*) verfassen. Die gutachtende Lehrkraft sollte den Schüler/die Schülerin aus dem Unterricht kennen und **beides unterschreiben** – sowohl die Formularblätter als auch den *Letter of recommendation*.

Der *Letter of recommendation* sollte auf dem offiziellen Briefpapier der Schule auf Englisch verfasst sein. Die gutachtende Lehrkraft sollte ihn mit Namen, Titel und Unterschrift sowie dem Stempel der Schule versehen. Folgende Aspekte beinhalten sollten beinhaltet sein:

- Schulische Interessen und Leistungen
- Motivation und Unterrichtsbeteiligung
- Soziale Fähigkeiten und Eigenschaften, auch im Umgang mit den Klassenkameraden

Zudem ist die Unterschrift der Schulleitung erforderlich – siehe S. 2 des Formulars.

Mit der Ausstellung und Unterzeichnung des Schulgutachtens erklärt sich Ihre Schule bereit,

- 1) den Schüler/die Schülerin während seines/ihres Auslandsaufenthalts vom Unterricht freizustellen;
- 2) den ausländischen Austauschpartner/die ausländische Austauschpartnerin während seines/ihres Aufenthalts in Baden-Württemberg zum Unterricht zuzulassen;
- 3) dem Austauschpartner/der Austauschpartnerin während seines/ihres Schulbesuches in Baden-Württemberg eine Lehrkraft zur Seite zu stellen, die als Ansprechpartnerin für alle schulischen Belange während des Austauschs fungiert (d. h. einen „Tutor“ zu benennen).

Weitere Hinweise zum Ausfüllen der Formularblätter finden Sie auf der folgenden Seite. Bitte senden Sie das vertrauliche Schulgutachten an die folgende Adresse:

AFS Interkulturelle Begegnungen e.V.
Schüleraustausch Baden-Württemberg
Stöckachstr. 16a
70190 Stuttgart

**Bei Fragen können Sie sich stets gern an unser Team im Regionalbüro Süd wenden.
Wir danken Ihnen vielmals für Ihre Unterstützung!**

Hinweise zum Ausfüllen

(Der besseren Lesbarkeit halber verwenden wir im Folgenden nur die grammatikalisch männliche Form.)

School Recommendation (Formular, S. 1-2)

1. School Information

Geben Sie hier bitte die Schuldaten mitsamt Kontaktdaten an. Bitte benennen Sie eine Lehrkraft als Tutor, der dem Gastschüler während seines Aufenthalts als Ansprechpartner für schulische Belange zur Seite steht.

2. Student Status

Bitte geben Sie bei „Student's current year in school“ die derzeitige Klassenstufe Ihres Schülers an. „Rank in class or other grouping“ bezieht sich auf die schulischen Leistungen des Schülers im Vergleich zu seinen Mitschülern. Teilen Sie uns bitte auch die derzeitige Durchschnittsnote des Schülers mit („Current GPA / average grade“).

3. Explanation of Grading System

Erläutern Sie hier bitte kurz das an Ihrer Schule gebräuchliche Notensystem.

4. Language Proficiency

Bitte geben Sie hier eine Bewertung der Fremdsprachenkenntnisse anhand der genannten Kategorien ab. Bei „Other language“ tragen Sie bitte ggf. die für den Austausch relevante zweite Fremdsprache ein. Falls Sie die Fremdsprachenkenntnisse nicht bewerten können, lassen Sie die entsprechenden Kästchen bitte frei.

5. Student Assessment

Bitte geben Sie hier eine Bewertung der Motivation und Persönlichkeit des Schülers anhand der genannten Kategorien ab.

6. Student Advancement/Attendance

Musste Ihr Schüler eine Klasse wiederholen? Wenn ja: wann und warum? Hat der Bewerber auffällig viele Fehlzeiten (regelmäßig mehr als zwei Tage pro Monat)? Falls ja, nennen Sie uns bitte die Gründe.

7. Family Background

Kennen Sie die Familie des Schülers persönlich? Wenn zutreffend, geben Sie bitte an, ob Sie die Familie für geeignet halten, einen ausländischen Austauschschüler zu beherbergen. Bitte geben Sie zudem an, wie lange Sie die Familie des Schülers schon kennen und welche Familienmitglieder Sie persönlich getroffen haben. Sollten Sie die familiären Verhältnisse des Schülers nicht bewerten können oder die Familie nicht kennen, lassen Sie die entsprechenden Felder bitte frei.

Denken Sie bitte daran, das Formular auf S. 2 selbst zu unterschreiben und von der Schulleitung stempeln und unterschreiben zu lassen!

Recognition of Admission (S. 2)

Mit der Unterschrift der Schulleitung und dem Schulstempel erklärt sich Ihre Schule einverstanden, den Schüler während seines Auslandsaufenthalts vom Unterricht freizustellen und den Austauschpartner während seines Aufenthalts in Baden-Württemberg zum Unterricht an der Schule zuzulassen. Außerdem sollte die Schule dem Gastschüler während des Aufenthalts eine Lehrkraft als Tutor zur Seite stellen.

Schüleraustausch Baden-Württemberg

Koordiniert durch AFS
Interkulturelle Begegnungen e.V.



AFS Interkulturelle
Begegnungen e.V.



Baden-Württemberg

MINISTERIUM FÜR KULTUR, JUGEND UND SPORT

Applicant's name: _____

School Recommendation

1. School Information

School Name: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

Name of Principal: _____

Tutor for exchange partner (first *and* last name): _____

Tutor's Email: _____

This school may be best described as the following (check all that apply): Public Private
 University preparatory Vocational Other (Please describe) _____

2. Student Status

Student's current year in school: _____ Rank in class or other grouping: _____ Current GPA / average grade: _____

If your school does not rank students numerically, indicate the student's standing in relation to others in the class:

Top quartile 2nd quartile 3rd quartile Final quartile

By end of current school year student will have had ___ years of primary and ___ years of secondary schooling.

3. Explanation of Grading System

Outstanding = _____ Good = _____ Poor = _____

Very good = _____ Average/fair = _____ Failing = _____

4. Language Proficiency

Foreign Language: _____

Proficiency (P= Poor, F= Fair, G= Good, E= Excellent)

English

	P	F	G	E
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding conversation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other language

	P	F	G	E
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding conversation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Student Assessment

(P= Poor, F= Fair, G= Good, E= Excellent)

	P	F	G	E		P	F	G	E
Ability to mix well with other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Application to study languages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Development and maturity as a student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Application to study in general	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acceptance by other students at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Willingness to participate in extra-curricular activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

Schüleraustausch Baden-Württemberg

Koordiniert durch AFS
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AFS Interkulturelle
Begegnungen e.V.



Baden-Württemberg

MINISTERIUM FÜR KULTUR, JUGEND UND SPORT

Applicant's name: _____

6. Student Advancement/Attendance

Has the student missed or repeated a year or semester? Yes No If yes, indicate which year/semester and give reason:

Is there a history of frequent absences of two or more a month? Yes No If yes, attach an explanation.

7. Family Background

Do you know the student's family personally? Yes No

If yes, please indicate if you consider this family fit to host a foreign exchange student: Yes No

Please specify how long you have known the family: ___ years

Please specify which family members you have met personally (i.e. mother/father/sibling) _____

Comments: _____

Teacher's Signature

Place

Date

Teacher's signature

Recognition of Admission

Our school endorses the student's wish to take part in the *Schüleraustausch Baden-Württemberg* program. The student's exchange partner is allowed to attend our school during his/her stay in Baden-Württemberg.

Place, date

School stamp

Principal's signature