



## APPLICATION CHECKLIST

Diese Bewerbung ist die Grundlage für deine Platzierung und dient deiner Gastfamilie und deiner Schule zur Vorbereitung auf deine Ankunft. Fülle alle Seiten gründlich und ehrlich aus. Deine Antworten sollen ein klares Bild von dir vermitteln. Bitte benutze eine Schreibmaschine oder schreibe in Druckbuchstaben.

*Your placement is based on the enclosed materials and will help your German host family and school to prepare for your arrival. The enclosed materials will be of help to your German school and host family as they prepare for your arrival. Please be neat, thorough, and honest. Your answers should present a clear picture of who you are. Type or print neatly.*

<b>INTERNATIONAL HIGH SCHOOL PROGRAM (IHSP)</b> Anmeldeformular / Placement form
<b>BRIEF AN DEINE GASTFAMILIE / LETTER TO YOUR HOST FAMILY</b> Stelle dich, deine Interessen und Hobbys vor, beschreibe deinen Tagesablauf und erkläre, was du vom Aufenthalt in Deutschland erwartest. Wenn nötig, füge weitere Seiten bei. / <i>Present yourself, your hobbies and interests, describe your daily routine and explain your expectations of your stay in Germany. Use additional pages if necessary.</i>
<b>BRIEF VON DEINEN ELTERN AN DEINE GASTFAMILIE / LETTER FROM YOUR PARENTS TO YOUR HOST FAMILY</b> Bitte deine leiblichen Eltern deiner Gastfamilie einen Brief zu schreiben. / <i>Please ask you parents to write a letter to your host family</i>
<b>FOTOALBUM / PHOTO ALBUM</b> Schicke uns einige Fotos, die einen Eindruck von deiner Persönlichkeit, deinen Freunden und deiner Familie geben. Schreibe ein paar Erläuterungen zu jedem Foto. Wenn nötig, füge weitere Seiten bei. / <i>Send us some pictures that represent your personality, friends and family. Write some details about each picture. Use additional pages if necessary.</i>
<b>SCHULBESCHEINIGUNG / SCHOOL RECORD</b> Bitte fülle dies zusammen mit deinem Vertrauenslehrer oder einem anderen Lehrer aus. Füge Schulzeugnisse der letzten 3 Jahre bei. / <i>Ask your guidance counselor or a teacher for help in completing this form. Include official school transcripts for the last 3 years.</i>
<b>BEURTEILUNG DER DEUTSCHKENNTNISSE / GERMAN LANGUAGE REFERENCE</b> Bitte von deinem Deutschlehrer ausfüllen lassen. Wenn du kein Deutsch gelernt hast, schreibe deinen Namen auf das Formular und streiche alles andere durch. / <i>Ask your most recent German teacher to complete this form. If you have had no German language study, simply draw a line across this form and sign your name.</i>
<b>BEURTEILUNG DER ENGLISCHKENNTNISSE / ENGLISH LANGUAGE REFERENCE (FOR NON-NATIVE SPEAKERS ONLY)</b> Bitte von deinem Englischlehrer ausfüllen lassen. Wenn du kein Englisch gelernt hast, schreibe deinen Namen auf das Formular und streiche alles andere durch. / <i>Ask your most recent English teacher to complete this form. If you have had no English language study, simply draw a line across the form and sign your name.</i>
<b>EMPFEHLUNGSSCHREIBEN / LETTER OF RECOMMENDATION</b> Bitte von einem Lehrer ausfüllen lassen. / <i>Ask one of your teachers to fill this form out.</i>
<b>GESUNDHEITZEUGNIS / MEDICAL RECORD</b> Bitte von deinem Arzt ausfüllen und unterschreiben lassen. / <i>This form should be read, signed and dated by your doctor.</i>
<b>PASSPORT VERIFICATION</b> Bitte selbst ausfüllen. Füge eine Kopie des Passes bei. / <i>Complete this form yourself. Include a photocopy of the passport.</i>
<b>STANDARDS OF CONDUCT / PROGRAMMREGELN</b> Bitte zusammen mit deinen Eltern ausfüllen und unterschreiben. / <i>This form should be read, signed and dated by you and your parents.</i>
<b>RELEASE</b> Bitte zusammen mit deinen Eltern ausfüllen und unterschreiben. / <i>This form should be read, signed and dated by you and your parents.</i>
<b>CODE OF GOOD PRACTICE</b> Bitte sorgfältig durchlesen und unterschreiben. / <i>Please read carefully and sign.</i>
<b>SPRACHKURS / LANGUAGE COURSE (OPTIONAL)</b> Bitte ausfüllen, wenn wir für dich, bevor du in deine Gastfamilie ziehst, einen Deutschkurs organisieren sollen. / <i>This form should be filled in if we shall organise a German course for you before you move to your host family.</i>



**Experiment e.V.**

THE EXPERIMENT IN INTERNATIONAL LIVING

## INTERNATIONAL HIGH SCHOOL PROGRAM (IHSP) ANMELDEFORMULAR / APPLICATIONFORM

Versuche bitte, dieses Formular auf Deutsch auszufüllen.  
Es ist sehr wichtig, dass du die Fragen ehrlich beantwortest!  
Schreibe bitte deutlich in Druckbuchstaben!

*Please try to complete this form in German. It is very important that  
you answer the questions truthfully! Use neat hand writing, please!*

### Programmdauer / Program length

\_\_\_\_ Jahr / Year \_\_\_\_ Halbjahr / Semester  
\_\_\_\_ Monate (Anzahl) / Months (numbers)

Hier ist Platz für ein  
**SCHÖNES** Photo von dir!!!

Please attach a **NICE**  
picture of yourself!!!

### PERSÖNLICHE INFORMATIONEN / PERSONAL INFORMATION

Vorname / First name	Familiename / Family name
<input type="checkbox"/> weiblich / female <input type="checkbox"/> männlich / male	Geburtsdatum / Birthdate
Heimatanschrift / Home address: (street, city, zip code, country)	
Email	Telefonnummer / Telephone
Staatsangehörigkeit / Citizenship	Religion / Religious affiliation
<input type="checkbox"/> Raucher / Smoker <input type="checkbox"/> Nichtraucher / Non-smoker	

### ANGABEN ZU DEINEN ELTERN / INFORMATION ABOUT YOUR PARENTS

Vater / Erziehungsberechtigter / Father/legal guardian	Mutter / Erziehungsberechtigte / Mother / legal guardian
Name / Name	Name / Name
Adresse / Address (street, city, state zip code)	Adresse / Address (street, city, state zip code)
Telefonnummer / Telephone	Telefonnummer / Telephone
Beruf / Occupation	Beruf / Occupation

### IN DRINGENDEN FÄLLEN KONTAKTIERBAR / EMERGENCY CONTACT

Name / Name	Adresse / Address
Telefonnummer / Telephone	
Beziehung / Relationship	



**ANGABE VON BEKANNTEN IN DEUTSCHLAND / CONTACT INFORMATION ABOUT FRIENDS IN GERMANY**

Hast du Verwandte oder Freunde in Deutschland? / List any close relatives or friends in Germany	
Name / Name	Name / Name
Adresse / Address	Adresse / Address
Telefonnummer / Telephone	Telefonnummer / Telephone
Beziehung / Relationship	Beziehung / Relationship

**ANGABEN ZU GESCHWISTERN / INFORMATION ABOUT SIBLINGS**

Vorname & Name / First name & second name	Geschlecht/ Sex	Lebt sie/er noch zu Hause? / Does she/he still live at home?

**ANGABEN ZU DIR UND DEINEM UMFELD / INFORMATION ABOUT YOURSELF AND YOUR SOCIAL ENVIRONMENT**

Beschreibe kurz deine Heimat, deine Schule, deinen Wohnort (z.B. Größe, Klima, Aktivitäten) / Give a brief description of your home, school, and community, including size, population, climate, and activities
Beschreibe einen typischen Tag in deinem Leben (Alltagsroutine, Essenszeiten, Pflichten im Haushalt) / Describe a typical day in your life (including daily routine, meals and chores)
Wie viel Zeit verbringst du am Tag am Computer/vor dem Fernseher? / How much time do you spend on the computer/in front of the TV everyday?



Beschreibe deine Hobbies / <i>Describe your hobbies</i>
Nenne die letzten drei Bücher, die du gelesen hast / <i>List the last three books, you have read</i>
Was ist deine Lieblingsmusik? / <i>What is your favourite music?</i>
Spielst du ein Instrument? Welches? Seit wann? / <i>Do you play an instrument? Which? Since when?</i>
Hast du besondere Interessen oder Fähigkeiten / <i>Do you have any unique interests or skills</i>
Welchen Gruppen oder Vereinen gehörst du an? / <i>Which clubs, groups or associations are you a member of?</i>
Welches sind deine Berufsziele? / <i>What career goals are you considering and why?</i>
Für welche internationalen Ereignisse interessierst du dich? / <i>What international affairs are you interested in?</i>
Worin siehst du den Wert von Zweisprachigkeit? / <i>What do you think is the value of being bilingual?</i>
Zeig an einem Beispiel, wie du mit einer schwierigen Situation umgegangen bist! / <i>Please give an example of how you dealt with a difficult situation you were confronted with!</i>
Inwiefern wird sich nach deiner Einschätzung das Austauschjahr auf dein Verhalten und deine Wertordnung auswirken? / <i>What impact do you expect the exchange year to have on you and your values?</i>
Beschreibe ein wichtiges Kindheitserlebnis! / <i>Describe a memorable incident during your childhood!</i>



Wann und wo fühlst du dich am sichersten? / <i>When and where do you feel most comfortable and secure?</i>
Was würdest du gern an dir selbst ändern? / <i>What would you like to change about yourself?</i>
Wie gehst du mit Langeweile um? / <i>How do you cope with boredom?</i>
Welche sind die "Spielregeln" innerhalb deiner Familie? Was passiert, wenn sie gebrochen werden? / <i>What are the "rules" in your family? What happens if those rules are broken?</i>
Wie verbringen deine Familie und du Zeit zusammen? / <i>How do you and your family spend time together?</i>
Hast du bereits Reisen ins Ausland unternommen? Wohin und weshalb? / <i>Have you ever travelled outside your country? List where and why</i>
Warum möchtest du ausgerechnet nach Deutschland kommen? / <i>Why would you like to come to Germany as an exchange student?</i>

**WEITERE INFORMATIONEN / FURTHER INFORMATION**

Ist eine spezielle Diät für dich erforderlich? Bist du Vegetarier? / <i>Do you require a special diet? Are you a Vegetarian?</i>
<input type="checkbox"/> Nein / <i>No</i> <input type="checkbox"/> Ja, bitte ausführen: / <i>Yes, please elaborate</i>
Bist Du allergisch? / <i>Are you allergic?</i>
<input type="checkbox"/> Nein / <i>No</i> <input type="checkbox"/> Ja, bitte ausführen: / <i>Yes, please elaborate:</i>



**Experiment e.V.**

THE EXPERIMENT IN INTERNATIONAL LIVING

**BRIEF AN DEINE GASTFAMILIE / LETTER TO YOUR HOST FAMILY**



**Experiment e.V.**

THE EXPERIMENT IN INTERNATIONAL LIVING

**BRIEF VON DEINEN ELTERN AN DEINE GASTFAMILIE / LETTER FROM YOUR  
PARENTS TO YOUR HOST FAMILY**



**Experiment e.V.**

THE EXPERIMENT IN INTERNATIONAL LIVING

**FOTOALBUM / PHOTO ALBUM**



## SCHULE / SCHOOL

Derzeitige Klassenstufe / *Present school year*

Durchschnittsnote letztes Zeugnis / *Average grade on last report card*

Bitte füge deiner Bewerbung deine Schulzeugnisse der letzten drei Jahre bei. / *Please include with this application the official transcripts (school records) for your last three years at school.*

## FREMDSPRACHENKENNTNISSE

Sprache / <i>Language</i>	Studienjahr / <i>Years of study</i>	Sprachkenntnisse Level / <i>Proficiency</i>		
		Anfänger / <i>Beginner</i>	Gut / <i>Good</i>	Exzellente / <i>Excellent</i>
Deutsch				
Englisch				
Andere / <i>Other</i>				

Welche sind deine Lieblingsfächer? / *What are your favourite subjects at school?*

Für welche Fächer benötigst du deutsche Noten? **Bitte kläre dies mit deiner Schule bevor du nach Deutschland kommst!!!** / *For which classes do you need to receive credits while you are in Germany? Please discuss this with your school before coming to Germany!!!*

\_\_\_\_\_  
Datum / *Date*

\_\_\_\_\_  
Unterschrift / *Signature*



**SCHULBESCHEINIGUNG / SCHOOL RECORD**

Bitte deinen Vertrauenslehrer oder einen anderen Lehrer, dieses Formular auszufüllen.

*Ask your guidance counsellor or another teacher to fill in this form.*

Schulstempel oder Schulsiegel /  
*Place school seal or stamp here*

Name des Schülers / *Student's Name* \_\_\_\_\_

Name der Schule / *School's Name* \_\_\_\_\_

Adresse der Schule / *School's Address* \_\_\_\_\_

Telefon / *Telephone* \_\_\_\_\_

Für welche Fächer benötigt der Schüler deutsche Noten? / *For which classes does the student need to receive credits while in Germany?*

In welcher Klasse ist der Schüler / die Schülerin? / *In what grade is the student currently enrolled?*

Klassenstufe / *Grade* \_\_\_\_\_  
2008/09 (1st Semester)

Klassenstufe / *Grade* \_\_\_\_\_  
2007/08

Klassenstufe / *Grade* \_\_\_\_\_  
2006/07

Fach / *Note /*  
*Course Mark*

Fach / *Note /*  
*Course Mark*

Fach / *Note /*  
*Course Mark*

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Notenschnitt / \_\_\_\_\_  
*Grade Point Average*

Notenschnitt / \_\_\_\_\_  
*Grade Point Average*

Notenschnitt / \_\_\_\_\_  
*Grade Point Average*



## BEURTEILUNG DER DEUTSCHKENNTNISSE / GERMAN LANGUAGE REFERENCE

Bitte deinen Vertrauenslehrer oder einen anderen Lehrer, dieses Formular auszufüllen.

*Ask your guidance counsellor or another teacher to fill in this form.*

Schulstempel oder Schulsiegel /  
*Place school seal or stamp here*

Name des Schülers: \_\_\_\_\_

**Für den Lehrer/Beurteilenden:** Dieses Formular wird für die Beurteilung der Deutschkenntnisse des Schülers und seine Einstufung in einen Deutschkurs benötigt. Bitte bewerten Sie vorrangig die mündlichen Sprachkenntnisse.

### Bitte nutzen Sie zur Beurteilung den folgenden Schlüssel:

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**Anfänger:** Kann vertraute, alltägliche Ausdrücke und ganz einfache Sätze verstehen und verwenden, die auf die Befriedigung konkreter Bedürfnisse zielen. Kann sich vorstellen und anderen Leuten Fragen zu ihrer Person stellen und auf Fragen dieser Art Antwort geben.

**Fortgeschritten:** Kann die Hauptinhalte komplexer Texte zu konkreten und abstrakten Themen verstehen; kann sich so spontan und fließend verständigen, dass ein normales Gespräch mit Muttersprachlern ohne größere Anstrengung auf beiden Seiten gut möglich ist. Kann sich zu einem breiten Themenspektrum klar und detailliert ausdrücken.

**Mittelstufe 1:** Kann Sätze und häufig gebrauchte Ausdrücke verstehen, die mit alltäglichen Bereichen zusammenhängen. Kann sich in einfachen, routinemäßigen Situationen verständigen, in denen es um einen einfachen und direkten Austausch von Informationen über vertraute und geläufige Dinge geht.

**Fließend:** Kann praktisch alles mühelos verstehen und wiedergeben. Kann sich spontan, sehr flüssig und genau ausdrücken und auch bei komplexeren Sachverhalten feinere Bedeutungsnuancen deutlich machen.

**Mittelstufe 2:** Kann die Hauptpunkte verstehen, wenn klare Standardsprache verwendet wird und es um vertraute Dinge geht und sich dazu auch äußern. Kann die meisten Situationen bewältigen, denen man auf Reisen im Sprachgebiet begegnet. Kann sich in allen Zeitstufen ausdrücken.

Lernort \_\_\_\_\_ Lerndauer \_\_\_\_\_ Bewertung \_\_\_\_\_

Anmerkungen:

Name des Lehrers: \_\_\_\_\_

Unterschrift: \_\_\_\_\_



**BEURTEILUNG DER ENGLISCHKENNTNISSE / ENGLISH LANGUAGE REFERENCE**

Bitte deinen Vertrauenslehrer oder einen anderen Lehrer, dieses Formular auszufüllen.

*Ask your guidance counsellor or another teacher to fill in this form.*

Schulstempel oder Schulsiegel /  
Place school seal or stamp here

Participant's Name: \_\_\_\_\_

**To the Teacher/Evaluator:** This form will be used to assess language capabilities and for placement purposes in English language classes. Please consider the participant's ability to communicate verbally.

**Please use the following key to assess the participant**

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**Novice:** Unable to function in the target language

**Intermediate High:** Able to satisfy most survival needs and limited social demands; can create with the language; occasionally, but not consistently, can describe and narrate in simple past, present and future.

**Novice High:** Able to satisfy immediate needs using memorized materials; limited ability to speak in short sentences.

**Advanced:** Able to satisfy routine social demands and limited work requirements; can describe and narrate in the past, present and future; can participate fully in casual conversation.

**Intermediate Low:** Able to satisfy basic survival needs and minimum courtesy requirements; can create with the language; has limited vocabulary and minimal grasp of grammar.

**Advanced Plus:** Able to satisfy most work requirements and show some ability to communicate on concrete topics; can sometimes support an opinion; control of complex grammatical structures is uneven.

**Intermediate Mid:** Able to satisfy most survival needs and limited social demands; can create with the language; has larger vocabulary and more control of grammar; able to say many things simply.

**Superior:** Able to support opinions, hypothesize and deal with abstract topics and unfamiliar situations; rarely hesitates in speaking and errors never interfere with meaning.

Where Studied \_\_\_\_\_ Years Studied \_\_\_\_\_ Assessment Rating \_\_\_\_\_

Additional Comments:

Teacher's name: \_\_\_\_\_

Signature: \_\_\_\_\_



## EMPFEHLUNGSSCHREIBEN / LETTER OF RECOMMENDATION (1/2)

Bitte einen Lehrer, dieses Formular auszufüllen. / *Please give this form to one of your teachers.*

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Vor- und Nachname des Schülers / der Schülerin / *Student's name*

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Name der Schule / *School's name*

1. Welche besonderen Talente, Fertigkeiten, Interessen besitzt der Schüler / die Schülerin, die einen besonderen Beitrag leisten könnten, z. B. in der Schule, Gemeinde oder Gesellschaft? / *Does the student possess any specific talents, skills or interests which would make a special contribution to his/her host community or school?*

2. Warum würde gerade dieser Schüler / diese Schülerin ein guter Repräsentant seines Herkunftslands sein? *Why would this student in particular be a good representative of his/her home country?*

3. Bitte bewerten Sie den Schüler / die Schülerin in den folgenden Bereichen *Please evaluate the student in the following areas.* (1 = ausgezeichnet / *excellent*; 2 = gut / *good*; 3 = befriedigend / *satisfactory*; 4 = ausreichend / *sufficient*; 5 = unzureichend / *insufficient*)

Wissensdurst / <i>Inquisitiveness</i>	_____	Fähigkeit Niederlagen zu ertragen / <i>Ability to cope with failure</i>	_____
Selbstverantwortung / <i>Responsibility</i>	_____	Kommunikationsfähigkeit / <i>Communication skills</i>	_____
Anpassungsfähigkeit / <i>Adaptability</i>	_____	Frustrationstoleranz / <i>Ability to deal with frustration</i>	_____
Führungsfähigkeit / <i>Leadership ability</i>	_____	Positive Einstellung zu anderen / <i>Positive attitude towards others</i>	_____
Aufgeschlossenheit / <i>Open-mindedness</i>	_____		

Bitte geben Sie spezifische Beispiele an, mit denen Sie Schwächen und Stärken des Schülers / der Schülerin illustrieren können. / *Please list specific examples which demonstrate the strengths and weaknesses of the student.*



**EMPFEHLUNGSSCHREIBEN / LETTER OF RECOMMENDATION (2/2)**

4. Ist Ihnen bekannt, ob der Schüler / die Schülerin an irgendwelchen körperlichen oder emotionalen Störungen leidet?  
*Are you aware of the fact that the student suffers from a physical or an emotional disorder of any kind?*

Ja / Yes \_\_\_\_\_ Nein / No \_\_\_\_\_

Wenn JA, bitte beschreiben Sie diese hier. Benutzen Sie, falls nötig, ein zusätzliches Blatt und fügen Sie dieses bitte dem Formular bei.

*If YES, please describe the disorder here. If necessary, use additional paper.*

5. Seit wann und in welchem Zusammenhang kennen Sie den Schüler / die Schülerin?  
*How long have you known the student and in which context?*

\_\_\_\_\_  
Unterschrift / *Signature*

\_\_\_\_\_  
Datum / *Date*

\_\_\_\_\_  
Name in Druckbuchstaben / *Name printed*

\_\_\_\_\_  
Titel / *Title*

\_\_\_\_\_  
Schule / *School*



**GESUNDHEITSZEUGNIS / MEDICAL RECORD (1/2)**

Name des Teilnehmers / *Participant's Name*: \_\_\_\_\_

Größe / *Height*: \_\_\_\_\_ cm

Gewicht / *Weight*: \_\_\_\_\_ kg

Blutdruck / *Blood Pressure*: \_\_\_\_\_

Puls / *Pulse*: \_\_\_\_\_

**Ihre Einschätzung des gesundheitlichen Allgemeinzustands / *Your opinion of the applicants health*:**

Sehr gut / *Excellent*      Gut / *Good*      Befriedigend / *Fair*      Mangelhaft / *Poor*

War der Teilnehmer an einer der folgenden Krankheiten erkrankt? Wenn JA, erläutern Sie diese bitte ausführlich. / *Does the applicant now have or has he/she had any of the following? If YES, give detailed information and dates in the space provided or attach a separate sheet to the Medical Record.*

Krankheit / <i>Illness</i>	Ja / <i>Yes</i>	Nein / <i>No</i>	Funktionsstörung / <i>Disorder</i>	Ja / <i>Yes</i>	Nein / <i>No</i>
Windpocken / <i>Chickenpox</i>			Epilepsie / <i>Seizures</i>		
Masern / <i>Measles</i>			Schlafwandeln / <i>Sleepwalking</i>		
Mumps			Anorexia Nervosa		
Polio / <i>Poliomyelitis</i>			Bulimie / <i>Bulimia</i>		
Rheumatisches Fieber / <i>Rheumatic Fever</i>			Diabetes Mellitus		
Röteln / <i>Rubella</i>			Hörvermögen / <i>Hearing</i>		
Scharlach / <i>Scarlet Fever</i>			Migräne / <i>Headache</i>		
Malaria			Sprachvermögen / <i>Speech</i>		
Hepatitis			Psychisch/Emotional/ <i>Psychological/Emotional</i>		
Kropf / <i>Goiter</i>			ADHS / <i>ADHD</i>		
			Andere / <i>Other</i>		

**Anmerkungen / *Comments*:**



**GESUNDHEITSZEUGNIS / MEDICAL RECORD (2/2)**

Wenn Sie eine der folgenden Fragen mit **JA** beantworten, fügen Sie bitte ausführliche Berichte bei. / *If you answer **YES** to any of the following questions, please attach a medical report giving information:*

	Ja / Yes	Nein / No
War der Schüler jemals im Krankenhaus? / <i>Has the student ever been hospitalized?</i>		
Wurde der Schüler jemals operiert? / <i>Has the student ever had surgery?</i>		
Nimmt der Schüler gegenwärtig Medikamente oder Injektionen ein? / <i>Is the student presently taking any medications or injections?</i>		
Gibt es Einschränkungen bezüglich der Teilnahme an sportlichen Aktivitäten? / <i>Are there any restrictions on the student's participation in physical activities?</i>		
Litt oder leidet der Schüler unter Allergien? / <i>Has the applicant any history or present evidence of any allergy?</i>		
Gibt es bestimmte gesundheitlichen Einschränkungen oder einschlägige medizinische Informationen die für einen Auslandsaufenthalt des Schülers von Bedeutung sind? / <i>Does the applicant have any health limitations or do you know of any pertinent medical information that is important, should the applicant be considered for placement abroad?</i>		

Trägt der Schüler eine Brille oder Kontaktlinsen? / *Does the applicant have to wear glasses or contact lenses?* Ja / Yes \_\_\_\_\_ Nein / No \_\_\_\_\_

Wenn JA, bitte spezifizieren / *If YES, please elaborate:*

	Sphere	Cylinder	Axis	Prism	Base
(OD) Ocular Dexter					
(OS) Ocular Sinister					

Add: \_\_\_\_\_ Base Curve: \_\_\_\_\_ Other: \_\_\_\_\_

Wenn NEIN, Sehkraft ohne Brille / *If NO, vision without glasses*

OD: \_\_\_\_\_ OS: \_\_\_\_\_

Doctor's name: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature



## PASSPORT VERIFICATION

This form is to verify that you will have a valid passport at the time of your participation in the program. Some of the information is also used for airline ticketing purposes.

Please print your full name **AS IT APPEARS (OR WILL APPEAR)** on your passport.

Student's name \_\_\_\_\_

I already have my passport:

The number is: \_\_\_\_\_

Issued at: \_\_\_\_\_

Date of Issue: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**PLEASE ATTACH A CLEAR PHOTOCOPY OF THE  
FIRST PAGE OF YOUR PASSPORT TO THIS FORM.**

**OR**

I applied for my passport

at \_\_\_\_\_

Date \_\_\_\_\_ City \_\_\_\_\_

**AS SOON AS YOU RECEIVE YOUR PASSPORT,  
PLEASE SEND A PHOTOCOPY OF THE FIRST PAGE TO YOUR ORGANISATION.**



## **STANDARDS OF CONDUCT FOR EXCHANGE STUDENTS IN GERMANY**

Experiment e.V. Germany has established the following Standards of Conduct for all participants coming to Germany on the International High School Program (IHSP). Violation or non-observation of these standards may be cause for dismissal from the program.

1. The participant shall live as a member of a host family and shall conform to the obligations, rules and customs of the family. The participant must be prepared to live in any family without regard to race, religion or colour of skin. A host family may be composed of a single parent with a child/children, of a couple with a child/children or of a couple without children or without children living in the home. In most cases the participant will have his/her own room, but this cannot be guaranteed.
2. The day to day activities of the participant require the consent of the host parents. They must be informed at all times where he/she is, with whom, when and how he/she is returning home.
3. Any request for a host family change from a participant must be cleared through the Local Coordinator. Experiment e.V. Germany will review each request for a change of host family on a case by case basis, and reserves the right to make the final decision. Host family changes are not made solely at the participant's request.
4. The "Lines of Communication" distributed by Experiment e.V. Germany must be observed at all times.
5. School attendance is a mandatory component of the program. Unsatisfactory school attendance, academic performance, lack of compliance with school rules, and/or poor attitude can be cause for dismissal.
6. During the stay of the participant, he/she may not perform any jobs outside of his/her host family.
7. The participant is obligated to pay all bills accrued (including telephone, postal expenses and additional medical costs not paid for by the insurance, etc.) before his/her return, or, at the latest, after receiving the bill. Participants must have 150-200 EUROS available per month for personal costs.
8. Hitchhiking is strictly prohibited for all participants.
9. The participant is subject to the federal and regional laws of Germany.
10. The purchase or possession of weapons is prohibited.
11. Participants are not allowed to drive automobiles, motorbikes, and/or motorcycles.
12. The use of drugs and excessive drinking is prohibited and will result in dismissal from the program.
13. Visits to the participant by family members or friends from the home country are not allowed during the first half of the program for year students or at all during the program for half-year or short-term participants. No school may be missed for such visits.



**TRAVEL RULES**

- 1. Independent trips including one or more overnight stays require the written consent of the natural parents as well as the host parents. The natural parents must fill out the parental release form and send it to the partner organisation in their home country or to Experiment e.V. Germany.**
- 2. Before booking any trip, the student must ask Experiment e.V. Germany for authorization. Only once Experiment e.V. Germany has agreed with the trip can the student confirm the trip (under the condition that the host parents and the natural parents agree as well).**
- 3. If a trip booked without the authorization of Experiment e.V. Germany, the participant and the natural parents must cover the costs for the cancellation.**
- 4. The participant may not miss school for travel. Even if the school approves the trip, Experiment e.V. Germany does not; therefore trips are only approved during school holidays or on weekends.**
- 5. The participant must submit a detailed itinerary including modes of transportation and the addresses and telephone numbers of hotels/youth hostels to Experiment e.V. Germany at least one week before departure.**
- 6. No independent trip may exceed one week.**
- 7. No more than two weekends per month may be used for independent travel.**
- 8. No student will be permitted to travel during the Christmas holiday season, as this time is meant to be spent integrating in the host family.**

An independent trip is considered a trip including one or more overnight stays without an adult. Short trips in the surrounding area with a return to the host family on the same day are not considered as independent travel. Participants may travel with adult members of the host family or with adults 25 years of age or older. For school trips or trips with the host family, no parental release form is required from the natural parents.

Repeated incidents of behaviour not in accordance with these Standards of Conduct is a cause for the host family, the school, and/or Local Coordinator to warn and/or discipline a participant, and may result in the issuance of a formal warning or letter of probation from Experiment e.V.

A **serious violation of these Standards of Conduct or repeated incidents of unacceptable behaviour** shall result in immediate dismissal from the program and the return of the participant to his/her home country without undue delay. Any additional costs arising as a result of the premature termination of the stay must be carried by the participant. **Serious violations** include, but are not limited to, breaking any German federal or regional law and hitchhiking.

I confirm that I have read and understood the rules.

Date: \_\_\_\_\_

Student's signature: \_\_\_\_\_

Parents' signature: \_\_\_\_\_



## RELEASE

### AGREEMENT TO CONDITIONS OF MEMBERSHIP

In consideration of the acceptance by Experiment e.V. Germany and their partner organization of the applicant, we agree to the Code of Conduct as stated, and acknowledge that we have read and understood it thoroughly.

Further, we understand future publicity materials may include statements made by participants or their photographs, and consent to such use of my son's/daughter's comments of photographic likeness.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's or Guardian's Signature

\_\_\_\_\_  
Date

### RELEASE FOR EMERGENCY TREATMENT

To the parents or guardian of a participant under the age of 18 years:

On rare occasions, a surgical emergency arises when we are unable to communicate with parents/guardians. No anaesthesia can be administered nor operation performed without the consent of the parent or guardian. To avoid delaying any procedure necessary to safeguard the health of an Experiment participant, we request that the following permission be signed by the parent or legal guardian of the participant.

I hereby grant permission to Experiment e.V. Germany to authorize the administration of such antibiotics, immunizations, anaesthesia and other medications, and to hospitalize and provide such treatment for my son/daughter/ward (cross out terms not applicable) as professional judgment dictates.

\_\_\_\_\_  
Parent's or Guardian's Signature

\_\_\_\_\_  
Date

### GENERAL TRAVEL PERMISSION

We give permission for our son/daughter to travel on school or church-sponsored trips, provided our child's host parents and Experiment e.V. Germany have approved the travel plans. We understand that all trips must be led by an adult, that a completed itinerary must be on file with the host family and the national office and that our son/daughter may not miss school to take a trip.

\_\_\_\_\_  
Parent's or Guardian's Signature

\_\_\_\_\_  
Date

*If this form is not signed, parental approval will be secured for each individual trip.*



**Experiment e.V.**

THE EXPERIMENT IN INTERNATIONAL LIVING

**PARENTAL RELEASE FOR APPLICATION OF THE VISA DOCUMENTS**

I/We hereby confirm that our child \_\_\_\_\_ is a participant of the International High School Program through Experiment e.V. with our knowledge and our support.

\_\_\_\_\_  
Parent's or Guardian's Signature

\_\_\_\_\_  
Date



## CODE OF GOOD PRACTICE

As an internationally recognized exchange organization, Experiment e.V. arranges encounters between people of different origins from and in all areas of the world. This mission creates connections between people of different cultures, and therefore brings with it significant responsibility that is shared by all its participants.

This Code of Good Practice is to declare the measures and principles through which Experiment e.V. will honour this great obligation. It is mandatory for employees, volunteers, participants, host families and members – in short, for all Experimenters.

Experiment e.V. is a non-profit organization whose goal is to develop and expand understanding beyond cultural boundaries. A fundamental requirement of this goal is a discrimination-free environment, in which the dignity of all is respected. It is our expectation from all Experimenters that they be considerate, fair, tolerant and respectful to their fellow Experimenters and their fellow man.

Experiment e.V. takes the studies that indicate that many people have been victims of sexualized violence and/or sexual harassment seriously. For this reason we approach this topic proactively and preventively. All Experimenters are called upon to recognize personal boundaries and to defend them.

Experimenters are law-abiding and respectful of authority. They share an obligation to observe and uphold the laws and regulations of both home and host country.

The quality of our programs is very important to us. To ensure the highest standard is maintained, we subject them to continuous evaluation. Additionally, professional trainings and further education workshops are organized and offered on a regular basis to all of our employees and volunteers.

Experimenters are to hold themselves to these standards in carrying out their duties within the organization. In this, we are all role models.

We do not tolerate discrimination or violence of any kind, in any way, shape or form.

I hereby acknowledge and accept the Code of Good Practice.

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Date	Name	Signature
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## **SPRACHKURS / LANGUAGE COURSE (OPTIONAL)**

We offer additional language courses before the official beginning of the Program. The language course takes two or four weeks and will take place in Frankfurt/Main. It is voluntary, but we **highly recommend** it especially for students with little or no knowledge of the German language, as it will make the start in host family and school a lot easier.

The language courses include:

- 20 lessons per week in international classes
- Grading test
- Certificate of participation
- Organised free-time activities (Bus tickets and entrance cards are not included)
- Board and Lodging in carefully selected host families (Double room)

**Price for 2 weeks: 859 €**

**Price for 4 weeks: 1,607 €**

Optional:

- Course material: ca. 15 €
- Weekly bus ticket: ca 25 €

Application for the language course – the application is optional

I would like to take part in the language course for

- 2 weeks     4 weeks     I am not interested in taking part in the language course

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's or Guardian's Signature

\_\_\_\_\_  
Date