

Culver City Sister City Committee

Student Exchange Application

Attach Photo

Application Due Date: _____

Location of Exchange: _____

PLEASE PRINT

1. CONTACT INFORMATION

Student's Last Name	Student's First Name	Student's Middle Name
Preferred Nickname	Student's Email Address	

Father/Guardian's First & Last Name	Father/Guardian's First & Last Name
Father/Guardian's Email Address	Mother/Guardian's Email Address
Father/Guardian's Cell Phone	Mother/Guardian's Cell Phone
Father/Guardian's Daytime Phone	Mother/Guardian's Daytime Phone
Father/Guardian's Evening Phone	Mother/Guardian's Evening Phone

BEST Mailing Address and Contact Information for **ALL** correspondence.

2. STUDENT'S DATA

Date of Birth (MM/DD/YYYY)	Current Age	Birth City/State/Country
Country of Citizenship	Do you have a current passport?	If yes, date of expiration, issue date, country of issue.
Gender (M/F/Other)	Preferred Pronouns	What languages can you speak?

3. STUDENT'S EDUCATION

School Attended / Location	Dates of attendance	Grade Point Average	Certificates/Awards/Honors

4. EXTRA CURRICULAR ACTIVITIES (school and community)

Name of Organization	Activity	Frequency (daily, weekly, monthly)

5. TRAVEL/SLEEP AWAY CAMP EXPERIENCES

Name of Organization	Location	Duration of stay

6. HAVE YOU OR A SIBLING TRAVELED AS A DELEGATE WITH A PRIOR CCSCC EXCHANGE PROGRAM?

Date of Exchange	Location	Duration of stay

7. HAS YOUR FAMILY PREVIOUSLY HOSTED A CCSCC EXCHANGE STUDENT?

Date of Exchange	Country origin of visiting student	Hosed Male or Female student

8. LIST NAMES OF YOUR REFERENCES (Note: these should match the 3 referral forms you distributed)

Name	Relationship	Contact Phone# and Email

I, (print & sign) _____ completed this application on behalf of my
child _____ on (date) _____