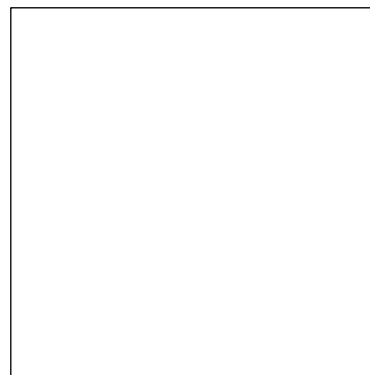


# Culver City Sister City Committee

ccscc.inc@gmail.com www.culvercitysistercitycommittee.org



STUDENT EXCHANGE APPLICATION DUE DATE: \_\_\_\_\_ |

Location of the Exchange: \_\_\_\_\_

Exchange Chairman: \_\_\_\_\_

Chairman's Contact #/email \_\_\_\_\_

## 1. CONTACT INFORMATION

Please Type or Print

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

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

Current/BEST Mailing Address and Contact Information for **all** correspondence

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## 2. STUDENT'S DATA

Date of Birth (m/d/yr.)	Current Age	Birth City/State
Birth Country	Country of Citizenship	Grade in September after exchange
Gender	What languages can you speak?	Do you have a current Passport? If yes, please add date of expiration, issue date and country of issue.
M _____ F _____		

## 3. STUDENT'S EDUCATION

Dates of Attendance	Schools Attended/ Location	Grade Point Average	Certificates/Awards/Honors

IV. EXTRA CURRICULAR ACTIVITIES (school, religious groups and/or community, other)

Organization's Name – Years involved	Activity	Frequency (Daily, Weekly, Monthly)

V. TRAVEL/SLEEP AWAY CAMP EXPERIENCES

Organization	Location	Duration of stay

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

Date of Exchange	Location	Duration of stay

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

Date of Exchange	Country origin of visiting student	Hosted Male or Female Student

VII. LIST NAMES OF YOUR REFERENCES (NOTE: Referral forms should match below list)

Name	Relationship	Contact# & Email

I \_\_\_\_\_ (print and sign)  
 completed this application on behalf of my child  
 \_\_\_\_\_ on (date) \_\_\_\_\_