



Spanish Legacy Inc.

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EXCHANGE STUDENT APPLICATION

Please print all information clearly.

Student ID No.:

Who Recommended S.L.I.:

Program Type:

Country Applying For:

Departing:

Attach a Smiling Photograph

STUDENT INFORMATION

Last Name:

First and Middle Name:

Date of Birth:

City of Birth:

Sex:

Male

Female

Height:

Weight:

Eye Color:

Hair color:

Address:

City:

State/Province:

Country:

ZIP:

Phone Number

E-mail

Citizen of (Country):

Legal Permanent Resident of:

FATHER OR LEGAL GUARDIAN

Last Name:

First and Middle Name:

Address:

City:

State/Province:

Country:

ZIP:

Phone Number

E-mail

Age:

Occupation:

Business Phone Number:



MOTHER OR LEGAL GUARDIAN

Last Name:

First and Middle Name:

Address:

City:

State/Province:

Country:

ZIP:

Phone Number

E-mail

Age:

Occupation:

Business Phone Number:

BROTHERS AND SISTERS

Brother/Sister 1:

Name:

Occupation:

Age:

Sex:

Living at Home:

Brother/Sister 2:

Name:

Occupation:

Age:

Sex:

Living at Home:

Brother/Sister 3:

Name:

Occupation:

Age:

Sex:

Living at Home:

Brother/Sister 4:

Name:

Occupation:

Age:

Sex:

Living at Home:

Nearest relative or friend to contact, in case of emergency, if parent or legal guardian is not available:

Name:

Relationship:

Phone Number

Cell Phone:



ADDITIONAL INFORMATION

List in order of importance your hobbies, interests, and sports in which you participate in:

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| |
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Do you sing or play a musical instrument?

If yes, please describe:

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What are your normal household responsibilities:

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Indicate any part-time jobs or work experience you may have had:

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|--|

Have you ever been an exchange student before?

If yes, in which countries:

| |
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|--|

Why do you choose to become an exchange student:

| |
|--|
| |
|--|

Indicate the foreign languages you speak and/or have studied:

1)

Years of Study

2)

Years of Study

3)

Years of Study

4)

Years of Study

SLI

Indicate if you have or have had any of the following illnesses:

- | | | |
|--|---|---|
| <input type="checkbox"/> Allergy (only if serious) | <input type="checkbox"/> Eezema | <input type="checkbox"/> Rheumatic fever |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Rubella |
| <input type="checkbox"/> Cancer/Tumors | <input type="checkbox"/> Measles | <input type="checkbox"/> Scarlet fever |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Migrane headaches | <input type="checkbox"/> Substance abuse |
| <input type="checkbox"/> Convulsive disorder | <input type="checkbox"/> Mumps | <input type="checkbox"/> Thyroid disease |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Psychological disorder | <input type="checkbox"/> Urological disease |
| <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Pertussis (whooping cough) | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Physical handicap | <input type="checkbox"/> Other: |

If yes, are any of the above serious enough to warrant regular treatment or require special consideration in hosting you by a "normal" host family? Please explain if serious:

If you will be required to take any prescription medication(s) during your stay, please specify which medication(s), and for what condition(s):

Are you a vegetarian? Yes No

If yes, it may be more difficult to find families to host vegetarian students. Please indicate which foods you are absolutely unable or unwilling to eat:

Do you have any other health, dietary, physical or emotional condition(s) that should be considered when we are placing you with a host family? (Keep in mind that such conditions may limit the number of families willing to host you):