



## EXCHANGE STUDENT APPLICATION

Spanish Legacy | 2822 Proctor Rd, Sarasota, FL 34231  
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Please print all information clearly.

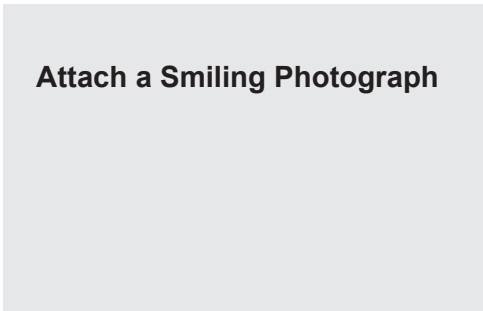
Student ID No.: \_\_\_\_\_

Who Recommended this Program:  
\_\_\_\_\_

Program Type:

Summer Exchange      School Exchange

Country Applying For: \_\_\_\_\_ Country Departing From: \_\_\_\_\_



### STUDENT INFORMATION

Student 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: \_\_\_\_\_ E-mail: \_\_\_\_\_

Citizen of (Country): \_\_\_\_\_ Legal Permanent Resident of: \_\_\_\_\_

### FATHER OR LEGAL GUARDIAN

Father 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: \_\_\_\_\_ E-mail: \_\_\_\_\_

Age: \_\_\_\_\_ Occupation: \_\_\_\_\_ Business Phone: \_\_\_\_\_

**MOTHER OR LEGAL GUARDIAN**

Mother 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: \_\_\_\_\_ E-mail: \_\_\_\_\_

Age: \_\_\_\_\_ Occupation: \_\_\_\_\_ Business Phone: \_\_\_\_\_

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**BROTHERS & SISTERS**

**SIBLING 1:** Brother Sister First and Last Name: \_\_\_\_\_

Age: \_\_\_\_\_ Occupation: \_\_\_\_\_ Living at home? yes no

**SIBLING 2:** Brother Sister First and Last Name: \_\_\_\_\_

Age: \_\_\_\_\_ Occupation: \_\_\_\_\_ Living at home? yes no

**SIBLING 3:** Brother Sister First and Last Name: \_\_\_\_\_

Age: \_\_\_\_\_ Occupation: \_\_\_\_\_ Living at home? yes no

**SIBLING 4:** Brother Sister First and Last Name: \_\_\_\_\_

Age: \_\_\_\_\_ Occupation: \_\_\_\_\_ Living at home? yes no

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**EMERGENCY CONTACT: A relative or friend in case parent or guardian is unavailable**

Contact First and Last Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**ADDITIONAL INFORMATION**

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

If you sing or play a musical instrument, please describe:

What are your normal household responsibilities:

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

If you have been an exchange student before, in which countries did you stay:

Why do you want 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 \_\_\_\_\_

**MEDICAL AND OTHER INFORMATION**

Please indicate if you have or have had any of the following illnesses or conditions:

Serious Allergies \_\_\_\_\_

Food Allergies \_\_\_\_\_

- |                            |                    |                     |
|----------------------------|--------------------|---------------------|
| Eczema                     | Rheumatic fever    | Asthma              |
| Hepatitis                  | Rubella            | Cancer/Tumors       |
| Measles                    | Scarlet Fever      | Chicken Pox         |
| Migrane headaches          | Substance abuse    | Convulsive disorder |
| Mumps                      | Thyroid disease    | Diabetes            |
| Psychological Disorder     | Urological Disease | Dyslexia            |
| Pertussis (whooping cough) | Eating Disorder    | Physical handicap   |

Other: \_\_\_\_\_

If yes, do any of the above warrant regular treatment or require special consideration from the hosting family?

Please describe: \_\_\_\_\_

Please specify any prescription medication(s) you will take during your stay, 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, but complete answers will help us find a better match): \_\_\_\_\_

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Thank you for completing this application. We will get back to you as soon as possible.