

**Discover** **Jiangsu—American** **Youth** **Exchange** **Application** **Form**

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| **PERSONAL INFORMATION** |
| Given Name |  | Middle Name |  |
| Surname |  | Gender |  |
| Nationality |  | State |  |
| Date of Birth | (year/month/day) | Chinese Name (if any) |  |
| Passport No. |  | Date of Issue | (year/month/day) |
| Date of Expiration | (year/month/day) |
| Email |  |
| **SCHOOL INFORMATION AND LEARNING EXPERIENCE** |
| School Name | (current school which you are studying at...) | Grade |  |
| Chinese Language LearningExperience | (example: I study Chinese once a week at school so I can speak a little Chinese... I have never studied Chinese before but I plan to study Chinese in the future...etc...) |
| **HEALTH CONCERNS** |
| Drug Allergies |  |
| Food Allergies |  |
| Other Allergies | (please specify...) |
| Pre-existing illnesses or conditions:To ensure proper treatment in case of accident, please provide accurate and complete information. You will be held liable for any personal injury resulting from the withholding of medical history. |
| **OTHER INFORMATION** |
| First Time to China |  □ Yes □ No  | T-shirt Size | (for the use ofcustomizing program souvenir T-shirts only) |
| Hobbies |  |
| **EMERGENCY CONTACT** |
| Name |  | Relationship to Student |  |
| Address |  |
| Cell Phone |  | Home Phone |  |
| Email |  |
| **CONFIRMATION** |
| Signature of Applicant |  | Signature ofParent/Legal Guardian |  |