

**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 Learning  Experience | (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 of  customizing program souvenir T-shirts only) | |
| Hobbies |  | | | | |
| **EMERGENCY CONTACT** | | | | | |
| Name |  | | Relationship to Student |  | |
| Address |  | | | | |
| Cell Phone |  | | Home Phone |  | |
| Email |  | | | | |
| **CONFIRMATION** | | | | | |
| Signature of Applicant |  | Signature of  Parent/Legal Guardian | |  | |