



Astar Education Institute & Forte International
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STUDENT APPLICATION

For Students in the China Summer
Student Exchange Program

Applicant General Information

Full Name:

Nickname:

Date of Birth:

Age:

Gender: Male Female

Home
Address:

Home Phone:

Cell Phone:

Student's Email Address:

Mother's Contact Information

Father's Contact Information

Home Address:
(if different)

Home Address:
(if different)

Home Phone:
(if different)

Home Phone:
(if different)

Work Phone:

Work Phone:

Cell Phone:

Cell Phone:

Email Address:

Email Address:

Brothers or Sisters Name

DOB

Gender

Grade in School

Additional Family Information

Are any family members also applying to go to China: Yes No

If yes, who:

General School Information				
Grade in School (Fall 2010): <input type="checkbox"/> 7 th <input type="checkbox"/> 8 th <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th				
General academic performance can be characterized as: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor				
Activities you would like to Participate in and/or that you can share with Chinese students? Check as many as you like and explain what you do in each category (ie: what musical instrument or sports you play)				
<input type="checkbox"/> Musical Instrument:	<input type="checkbox"/> Sports:	<input type="checkbox"/> Dance:	<input type="checkbox"/> Art:	<input type="checkbox"/> Language:
Medical Information Please feel free to use a separate sheet of paper if necessary				
Do you have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are there any foods you cannot eat? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you take medications regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have any medical conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes to any to the above please explain: (you may attach another sheet of paper if necessary)				
Additional Information				
Have you ever been abroad: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, where:		
Are you open to learning about and experiencing a new culture and language: <input type="checkbox"/> Yes <input type="checkbox"/> No				
What are your favorite interests or hobbies:				
Do you have a valid passport: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, is it valid for 6 months past July 2010? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Signature Required by Student and Parent In applying to this program, I have read the terms and conditions and understand the program rules and I agree to be fully bound by them. I agree to reimburse camp organizers or Forte, if necessary to obtain medical or other treatment in the event of an emergency, accident, or illness, without incurring any liability or expense. This may include but not limited to my placement in a hospital, use of doctor services, and transportation to my home country at my own expense.				
Participant's Signature:			Date:	
Parent Signature:			Date:	

Please return the completed and signed application with a \$300 application fee* to
 Forte International Exchange Association
 529 14th Street NW, Suite 270, Washington, DC 20045
 Tel: 202-628-8226 Fax: 202-296-8685
www.orgsites.com/dc/forte

*application fee should be paid by check and made payable to Forte International