



## PRELIMINARY APPLICATION

Date: \_\_\_\_\_ Country: \_\_\_\_\_

Summer     Semester: Fall \_\_\_ Spring \_\_\_     Full year

### Participant Information

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Best time to call: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (month/day/year)     Male  Female

Citizenship:     US     other (please specify): \_\_\_\_\_

### Parent or Guardian Information

I live with:     Mother and Father     Father only     Step-parent  
                   Mother only                    Guardian                    Other \_\_\_\_\_

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Has your family hosted a PAX student?     Yes     No

If yes, when? \_\_\_\_\_ What country? \_\_\_\_\_

Community Coordinator name: \_\_\_\_\_

### High School Information

School name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact name: \_\_\_\_\_

GPA (Past year): \_\_\_\_\_ Circle current grade:    9<sup>th</sup>    10<sup>th</sup>    11<sup>th</sup>    12<sup>th</sup>

Foreign language(s): \_\_\_\_\_ Years of study: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Health Information**

Do you have any medical conditions requiring attention (diabetes, heart ailment, high blood pressure, physical handicaps, allergies, etc.)?  Yes  No If Yes, please explain: \_\_\_\_\_

I use the following medication regularly: \_\_\_\_\_

**Payment: \$100 non-refundable application fee, in check made out to PAX Abroad**

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date (month/day/year)

**Source Information**

How did you hear about PAX Abroad?

- Language Teacher                       PAX Student                      Name: \_\_\_\_\_
- Guidance Counselor                       Community Coordinator                      Name: \_\_\_\_\_
- Internet                                       Advertisement                      Publication: \_\_\_\_\_

**Local Newspaper**

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_

**Is your family interested in hosting an exchange student?**

Hosting an exchange student while you are overseas allows your family to have a better understanding of what you will go through. PAX host families are eligible for a 10% discount on PAX Abroad Academic program fees.

- I would like to receive information about hosting     I don't want information about hosting

**Mail to:** PAX ABROAD 14 Willett Avenue, Port-Chester, NY 10573