

APPLICANT'S PHOTO
ATTACH HERE

APPLICATION

Advocates for Language Learning - El Marino
2011-2012 Spanish Immersion Exchange Program

◆ Pages 1, 2, and 4 should be filled out by parents. Use black or blue ink for all parts.

Student's Name _____
(Last) (First) (Middle)

Boy ____ Girl ____

Age _____ Grade in Fall 2011 _____ Birthday _____
(mm/dd/yyyy)

home phone _____

home address _____
(street) (city) (zip)

Do both parents live in the same house? yes ____ no ____

If no, the address above is at mother's ____ father's ____

The other parent's address and phone number are: _____

phone: _____

Mother's Name _____ Occupation _____

work phone _____ cell phone _____ pager _____

email address _____

Father's Name _____ Occupation _____

work phone _____ cell phone _____ pager _____

email address _____

Applicant has _____ brothers and _____ sisters. They are:
(no.) (no.)

(name) (age) (name) (age)

(name) (age) (name) (age)

Applicant has the following health problems and/or takes the following medications:

We have health insurance that will cover any emergencies while applicant is out of the country.

Yes ____ No ____ Name of company _____

In case of emergency, please contact (other than parents listed on page 1):

Name _____ Phone (____) _____

Has applicant had any experience at "sleep away camps" etc.? Please describe:

Does the applicant have any allergies? If yes, please list:

Is there anything else we should know about the applicant?

◆ This page should be completed by the student applicant. *Esta parte debe ser llenada por el aplicante.*

◆ **EN ESPAÑOL**

1. Mis clases de escuela favoritas son: _____

2. Mis pasatiempos favoritos incluyen: _____

3. Durante el año escolar me levanto a las _____ a.m. y me acuesto a las _____ p.m. Usualmente hago mis tareas a las _____:00.

4. Algunas de las cosas que la familia participante debe saber de mis gustos y de las cosas que no me gustan son: _____

5. Algunas de mis comidas favoritas son: _____

◆ **IN ENGLISH**

6. I would like to participate in the Exchange Program because (include information regarding why you want to participate, what you feel you will be contributing to the program, and what you expect to gain from this experience):

The information you provide below is for use by A.L.L.E.M. Please Print.

Applicant's name _____

4th grade teacher _____ 3rd grade teacher _____

To the Parents:

Is your A.L.L.E.M. membership current for 2010-2011? Yes _____ No _____

*If you answered "No", enclose a **separate** \$15.00 check to A.L.L.E.M. for annual membership at the time of application. Applications will not be considered unless membership status is current. You must also maintain membership with A.L.L.E.M. during the 2010-2011 academic year.*

By signing below, you indicate the following:

1. I/we understand that my/our child's work habits, conduct, and academic status will be reviewed with my/our child's teachers, the principal, and the A.L.L.E.M. SIP exchange program coordinators. I/we understand that acceptance into the program is conditional upon good citizenship and academics.
2. I/we understand that acceptance and participation in the program are at the discretion of the A.L.L.E.M. SIP exchange program coordinators and the A.L.L.E.M. Executive Board.
3. I/we understand that if my/our child participates in the exchange program that my/our family has a responsibility to fully participate in the hosting obligations for the group from Mexico and I/we accept the costs and burdens associated with the hosting portion of the program.
4. I/we have read and understand the materials provided to me/us.

Parent's Signature(s) _____

Student's Signature _____

This application must be returned by **Friday, March 23, 2011** to the A.L.L.E.M. box in the EMLS office with a **non-refundable check for \$100.00**, payable to A.L.L.E.M. IMPORTANT: Any applications received after this date will be honored on a space available basis only.

Please note: The dates for the exchange program are tentative and subject to change.

Check here if you want information about scholarship funds _____

Application Received _____

Membership Verified _____

Deposit Received _____