

AHF-Gymnasium Detmold
Georgstraße 24
32756 Detmold

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August-Hermann-Francke
Gymnasium Detmold

Freie evangelische Privatschule

CANADIAN EXCHANGE STUDENT APPLICATION FOR ADMISSION

For Grade _____ beginning _____ 20____

Application Package Checklist

- Completed Canadian Exchange Student Application Form
- Photocopy of passport
- One passport sized photograph
- Copy of Vaccination Pass

Student Information

Name _____
Legal Surname Legal First Legal Middle Name Commonly Used

Home Address _____
Apt House/Bldg No Street City Province Postal Code

Country _____ Citizenship _____ Country of Birth _____

Home Phone _____ Email _____ Gender _____ Birth Date _____ | _____ | _____
M/F year month day

Parent/Guardian Information

Father/Guardian

Surname _____ Given Name _____ Street Address _____ Apt _____

City _____ Province _____ Country _____ Postal Code _____

Home Phone _____ Email _____ Birth Date _____ | _____ | _____
year month day

Mother/Guardian

Surname _____ Given Name _____ Street Address _____ Apt _____

City _____ Province _____ Country _____ Postal Code _____

Home Phone _____ Email _____ Birth Date _____ | _____ | _____
year month day

Church Information

Do you belong to or practice any religion? Yes _____ No _____
Specify

Education and School Placement

Current Grade _____

School Currently Attending _____ From _____ To _____
Date Date

German Ability

How many years have you taken formal German classes? _____ years at school

When do you speak German? _____

Medical Information

Emergency Contact Information

Name	Address	Postal Code
Phone	Email	Relationship to Student

Medical

Allergies _____

Symptoms of Reaction / Action Required

Other relevant medical information _____

Vaccinations → *Please attach a copy of Vaccination Pass!*

Homestay

Are you allergic to any animals? Which ones? _____

Do you have any special dietary requirements? _____

What kinds of food do you dislike? _____

Other relevant homestay information _____

Medical Consent

I/We as parents/guardian(s) of the undersigned student do hereby authorize the AHF Canadian Exchange Student Program staff and the sponsoring Homestay parents to consent to any X-ray examinations, anesthetic, medical or surgical diagnosis or treatment or hospital care which is deemed advisable by, and is rendered under the general supervision of any licensed physician or surgeon, whether such treatment or diagnosis is rendered at the clinic or said physician or surgeon or at a hospital.

It is understood that this authorization is not given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of the AHF Canadian Exchange Student Program to give specific consent to any and all such diagnoses, treatment, or hospital care which the aforesaid physician or surgeon in the exercise of his/her judgement may deem advisable.

Name of Student	Signature of Student	Date
Name of Parent/Guardian	Signature of Parent/Guardian	Date

Student Responsibilities and Signature

I understand that a successful experience in the German Exchange Program at AHF-Gymnasium depends upon regular class attendance, completing homework and assignments and participation in all activities offered by the program. I acknowledge that the Canadian Exchange Program of AHF reserves the right to dismiss students and return them home, at their expense, without tuition refund for violating any of the rules set out by the program.

I understand that serious breaches of program rules include, but are not limited to:

- Driving a motor vehicle
- Inappropriate use of social media, e.g. Facebook, Instagram
- Engaging in any illegal activities
- Violating the rules set out in the AHF Code of Conduct
- Using alcohol or illegal drugs
- Breaking homestay rules
- Unauthorized travel outside of Detmold
- Holding a paying job

I agree to abide by the program regulations and to cooperate with administrators, teachers and students at AHF-Gymnasium.

Signature of Student

Date

Parental Responsibilities and Signature

I/We understand that success in the Canadian Exchange Program at AHF-Gymnasium Detmold (AHF) depends upon my/our child's willingness to adhere to the Program rules and regulations. I/We also understand that, if my/our child violates any of the Program rules and regulations, she or he may be removed from the Program and sent home, at my/our own expense, and without tuition refund.

By my/our signature below, permission is granted as follows:

1. For my/our child to participate in any field trip(s) and outing(s) arranged by the school or the Canadian Exchange Program;
2. To use photographs of my/our child, that may be placed on the AHF website, social media pages and/or used in promotional materials;
3. To use students' writings (quotes, stories etc.), which may be placed on the AHF website, social media pages and/or used in promotional materials.

Parent Signatures

Date

Signatures

I/We have read and agree with the above and have submitted the required documents.

Parent Signatures

Date