

# 2014 / 2015 FSA Application Form

## for South African Host families

**Please complete all questions and send it back as soon as possible by fax or email. Should you prefer the easier paperless option, you can also complete the online application on our website.**

Surname: .....

First name (mother and / or father) .....

Postal address: ..... Postal code: .....

Street address: ..... Postal code: .....

Province in SA (eg Gauteng) .....

Tel. (h.): ..... / ..... Tel. (w.): ..... / ..... mention mom's or dad's

Fax: ..... / ..... Cell (mother): .....

Cell (father): .....

Email: ..... Alternative email .....

Fax, cell no and / or email important for future communication with your family

Occupation Host father .....

Occupation Host mother .....

(If occupation is businessman / woman or own business, please mention nature of business for greater clarity)

Please include all children presently living at home: Name 4 or more hobbies / interests per child.

Please circle male / female of each child (not always easy to determine the gender from the name).

Name child 1 (male / female) ..... Age (June 2014): .....

Four or more hobbies / interests

.....

Name child 2 (male / female) ..... Age (June 2014): .....

Four or more hobbies / interests:

.....

Name child 3 (male / female) ..... Age (June 2014): .....

Four or more hobbies / interests:

.....

Name child 4 (male / female) ..... Age (June 2014): .....

Four or more hobbies / interests:

.....

Please mention other extended family members living with the family e.g. grandparents

.....

Do you have any pets? Kind of pet e.g. dog, snakes?

.....

Your preferences regarding a possible guest: (A definite placement cannot be guaranteed as the applicants are also screened and families and applicants have to be matched).

Circle preferred gender: Male / Female      Circle preferred age: 14 - 16 / 17 - 19 / 14 - 19

Please mark by circling <b>ALL</b> the dates that suit your family! It makes the allocations easier.
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**A. Four week program (3 different groups depending on when they have school holiday in their province):**

(English as well as Afrikaans schools)    July - August 2014      Yes      No

**B. Four week cultural exchange:**      17 December – 12 January 2015      Yes      No

(No school attendance)

Note only a few students participate in the December program (approximately 25 compared to 150 in July / Aug program)

**C. Three-month-school programme:**

(English as well as Afrikaans schools):    02 July – 29 September 2014      Yes      No  
(tentative dates)

Do you have any other preferences or wishes? .....

Would it be a problem if the guest is a smoker? .....

Is anyone in your family a smoker? .....

Any other important information regarding your family (e.g. vegetarian)

.....

Your German pupil should have at least one or more of the following hobbies/ interests - name 4:

.....

Will you fetch your guest at the OR Tambo International Airport in Johannesburg? Circle Yes / No

If NO,

To which domestic airport must he / she fly on arrival in SA? .....

From which airport must he / she fly back to Johannesburg before departure from SA? .....

Will you visit any neighbouring countries, for which he / she may require a visa?

Circle Yes / No

If yes, please name the countries: .....

**Particulars of your child / children's present school**

Name of the school .....

Language medium (circle): Afrikaans / English / Dual / Double medium:

Postal address : .....

..... Postal code :.....

Tel. .... / ..... Fax: ..... / .....

Teacher: .....

Principal: .....

School e-mail: .....

Will your German guest live in a school hostel with your child? Circle Yes / No

**Please complete this information:** We need contact details of friends / family / neighbours as a reference and should we have difficulty in contacting you at your telephone numbers in emergencies. *Please inform your friends FSA will contact them as a reference. Only provide their email address if they agree to receive email from FSA in this regard* ☺.

Name and surname of friends: .....

Postal address (friends): ..... City: .....

Postal code: ..... Email of friends: .....

Tel (friends): ..... Cell number (friends): .....

.....  
Signature host father

.....  
ID host father

.....  
Signature host mother

.....  
ID host mother

.....  
Date

**CAN YOU RECOMMEND FRIENDS WHO WOULD ALSO BE INTERESTED IN HOSTING A GERMAN PUPIL?** If they apply and host a student for FSA, your family's name goes into a lucky draw for a meal at a family restaurant ☺.

Name and contact telephone number, email of a potential host family. Please inform them that you gave us their details and what it is about.

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**Please fax or email your completed form to:**

Fax: 086 551 4374

email: [admin@fsa-youthexchange.co.za](mailto:admin@fsa-youthexchange.co.za)