



Today's Scholars. Tomorrow's Leaders.

American Secondary Schools
for
International Students and Teachers

Personal Preferences and Habits

Name of Applicant _____

Religious affiliation (if any) _____

How actively would you like to pursue your religion in the U.S.? Regularly Occasionally Never

Will your religious affiliation affect your placement in a host family or in a school associated with a religion other than your own? Yes No

If Yes, please explain _____

Do you drink alcohol with your friends? Regularly Occasionally Never

I understand that laws in the United States do not permit me to drink alcohol, nor to use illegal drugs, during my stay.

Do you smoke? Yes No

Do you like pets? Yes No If No, can you adjust to having pets around? Yes No

Do you have any allergies? Yes No If Yes, please explain _____

Do you have any food allergies or special dietary requirements? Yes No If Yes, please explain _____

Do you have a boyfriend or girlfriend? Yes No If Yes, how do you feel about being separated from him/her for 10 months?

Other Relevant Conditions

Have you had any illness, injury or hospitalization of importance about which we should be aware? Yes No

If Yes, please explain _____

Has your physical activity been restricted during the past five years? Yes No If Yes, please explain _____

Have you consulted with or been treated by a psychiatrist or clinical psychologist? Yes No If Yes, please explain _____

Have you ever received treatment or counseling for a nervous condition, eating disorder or emotional problems? Yes No

If Yes, please explain _____

Signature of the Student

Signature of the Parents