

# STÄDTISCHES STIFTSGYMNASIUM XANTEN

**European Class**  
APPLICATION FORM 2018/2019

Städtisches Stiftsgymnasium Xanten  
Johannes-Janssen-Str. 6  
46509 Xanten  
Germany  
Telefon (0 2801) 7 13 60  
Telefax (0 2801) 71 36 22  
e-mail: Stiftsgymnasium.Xanten@t-online.de

## 1.) PERSONAL DETAILS

*Name in full* (Surname, Forenames):

*Please insert a recent  
passport photo*

\_\_\_\_\_

*Address:*

a) Permanent address

\_\_\_\_\_

\_\_\_\_\_

b) Address for correspondence if different from (a)

\_\_\_\_\_

\_\_\_\_\_

*Telephone number:* \_\_\_\_\_ *e-mail:* \_\_\_\_\_

*Date of Birth*(day/month/year): \_\_\_\_\_ *in* (town, country) \_\_\_\_\_

*Nationality:* \_\_\_\_\_  *female*  *male*

*Religious affiliation:*

\_\_\_\_\_

**2.) FAMILY BACKGROUND**

**Father:**  
Surname \_\_\_\_\_

**Mother:**  
Surname \_\_\_\_\_

Forenames \_\_\_\_\_

Forenames \_\_\_\_\_

Availability during working hours (phone etc)  
\_\_\_\_\_

Availability during working hours (phone etc)  
\_\_\_\_\_

**Who else can be contacted in case of an emergency?** (name, address, telephone numbers)

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

**3.) HEALTH**

**Are you regularly in need of any medication?**       Yes (Please give details)       No  
\_\_\_\_\_

**Do you have any allergies or other medical conditions?**       Yes (Please give details)       No  
\_\_\_\_\_

**Do you have any special dietary requirements?**       Yes (Please give details)       No  
\_\_\_\_\_

**Do you smoke?**       Yes       No

**4.) DETAILS OF PRESENT SCHOOL**

**Name:**

\_\_\_\_\_

**Address:**

\_\_\_\_\_

\_\_\_\_\_

**Telephone number:** \_\_\_\_\_ **e-mail:** \_\_\_\_\_

**Which member of staff can be contacted?**

Name: \_\_\_\_\_ e-mail: \_\_\_\_\_

**Will you have finished the school education in your country by August 2018?**

**Yes**       **No**

**Language learning:**

I have studied English for \_\_\_\_\_ years and German for \_\_\_\_\_ years.

I have studied English at an average of \_\_\_\_\_ lessons a week and German at an average of \_\_\_\_\_ lessons a week.

My recent grades in English have been: (very good, good, etc) \_\_\_\_\_

My recent grades in German have been: (very good, good, etc) \_\_\_\_\_

**Please attach copies of two recent English tests to your application.**

<b>5.) CURRICULUM VITAE</b>
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Please refer to your education and your activities in school and beyond, and explain why you want to take part in the European Class. We would also like to know which importance the grades in the European Class would have for you. Of course, you are free to add further information which you find important to characterise yourself. Please answer in full sentences.

**6.) FAMILY INFORMATION**

Please describe your community and give information about the members of your family. Please answer in full sentences.

**7.) HOBBIES AND LEISURE ACTIVITIES**

**SPORTS:**

Sports practised: \_\_\_\_\_

Sports interested in: \_\_\_\_\_

Do you regularly take part in sports competitions? If yes, in which kind of sport and how often?

\_\_\_\_\_

**RECREATIONAL ACTIVITIES:**

Hobbies practised: \_\_\_\_\_

Artistic and musical activities: \_\_\_\_\_

How do you prefer to spend free afternoons/ evenings/ weekends?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Are you a member of a youth organization?*

\_\_\_\_\_

*Have you already been to Germany or did you visit foreign countries for a longer period of time?*

\_\_\_\_\_

**8.) PARENTAL CONSENT**

We confirm that we have read and fully support the application of our son/daughter and that we agree with his/her intention to attend the school Städtisches Stiftsgymnasium in Xanten for one school year, if he/she is selected.

The total travel costs to and from Germany will be covered by our family. We also confirm that we will transfer the annual fee of € 980,- if our son/ our daughter is selected.

We confirm that our son/daughter doesn't have any contagious diseases.

In case of an illness or an accident we consent to the necessary treatment or operation being carried out in Germany.

For the time of our son's/ our daughter's stay in Germany, health, accident and liability insurances as well as a public transportation ticket will be provided by the school Städtisches Stiftsgymnasium in Xanten.

Please be aware that the health insurance does not cover treatment for health issues that your son / daughter has already been treated for at home, e.g. braces for teeth or chronic health problems. In these cases parents must arrange for a health insurance that covers necessary treatments.

Parents' signature: \_\_\_\_\_

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

<b>9.) APPLICANT'S CONSENT</b>
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I confirm that all the details in this application form are correct.

Applicant's signature: \_\_\_\_\_

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

<b>10.) SCHOOL RECOMMENDATION AND ASSESSMENT OF APPLICANT</b>
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Two referees are to confirm the personal and academic suitability of the applicant. These referees should attach their name and address to their letter of recommendation. One referee must be the current English teacher. The English teacher should give detailed information on the applicant's skills in English. The letters of recommendation are to be written in English or German and to be signed by the headmaster of the present school. An official seal of this school is required.

The recommendations should be sent directly to the school or handed to the applicant in a sealed envelope.

The application form and all relevant papers are to be sent to the following address **by March 16, 2018:**

**Städtisches Stiftsgymnasium Xanten**

Stefanie Grosch

Johannes-Janssen-Str. 6

46509 Xanten

**Deutschland – Germany**

**e-mail: Europa.SSGXanten@t-online.de**