

Johannes-Janssen-Straße 6

46509 Xanten

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**European Class**

APPLICATION FORM 2024/2025

**1.) PERSONAL DETAILS**

***Name in full*** (Surname, Forenames): *Please insert a recent*

 *photo*

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

***Address***:

a) Permanent address

Street:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Street Number:\_\_\_\_\_\_\_\_

Postal Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b) Address for correspondence if different from (a)

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

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

By the time the programme starts in August, I will be: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ years old.

***Nationality***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( ) ***female*** ( ) ***male***

***Religious affiliation***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2.) FAMILY BACKGROUND**

|  |  |
| --- | --- |
| ***Father*:**Surname\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Forenames \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Availability during working hours (phone etc)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ***Mother*:**Surname\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Forenames\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Availability during working hours (phone etc)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

e-mail of parents: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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### 3.) HEALTH

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

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

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

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***Do you smoke?***  ( ) **Yes** ( ) **No**

**4.) DETAILS OF PRESENT SCHOOL**

***Name***:

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

***Address***:

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

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***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 the end of August 2024?***

( ) **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) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5.) CURRICULUM VITAE**

Please refer to your education and your activities in school and beyond, and explain why you want to take part in the European Class and why you are suited for this programme. 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 hometown and the community you live in 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?

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***Recreational Activities*:**

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

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

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

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***Are you a member of a youth organization? If yes, please give details.***

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

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**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 **1500 €** if our son/ our daughter is selected. This annual fee covers a basic health, accident and liability insurance, a public transportation ticket, a three-day class trip with workshops about the European Union and a day trip to one European capital (e.g. Paris). Apart from the annual fee, we agree that we have to bear the costs for pocket money or costly freetime activities for our son/daughter during his/her stay in Germany.

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.

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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### 9.) APPLICANT’S CONSENT

I confirm that all the details in this application form are correct.

Applicant’s signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

10.) SCHOOL RECOMMENDATION AND ASSESSMENT OF APPLICANT

A referee is to confirm the personal and academic suitability of the applicant. This referee should attach his/her name and address to their letter of recommendation. A preferable referee would be the current English teacher. The teacher should give detailed information on the applicant’s skills, personally and academically. 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 application form and all relevant papers are to be sent either via email (in one pdf-file) **or** post to the following address **BY MARCH 15, 2024:**

Städtisches Stiftsgymnasium Xanten

Tom Aengenheister

Johannes-Janssen-Str. 6

46509 Xanten

**Deutschland – Germany**

**Or: e-mail:** **europa@ssgxanten.de**

11.) CHECKLIST

The application form is completed (including all signatures) ( )

A letter of recommendation from your school is attached ( )

**For further questions about the programme or about the application, please contact us via email.**

**europa@ssgxanten.de**

**We are looking forward to YOUR application!**