

American Culture Experience Enrollment Form

PROGRAM

Please write the dates of the program you would like to enroll in: _____

PERSONAL INFORMATION

1. **Legal Name (on Passport)** _____
Family (Last) Given (First) Middle

2. **Permanent Residence Address outside the United States** _____
Number and Street

City Postal Code Country

3. **Mailing Address (if different from #2 above)** _____
Number and Street

City Postal Code Country

4. **Telephone** _____ **5. Fax** _____
Country/Area Code/Number Country/Area Code/Number

6. **Date of Birth** _____ 7. Male Female

8. **City and Country of Birth** _____

9. **Country of Citizenship** _____ 10. **Country of Legal Residence** _____

11. Person to contact in case of emergency:

Name _____ **Relationship to you** _____

Phone _____ **Email** _____

Please submit the following to the ALCI:

1. Complete *American Culture Experience* Enrollment Form
2. *American Culture Experience* Homestay Application
3. Photocopy of your passport