

## American Culture Experience Enrollment Form

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**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