



MAYOR MARY SHEFFIELD

DETROIT SISTER CITIES PROGRAM

2026 Exchange Student Application

The following information is used to assist in the selection of exchange students who are representative of the Detroit community. The student applying for the program should complete this application.

APPLICANT INFORMATION

Name _____
(First) (Middle) (Last)

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

E-mail Address _____

Age _____ Date of Birth _____

PARENT/LEGAL GUARDIAN INFORMATION

Full Name of Mother/Legal Guardian _____
(First) (Middle) (Last)

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Office Phone _____ Occupation _____

E-mail Address _____ Age _____

Interests/Hobbies _____

Full Name of Father/Legal Guardian _____
(First) (Middle) (Last)

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Office Phone _____ Occupation _____

E-mail Address _____ Age _____

Interests/Hobbies _____

EMERGENCY CONTACT INFORMATION

Parent/legal guardian to contact first in case of an emergency _____

INFORMATION ON OTHER FAMILY MEMBERS

List other members of your household (siblings, grandparents, etc.) including the name, age, relationship and occupation or school.

NAME	AGE	RELATIONSHIP	OCCUPATION/SCHOOL
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you or your family participated in the Detroit Sister Cities Program previously? Yes No

If so, when and how? _____

SCHOOL INFORMATION

School _____ Grade _____ G.P.A. _____

School Address _____

City _____ State _____ Zip Code _____

School Activities & Honors _____

Hobbies & Special Interests _____

Work Experience _____

Do you speak any foreign languages? Yes No

If yes, indicate language, number of years studied and proficiency (poor, fair, good or fluent) _____

List any experiences you have had with Japan or the Japanese culture _____

BACKGROUND INFORMATION

Following are questions that are asked of all applicants. Answering yes to any of the following questions will not necessarily affect your acceptance into the program. However, failure to provide complete, accurate, and truthful information will be grounds to deny or withdraw your acceptance.

If you answer "yes" to any of the questions below, you are required to provide your own written explanation of the event(s) along with a statement from your legal representative, school official, etc. summarizing the event(s) and verifying your account of the incident(s).

1. Have you been charged or convicted of a crime? Yes No
2. Do you have any criminal charges pending against you? Yes No
3. Have you ever served a detention or been dismissed, suspended (in-school or out-of-school), expelled, placed on probation, or otherwise subject to any disciplinary action by a school or any organization? This can include, but is not limited to, academic cheating, conduct violations, or possession of alcohol, drugs or a weapon. Yes No

MEDICAL INFORMATION

Are you being treated for any medical condition? Yes No

If yes, please specify: _____

Do you have allergies or allergic to any medications? Yes No

If yes, please specify: _____

Are you on any medication(s)? Yes No

If yes, list all medications and what conditions they are being used to treat.

Do you have any dietary restrictions(s)? Yes No

If yes, please specify: _____

REFERENCES

List the names of three references that are not members of your family(e.g. school counselor, teacher, minister, employer, etc.)

ONE REFERENCE MUST INCLUDE A CURRENT TEACHER OR COUNSELOR.

First Reference's Name _____

Address _____

City/State _____ Zip Code _____

Office/Home Phone _____ Cell Phone _____

E-Mail Address _____ Occupation _____

Second Reference's Name _____

Address _____

City/State _____ Zip Code _____

Office/Home Phone _____ Cell Phone _____

E-Mail Address _____ Occupation _____

Third Reference's Name _____

Address _____

City/State _____ Zip Code _____

Office/Home Phone _____ Cell Phone _____

E-Mail Address _____ Occupation _____

I affirm that the information contained in this application is factual and accurate. In addition, if I am selected as an exchange student, I understand that my family is agreeing to serve as a host family for the Detroit Sister Cities Program.

Signature of Student Applicant _____

Signature of Parent or Guardian _____

Date _____

PLEASE RETURN APPLICATIONS BY FRIDAY, MARCH 27. Mail applications to:

Rose Love
Detroit Sister Cities Program
18851 Puritan
Detroit, Michigan 48223

If you have any questions please call **(313) 850-1940** or send an e-mail to **lover@detroitmi.gov**.