

Application for a GAPP School Partnership

Name of your school:	
<ul style="list-style-type: none"> Complete address: 	
<ul style="list-style-type: none"> Phone number: 	
<ul style="list-style-type: none"> Your extension: 	
<ul style="list-style-type: none"> E-mail address: 	
<ul style="list-style-type: none"> Website): 	
Name of the teacher responsible for the exchange as well as: <ul style="list-style-type: none"> Complete private address Phone number E-mail address 	
Type of school:	
Number of students enrolled at your school:	
Particular characteristics of your school:	
Brief description of the school's location and surrounding area:	
Number of students enrolled in German classes:	----- If there is no German Department at your High School, please attach a short description of the project you will be working on with your partner school.

Name of your German partner school as well as: <ul style="list-style-type: none"> • Its complete address • Phone and fax numbers • E-mail address 	
Name of the teacher in Germany responsible for the exchange as well as: <ul style="list-style-type: none"> • His/her private address • Phone number • E-mail address 	

Have you already established an exchange with your German partner? No Yes
 (if yes, please answer the following questions)

How long has it been established? When did the last exchange take place?	
How did the exchange come about? Has an organization facilitated the exchange?	
When do you plan your next exchange?	
How many German students would your school like to host?	
When is the next German student group due to visit your school?	
What is the average length of visits of German students at your school?	

- ✓ **I have read the GAPP-Guidelines. Our next exchange will be conducted as a according to the guidelines.** (The GAPP-Guidelines can be retrieved at <http://www.goethe.de/gapp>.)
- ✓ **Please send this form to:** GAPP, Inc., Goethe-Institut NY, 30 Irving Place, 4th Floor, NY, NY 10003 **or** gapp@goethe.de.
- ✓ **Please ask your German partner teacher to apply for your school partnership with:**
PAD, Referat VF, Lennéstrasse 6, 53113 Bonn – pad.gapp@kmk.org - www.kmk.org/pad/gapp.

Place/Date Signature of Teacher Please print name

Place/Date Signature of Principal Please print name