

## About Your Family

<b>1. WHAT IS YOUR FAMILY STRUCTURE?</b>				
Parents are : <input type="checkbox"/> married <input type="checkbox"/> separated <input type="checkbox"/> single <input type="checkbox"/> divorced. If divorced, <input type="checkbox"/> mother remarried <input type="checkbox"/> father remarried				
<b>2. INFORMATION ABOUT THE PEOPLE WITH WHOM I LIVE</b>				
I live with <input type="checkbox"/> both my father and my mother <input type="checkbox"/> my mother <input type="checkbox"/> my father <input type="checkbox"/> stepmother <input type="checkbox"/> stepfather <input type="checkbox"/> my guardian (s), indicate your relationship to your guardian (s), _____				
<b>2.1 INFORMATION ABOUT PARENT(S) / GUARDIAN (S) WITH WHOM I LIVE</b>				
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female Relationship : _____		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female Relationship : _____		
Legal name : _____ Mr. / Mrs. /Miss (Circle one)		Legal name : _____ Mr. / Mrs. /Miss (Circle one)		
Date of birth : DD / MMM /YYYY Age : _____	Home phone number : 66 _____	Date of birth : DD / MMM /YYYY Age : _____	Home phone number : 66 _____	
Citizenship : _____	Mobile phone number : 66 _____	Citizenship : _____	Mobile phone number : 66 _____	
Country of legal residency : _____	Work phone number : 66 _____	Country of legal residency : _____	Work phone number : 66 _____	
Occupation : _____	Email Address : _____	Occupation : _____	Email Address : _____	
Position : _____		Position : _____		
Employer : _____		Employer : _____		
<b>3. CONTACT DETAILS OF ANY NATURAL PARENT (S) WITH WHOM I DO NOT LIVE</b>				
<input type="checkbox"/> Deceased <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Working in another city /country (If deceased , fill in only his/her legal name and relationship)		<input type="checkbox"/> Deceased <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Working in another city /country (If deceased , fill in only his/her legal name and relationship)		
<input type="checkbox"/> Allow to contact this person <input type="checkbox"/> Disallow to contact this person		<input type="checkbox"/> Allow to contact this person <input type="checkbox"/> Disallow to contact this person		
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female Relationship : _____		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female Relationship : _____		
Legal name : _____ Mr. / Mrs. /Miss (Circle one)		Legal name : _____ Mr. / Mrs. /Miss (Circle one)		
Date of birth : DD / MMM /YYYY Age : _____	Address : _____	Date of birth : DD / MMM /YYYY Age : _____	Address : _____	
Citizenship : _____	Preferred phone number : _____	Citizenship : _____	Preferred phone number : _____	
Country of legal residency : _____	Email Address : _____	Country of legal residency : _____	Email Address : _____	
Occupation : _____		Occupation : _____		
Position : _____		Position : _____		
Employer : _____		Employer : _____		
<b>4. INFORMATION ABOUT BROTHER(S) AND SISTER(S)</b>				
First name – Last name	Relationship	Date of birth	Live at home	Contact information (phone number)
1.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>5. EMERGENCY CONTACT</b>				
If your Parent (s) / Guardian (s) / brother (s) sister (s) cannot be reached, please indicate someone else in your community whom we can contact:				
Title Mr. / Mrs. /Miss Legal name : _____		Relationship : _____		
Preferred Phone Number : 66 (0) _____			Email Address : _____	
<b>6. AFS Connections</b> (If yes, please describe who, the relationship, where and when.)				
6.1) Has your family hosted on AFS? <input type="checkbox"/> Yes <input type="checkbox"/> No _____				
6.2) Has your family participated on an AFS Program? <input type="checkbox"/> Yes <input type="checkbox"/> No _____				
6.3) Do you have family member, any close friends or relatives living abroad? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please give details ; legal name , purpose of living , current address) _____				