

**INTERNATIONAL FAMILY ORIENTATION PROGRAM (IFOP)  
REGISTRATION FORM – SPOUSE**

(select one) AWC \_\_\_\_\_ ACSC \_\_\_\_\_

Student's (IMS) Name: \_\_\_\_\_ Rank: \_\_\_\_\_ Country: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Spouse's Full Name: **USE FULL NAME AS YOU WANT IT TO APPEAR ON OFFICIAL CERTIFICATE**

\_\_\_\_\_

Spouse's Nickname/Go-by Name: \_\_\_\_\_

Spouse's Cell Phone Number: \_\_\_\_\_

Has spouse been to the United States previously? Yes                      No

What is spouse's profession? (nurse, teacher, doctor, etc.)

Does spouse speak English? Yes                      No

Does spouse understand spoken English? Yes                      No

Does spouse read English? Yes                      No

Does spouse write English? Yes                      No

What are spouse's interests or hobbies? (For example: cooking, sewing, painting, etc.)

Will spouse drive a car in the United States? Yes                      No

What does spouse feel is important/necessary to learn about American society to adjust and be as comfortable as possible?

**INTERNATIONAL FAMILY ORIENTATION PROGRAM (IFOP)  
REGISTRATION FORM – CHILDREN**

(select one) AWC \_\_\_\_\_ ACSC \_\_\_\_\_

Student's (IMS) Name: \_\_\_\_\_ Rank: \_\_\_\_\_ Country: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Children participating in IFOP: USE FULL NAMES AS YOU WANT TO APPEAR ON CERTIFICATE**

**1. Child's Full Name:** \_\_\_\_\_ **Nickname:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ This upcoming school year, Entering Grade: \_\_\_\_\_

Are there any medical difficulties we should know about? If yes, please provide information on back of form.

No      Yes

Is your child allergic to any foods? No      Yes      Explain \_\_\_\_\_

**2. Child's Full Name:** \_\_\_\_\_ **Nickname:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ This upcoming school year, Entering Grade: \_\_\_\_\_

Are there any medical difficulties we should know about? If yes, please provide information on back of form.

No      Yes

Is your child allergic to any foods? No      Yes      Explain \_\_\_\_\_

**3. Child's Full Name:** \_\_\_\_\_ **Nickname:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ This upcoming school year, Entering Grade: \_\_\_\_\_

Are there any medical difficulties we should know about? If yes, please provide information on back of form.

No      Yes

Is your child allergic to any foods? No      Yes      Explain \_\_\_\_\_

**(IF YOU HAVE MORE THAN 3 CHILDREN USE THE BACK OF THIS SHEET TO WRITE IN THE INFORMATION)**

IFOP is not a formal English language program. It is a program designed to help spouse/children adjust to American culture and customs.

My child has my permission to participate in the IFOP program at Maxwell AFB including swimming, bowling, and other activities, both on and off base. I understand that the United States Government, Maxwell AFB civilian and/or military employees and volunteer workers are not responsible for injuries which may occur during these activities.

\_\_\_\_\_  
(Parent's Signature)

\_\_\_\_\_  
(Date)