Individual Reciprocal Exchange



France / Belgium		
Application Form		
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Candidate Information		
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Candidate Information						
Last Name (as appears on your passport)		Given names	(as appears on you	ur passport)		
Sex: Female Male Other		Date of Birth	Month	Year		
Address		City				
Appartment number	Province		Postal o	code		
Student's email		Student's cell	phone			
Describe your personality: Ex.: Social, Shy, Energetic, Reserved, Musical, Outgoing, Calm, Academic, Athletic, Artistic						
Do you belong to a sports team/club? Yes No	If yes, please explain					
Sports practiced occasionally		Number of ho	urs/week			
Do you play any musical instruments? If yes, please explain Yes No						
Do you take music lessons? Number of Yes No	of hours/week	Musical instruments available for my partner at home				
Hours/week spent						
Friends	ports	Homework	<	Watching T.V.		
(:omputer	n the hone	Reading		Listening to music		
Alone, my interests (including sports) include the following in order of priority:						
1	2		3			
With family and friends, my interests are the	e following in order of p	riority:	3			
Do you have a medical condition? Yes No	Please explain					
Do you suffer from any allergies? Yes No	Please explain					
Are you on a special diet? Yes No	Please explain					
I prefer to be matched with a: Boy Girl Either						

Home Environme	nt			
Describe your environment: Large city Small city Dercribe	Suburb Rural area			
Type of home:	A I I	Do you smoke?		
	Appartment	Yes No		
Will your partner have his/her ov	wn room?	Are there any smokers in your home?		
Yes No Will share with		Yes No		
Will Stidle With		If yes, do they smoke indoors?		
		Yes No		
Do you have any pets at home?		Please describe		
Yes No				
Family Information	on			
Parent 1 first and last name:		Occupation:		
Date of birth	Nationality	Cell phone:	Email:	
Parent 2 first and last name:		Occupation:		
Date of birth	Nationality	Cell phone:	Email:	
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Number of brothers:	First name(s) and age(s)	:		
Number of sisters: First name(s) and age(s):				
Other people living in the home:		Divorced/separated parents:		
		Yes No		
Where custody is shared, please	e explain how hosting will be arran	ged during the exchange	:	
School Information	n			
Name of school:			Present Grade:	
Address:				
Phone:		Website:		
Principal's name:		Principal's email:		
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Method of transportation used to get to school:				

