

# ALBERTA EXCHANGE STUDENT



## Family File 2022-2023

Student name:

Age:

Gender:

Female

☐

Male

☐

School board name:

Grade:

Location:

# LIST OF DOCUMENTS

Please find enclosed an **ORIGINAL FAMILY FILE** document along with your **VERIFICATION OF VOLUNTEER STATUS LETTERS** for the Police Security Check. Please send the documents in the following manner:

## 1. Complete sets of the family file:

- Alberta Cover Sheet
  - Student Write-Up.
  - Parent Write-Up.
  - Family and Home Photos.
  - Student Passport Sized Photo pasted on the cover sheet and on the Student Write-up Sheet.
  - Parent Authorization for Medical and Surgical Procedures plus Health Certificate with Doctor's information.
  - Record of Vaccinations from Alberta Health Services.
  - Record of Covid19 Vaccination.
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## 2. One copy of each of the following:

- Copy of Student Passport
  - One School Report Card.
  - Original Police Security Clearance Letter for each adult residing in the home 18 YEARS and older.
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## 3. An e-Transfer with the family file \$1,500 plus \$1,250 e-Transfers for July 15 and Nov. 15

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## 4. Download the completed signed family file and scan to belcanfran@gmail.com.

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## 5. Please scan separately the PSC and the passport of the candidate to Ron May : ronmaybragg@gmail.com

# PARENTAL AUTHORIZATION FOR MEDICAL AND SURGICAL

## Procedures

In the instance of an extreme emergency, we, \_\_\_\_\_, and \_\_\_\_\_, parents of \_\_\_\_\_, authorize medical treatment and/or surgical intervention as judged necessary by medical authorities. With the exception of an extreme emergency, we will be kept informed by the host parents, to whom we have given the custodianship of our child for the duration of the Student Exchange and by Belcanfran, before our child receives medical treatment and/or undergoes surgery.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Parent Signature

## Health Certificate

### 1 - TO BE COMPLETED BY THE FAMILY DOCTOR:

I, Doctor \_\_\_\_\_ certify that \_\_\_\_\_ has been examined by me and found to be in good health, and able to participate in all physical activities as a student on an exchange program. To the best of my knowledge, this candidate has not suffered during the past ten years from tuberculosis or other infectious disease.

#### A - Immunization record

\_\_\_\_\_

#### B - Pertinent medical history and other comments re: state of health, allergies, medications, etc.

\_\_\_\_\_

\_\_\_\_\_  
Doctor signature

### 2 - TO BE COMPLETED BY EXCHANGE STUDENT OR PARENTS:

Family Doctor's Name: \_\_\_\_\_

Phone number: \_\_\_\_\_ Provincial Health Card Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

# FAMILY FILE

Please paste  
your picture  
on the original file  
and on the  
2 copies

## Candidate Information

Last Name (as appears on your passport)

Given names (as appears on your passport)

Sex:

Female

☐

Male

☐

Date of Birth

Day

Month

Year

Address

City

Apartment number

Province

Postal code

Student's email

Student's phone

Parents email

Parents phone

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

## Home Environment

Describe your environment: Large city, small city, suburb, rural area

Type of home:

House ☐ Townhouse ☐ Apartment ☐

Do you smoke?

Yes ☐ No ☐

Will your partner have his/her own room?

Yes ☐ No ☐

Are there any smokers in your home?

Yes ☐ No ☐

Will share with

If yes, do they smoke indoors?

Yes ☐ No ☐

Do you have any pets at home?

Please describe

Yes ☐ No ☐

## Divorced parents or custody of the child by a legal guardian

Name and address of Parent or Legal guardian who will have the custody of the child

Please indicate the address and information of the parent or legal guardian who shares the custody of the exchange partner:

Last Name (as appears on your passport)

Given names (as appears on your passport)

Sex:

Female ☐ Male ☐

Address

City

Apartment number

Province

Postal code

Cell phone (parent):

Email:

Custody agreement:

Please explain how custody will be shared during the exchange student's visit (school week, weekends, holidays) and the family make-up (indicate if there are step-parents, children...):

## To be completed by the candidate

Please give us an accurate and detailed response to the following

1. Languages spoken at home in order of fluency:

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2. Describe your personality (traits of character, personality, qualities, values, ...):

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3. My expectations from this exchange are:

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4. I plan to do the following activities with my partner:

a) During the week (hobbies, sports, friends...):

b) During the week-end, and holidays:

5. Write a paragraph describing your school:

**6. Write a letter to your exchange partner (in English or in French).**

a) My activities outside of school (clubs, sports, arts, travels) are:

b) My family life may be described as:

c) Our special activities planned by my family for the exchange are:

d) My time spent with friends include:

e) Activities I participate in (alone or with family/friends) are:

## To be completed by the parents

1 The household tasks our children are responsible for and the responsibilities you expect of your exchange student are:

2. Rules and expectations we presently have for our son / daughter which will apply to the exchange student. (I.e. number of nights out, curfews, etc.)

3. Our home description which includes , the number of bedrooms, the neighbourhood, and the distance from downtown and mode of transportation is:

4. Does anyone living in your home have a physical, mental or medical condition that affects or could affect daily life in your family?

No ☐ Yes ☐

Please explain



5. Describe your family life, the home atmosphere, your preferred topics of discussion at home, and activities shared by the whole family.

a) Lifestyle:

b) Activities shared by the whole family:

c) Father: Work schedule, sports, hobbies, personality:

d) Mother: Work schedule, sports, hobbies, personality:

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Signature of both Parents / Legal guardian

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Signature of both Parents / Legal guardian

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Signature of the candidate

## Pictures

Please upload and give a brief description of each picture:

1.  
Home (exterior)

2.  
Home (interior)

3.  
Your family

4.  
Your partner's room

5.  
Others

6.  
Others

7.  
Others

8.  
Others