

Individual Reciprocal Exchange

France / Belgium 11 weeks School Program Application Form



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 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 hours/week

Do you play any musical instruments? Yes No If yes, please explain

Do you take music lessons? Yes No Number of hours/week Musical instruments available for my partner at home

Hours/week spent
Friends Sports Homework Watching T.V.
Computer On the phone 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 following in order of priority:
1 2 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 Environment

Describe your environment:

Large city Small city Suburb Rural area

Describe

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?

Yes No

Please describe

Family Information

Father's first and last name:

Occupation:

Father's cell phone:

Email:

Mother's first and last name:

Occupation:

Mother's cell phone:

Email:

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 explain how hosting will be arranged during the exchange:

School Information

Name of school:

Present Grade:

Address:

Phone:

Website:

Principal's name:

Principal's email:

Method of transportation used to get to school:

Student's Signature

Parent/legal guardian's signature

Date