



# OSEF FRANCE CANADA

*Organisme Séjours Educatifs Français*



## REQUEST FOR INFORMATION – Registration – 1 month Summer Exchange Program

Dear Sir /Madam,

Thank you for your trust in our association **OSEF France-Canada Inc.**

Please find enclosed:

1. an information booklet,
2. an application form which must be returned to OSEF France-Canada (please see address below) as soon as possible with a \$ 400 cheque (\$300 non-refundable) payable to:

**OSEF France-Canada Inc.**

Upon receipt of your child's application, we will mail the family application. This document, used to match the students and shared with the host family requires your careful attention.

Kindly note that the summer exchange program dates for 2010 will be:

- June 29<sup>th</sup> to July 29<sup>th</sup>: Canadian students travel to France
- July 29<sup>th</sup> to August 28<sup>th</sup>: French students come to Canada with their exchange partners. (Note: July 28<sup>th</sup>, students travel from Paris to Toronto)

A first payment of \$ 1000 will be requested with the final application together with post-dated cheques (April 15: \$ 1200 & May 15: \$ 1200). Payment dates may be extended at no further cost. Please contact the Alberta office for this request.

We remain at your disposal should you have further questions.

The local volunteer coordinator

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### Alberta, Yukon, NWT Territories

**J. Marcel GRAVEL**  
Program Director  
700 Lakeside Drive  
Spring Lake, Alberta T7Z 2V7

Phone: (780) 968-7652  
Cell : (780) 909-2323  
Fax: (780) 968-2942  
Email : [osefcan@cruzinternet.com](mailto:osefcan@cruzinternet.com)

### British Columbia/Saskatchewan Manitoba/Ontario

**Christopher McFARLAND**  
Volunteer Coordinator  
# 112 – 951 Goldstream Avenue  
Victoria, B.C., V9B 6S5

Cell : (250) 858.6232  
Website : [www.osef.ca](http://www.osef.ca)  
Email : [cdnmcfarland@shaw.ca](mailto:cdnmcfarland@shaw.ca)

### Maritimes

**Marie FROSST**  
Volunteer Coordinator  
9722 Kempt Head Road  
Ross Ferry, N.S. B1X 1N8

Phone : (902) 674-0936  
Fax : (902) 674-0936  
Email: [mfrosst@hotmail.com](mailto:mfrosst@hotmail.com)



FRANCE CANADA

APPLICATION FORM

EXCHANGE PROGRAM

- 4 weeks (SUMMER) 6 weeks 9 weeks 11 weeks

This form will be used for screening, selecting candidates-Please type or print in black ink and return the completed form to the regional person in charge. Keep a copy of it so as to fill in final application form in the same way

Last name : First name: Date of Birth : M F d m yr

Address: City:

Postal Code: Telephone Number: Business Telephone:

Parent's Email: Your Email:

Height (cm): Weight (kg):

- Which airport do you wish to travel from: Halifax, NS Charlottetown, PEI Fredericton, NB Toronto, ON Winnipeg, MA Regina, SK Saskatoon, SK Edmonton, AB Calgary, AB Vancouver, BC Victoria, BC Moncton Fredericton Other:

(No changes will be allowed to departure/return airport once ticketing is done and an add-on fare will be charged for airports with no direct flights to Toronto)

School:

Address :

Telephone Number: Fax Number:

Principal and e-mail: French Teacher and e-mail:

Grade level during exchange:

Divorced parents: (custodianship information)

Father's name: Occupation:

Mother's name: Occupation:

Other family members at home: Sister(s): Age(s): Brother(s): Age(s):

Other(s):

We live in: Large city Small city Suburb Rural area Population:

Accommodation: House Duplex Apartment

Will your partner have his/her own room? Yes No Will share with:

Are you willing to accept: A boy A girl Either if an exchange is not otherwise possible

Do you smoke? Yes No If yes, will you abstain? Yes No

Are you willing to accept a partner who smokes? Yes No

Will you accept a partner who smokes but agrees to abstain in your home? Yes No Indifferent

Who smokes in your home? Do they smoke? Regularly Occasionally Indoors Outdoors

Would you accept to stay in a home where someone smokes? Yes No

Do you have you a medical condition? No Yes If Yes, give details:

Are you on a special diet? No Yes If Yes, give details:

Do you have any pets at home? Do you have an allergy? If Yes, explain

Can you tolerate pets if they are indoors? Yes No

How would you describe yourself? Sociable Energetic Musical Calm

Academic Athletic Artistic Reserved / shy

Do you swim? Yes No

I participate in the following sports:

Do you belong to a sport's club? Yes No Explain?

How many hours do you practice per week ?

My partner would be able to participate in the following sports:

I play the following musical instruments: Music lessons : Yes No

The following musical instruments are available for my partner:

Time spent: With Friends On the Computer On the Phone

(Hours per week) Reading Watching TV Doing Home Work:

Listening to music

My hobbies/pastimes/interests include the following in order of priority:

1 2 3

Date :

Parents signature :

Student's signature :