



# APPLICATION FOR RECIPROCAL EXCHANGE

PROVINCE: \_\_\_\_\_

- 11 weeks   
  9 weeks   
  6 weeks (Ontario only)   
  1 month (summer)
- France or Belgium   
 Spain

**Given Names:** ..... **Last Name:** .....  
*(As appears on your passport)*

**Sex:**  F  M    **Date of Birth:** D...../ M...../ Y.....

**School District** ..... **Grade:** .....

**I prefer to be matched with a:**  M     F     Either

Address : .....

City: ..... Province: ..... Postal Code: .....

Home Telephone: ..... Parent's cell phone(s): .....

Parent's email: .....

Student's email: ..... Student's cell phone: .....

Describe your environment:     Large city     Small city     Suburb     Rural area

What kind of home do you live in?     House     Townhouse     Apartment

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

Do you smoke?     No     Yes    Smokers in the home?     No     Yes    Who? .....

Sister(s): ..... Given Name, Age(s): .....

Brother(s): ..... Given Name, Age(s): .....

Other people living in the home: .....

Do you have a medical condition?     No     Yes (please explain): .....

Do you suffer from any allergies?     No     Yes (please explain): .....

Are you on a special diet?     No     Yes (please explain): .....

Do you have any pets at home?     No     Yes (describe): .....

Describe yourself:     Social     Energetic     Musical     Calm     Outgoing

Academic     Athletic     Artistic     Reserved     Shy

Do you belong to a sports team /club?     No     Yes (explain)? ..... Can you swim     No     Yes

Sports practised occasionally ..... How many hours per week? .....

I play the following musical instruments: ..... Music Lessons:     No     Yes

Number of hours per week: .....

The following musical instruments would be available for my partner at home: .....

**Time spent: (Hours per week):**    Playing Sports: ..... With Friends: ..... Listening to/Playing Music: .....  
 On the Computer: ..... On the Phone: ..... Watching TV: ..... Reading: ..... Doing Homework: .....

**Alone**, my hobbies/Pastimes/Interests include the following in order of priority:

1. .... 2. .... 3. ....

**With family/friends**, my hobbies/Pastimes/Interests include the following in order of priority:

1. .... 2. .... 3. ....

**SCHOOL INFORMATION (School attended during the exchange)**

Name of school: ..... Grade: .....

Address: .....

Telephone number: ..... Website: .....

Principal's Name: ..... Principal's email address: .....

Method of transportation used to get to school: .....

OSEF Coordinator's Name:..... Email:.....

**FAMILY INFORMATION**

Father's First and Last name: ..... Father's occupation: .....

Mother's First and Last name: ..... Mother's occupation: .....

**DIVORCED PARENTS or CUSTODY OF THE CHILD BY A LEGAL GUARDIAN**

Please indicate the address and information of the legal guardian who will have the custody of the exchange partner

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**In the family file, you will have to explain in detail how custody will be shared during the exchange student's visit.**

Student's signature:

Parent or Legal Guardian's signature:

\_\_\_\_\_

\_\_\_\_\_

Date:

Date:

\_\_\_\_\_

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