



APPLICATION FOR RECIPROCAL EXCHANGE Canada (in Native Language)

Country / Province / Town

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Europe 11 weeks Canada 6 weeks (Ontario only) 1 month (summer Europe- Canada

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 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:

Date:

Parent or Legal Guardian's signature:

Date:
