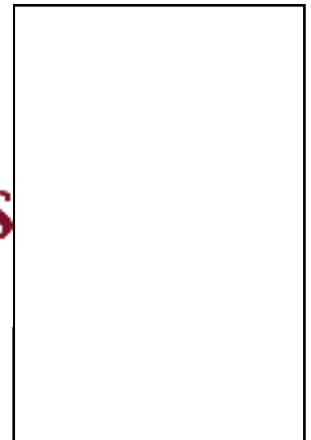




STUDENT APPLICATION FORM



ATTACH RECENT
PHOTO

STUDENT NAME: _____
(Surname) (Given names, Circle one used)

DATE OF BIRTH: _____ SEX: Male ()Female()
(Day) (Month) (Year)
(Years) (Months) (cm.)

AGE ON SEPTEMBER 1, 200_ _____ HEIGHT: _____ See also #30

ADDRESS: _____

PHONE NUMBER: _____
(Area Code)

FAX (If available) _____

EMAIL: _____

FATHER'S/MALE GUARDIAN'S NAME: _____

BUSINESS PHONE NUMBER: _____ PROFESSION: _____

MOTHER'S/FEMALE GUARDIAN'S NAME: _____

BUSINESS PHONE NUMBER: _____

PROFESSION: _____

NAME & ADDRESS OF HEALTH CARE PLAN OR HEALTH INSURANCE POLICY:

(NAME)

(ADDRESS)

(POLICY NUMBER)

1. a. What type of an exchange would you like to participate in? If your first choice would not be available, what would be your second?

A five month reciprocal exchange during the _____ school year.

A one year reciprocal exchange during _____ school year.

b. Have you previously participated in an exchange? yes no

If so, please list name of program, name, address and telephone number of the program coordinator.

2. a. What is your competence in the language of the country you will be living in? Please check one language and one level of competence.

Beginner: Able to use some greetings, short sentences but not enough to carry on a conversation.

Tourist: Able to order meals, ask directions and read a little.

Spectator: Able to understand radio and TV programs, can read, but hesitate to speak.

Bilingual: Able to understand and use the language in most current situations and appreciate a joke.

Fluently Bilingual: Communicates at home, at school and on the street in this language.

c. Did you receive any academic awards during your school career? If so, please list type of awards and date received.

4. Do you have any physical handicaps? Yes No

If your answer is yes, please elaborate.

5. Are you now receiving treatment for a chronic condition? Yes No

If yes, please specify.

6. If you are receiving treatment for allergies, specify the living conditions you would be unable to tolerate (e.g. house pets, plants, chemicals, farms, etc.). Please be very specific.

7. Do you have any special eating habits (vegetarian, etc.). Yes No

If yes, please describe in detail.

8. a. Are there any foods you would not eat? Yes No

b. Please indicate your reasons, (e.g. dietary, religious, etc.).

9. a. Do you smoke? Yes No

b. Does anyone in your home smoke? Yes No
If yes, list all the persons who smoke in your home.

c. Would your family accept a smoker in the home? Yes No
Comments:

10. a. Would you accept to live with a family where there are domestic animals? Yes No

b. Do you have animals at home? Yes No
If yes, what kind(s)?

11. What kind(s) of music do you like? (please be specific).

12. a. Living Accommodation of Family

House Apartment Mobile Home Other (specify)

b. Location of Home

City Town/Village Country-Farm Acreage

If your home is in the country, what is the distance from home to school?

_____ home to community? _____

Please describe the type and frequency of available transportation.

13. Will your partner have a separate bedroom? Yes No

Share a bedroom? yes No

If possible we would like the exchange students in France and Canada to have their own bedroom.

14. a. Are there any musical instruments in the home? yes No

If yes, please specify:

b. Should it be necessary, can music lessons or practices (sporting events, dances, etc.) be arranged without difficulty? Yes No

Comment(s)

15. Would your family accept an exchange with a:

Girl only Boy only Either

16. Indicate the members of the family who will be living in the home during the stay of the exchange student.

Father - Yes No Mother - Yes No

Sisters How many? _____ Ages: _____

Brothers How many? _____ Ages: _____

17. Do you or your parents use any other language at home? Yes No

If yes, which language(s)?

18. Do you work part-time? Yes No

If yes, describe the nature of the job and time devoted to the job in each week.

19. a. Do you practice a religion? Yes No
If yes, which religion? _____

b. Is it important to you to go to church? Yes No
If yes, which church? _____

20. Are there facilities to meet young people at places other than the school?
Yes No If yes, describe.

21. a. What type of sports/cultural facilities exist in your home community?

b. How far is it from your residence to these facilities?

c. If you do not live within easy access to these facilities, what type of arrangements could be made should the exchangee wish to use these facilities?

22. What do you plan to do during out of school hours? What special activities do you plan for your partner on weekends, holidays, etc. (recreational, extra-curricular, cultural activities or hobbies):

23. What motivated you to participate in this exchange?

24. State briefly what you want to accomplish through the exchange.

25. a. **DESCRIBE YOURSELF:** personality, temperament, qualities, tastes, etc., (not a physical description such as height, colour or eyes, etc.) by listing phrases or words that best describe you.

b. Do you have any faults of which a partner in the program should be aware?

c. Would your best friend agree with this description?

Yes No Maybe

26. Would you list three (3) of your favourite pastimes, in order of preference, and indicate how much time per week you spend on each.

27. List the important qualities and interests you would like your partner to have.

28. Are there any qualities in a partner which would be very difficult to accept?

29. Write a letter of introduction/self portrait. This will be the first chance to introduce yourself to your partner/family.

SHOULD I DEFAULT ON ANY OF THE ABOVE, THE EXCHANGE MAY BE TERMINATED AND I WILL BE RETURNED HOME AT PARENTAL EXPENSE.

Student's Signature

Date

PARENT(S)/GUARDIAN(S):

I/we approve participation in the exchange, and will endeavour to make the experience as successful as possible.

I/we agree to accommodate the exchange student in our home and provide him/her with reasonable care and supervision during the exchange period.

I/we will be responsible for costs for special return travel arrangements if the exchange is terminated by our choice, or by the coordinators on the basis of student behavior detrimental to the objectives of the program.


Parent's/Guardian's Signature

Date

Parent's/Guardian's Signature

Date

Family Comments or Concerns (if any):




Robert R. Porkka
Director of International Services
Email: rporkka@rdpsd.ab.ca

RED DEER PUBLIC SCHOOLS
INTERNATIONAL SERVICES

School Office (Int'l Code) + 403-347-1171
Central Services (Int'l Code) + 403-343-1405
Fax (Int'l Code)+403-347-8190
4747 - 53 Street, Red Deer, Alberta
CANADA, T4N 2E6

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