

**CERE APPLICATION FOR RECIPROCAL EXCHANGE – PROVINCE .....**



europe  belgium  spain  11 weeks  6 weeks (special school)  1 month (summer)

**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  Odor

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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