



CERE-Canada, Lorraine Normand CP 89021- Gatineau. Qc J8Z 3G3 -Canada

APPLICATION PROCESS

* Please complete all forms legibly in black ink. No typing.

APPLICATIONS ARE ACCEPTED FROM SEPTEMBER 1 TO MARCH 30.

Apply early to ensure your spot & sufficient time to plan with your school!!

To apply, you will need the following forms which can be downloaded from our website www.cere-exchange.ca, or sent to you from our head office:

- **Application Form**
- **School Recommendation Form (School Program only)**
- **Family File**
- **Medical Form**

1st STEP : SEND THE FOLLOWING DOCUMENTS TO OUR HEAD OFFICE:

- Completed Application Form (please print clearly in black ink)
- School Recommendation form (completed and signed by your teacher and school principal)
- Your \$400 deposit paid by e-transfer

STEP 2. SEND TO OUR HEAD OFFICE 2 COPIES PLUS ORIGINALS OF THE FOLLOWING FORMS WITHIN 1 MONTH:

- Family File (please print clearly in black ink. Your matched family will see this!)
- Medical Form to be signed by your family doctor
- Criminal Record Checks for all those over 18 living in your household
- 3 passport sized ID photos attached onto each copy of your family file.
- 3 copies of your passport (expiry date must be at least 6 months past your expected return)
- 3 copies of your latest report card (school program only)
- 3 copies of your vaccination records.
- Your \$1000 plus by e-transfer (see page 12 for payment schedule details)

*** (late applications may be accepted on a case by case basis until June 1st. Contact our head office for details)

*** You will receive a confirmation once we have received the above items. You will be notified of your match in May and receive their Family File. By mid-May you can begin communicating together!**

FAMILY FILE CERE
(Given to your exchange partner)

TO BE COMPLETED BY THE CANDIDATE

*Please attach
your picture on
the original file
and on the 2
copies*

FIRST & LAST NAME:

DATE OF BIRTH: D...../M...../Y..... Boy Girl

ADDRESS:

TEL – PARENTS **Email:**

TEL – STUDENT **Email:**

1. Languages spoken at home in order of fluency?

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2. Describe your character traits:

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3. What are your expectations from this exchange?

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4. What activities are you planning for you and your partner?

a) During the week and at school (if applicable) (hobbies, sports, friends...):

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b) During the week-end, holidays:

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5. Write a paragraph describing your school: name, location, size, classes/programs offered, extra-curricular activities, and distance from home to school, and mode of transportation (*for 6, 9 and 11 week exchanges ONLY*):

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6. Write a letter to your exchange partner (in English or in French). (Avoid the use of slang, jargon or abbreviations.)

a) Your personality, qualities and values:

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b) Your family life:

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c) Your family holidays or other:

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d) Your friends:

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e) Activities you participate in (alone or with family/friends):

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7. Please attach and label photographs as follow: (please crop pictures to fit the boxes)

You may attach another sheet of paper to include more pictures.

1. Home (exterior)

2. Home (interior)

3. Your family

4. Your partner's room

TO BE COMPLETED BY THE PARENTS

1. Describe the household tasks your children are responsible for (making beds, washing dishes, vacuuming, etc.) and state which responsibilities you expect of your exchange student:

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2. Describe the rules and expectations you presently have of your son or daughter who is applying for the exchange. (I.e. number of nights out, curfews, etc.)

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3. Describe your home, number of bedrooms, the neighbourhood, and the distance from downtown and mode of transportation.

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4. Does anyone living in your home have a physical, mental or medical condition that affects or could affect life in your family?

No Yes (*explain*):

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5. Describe your family life, the home atmosphere, your preferred topics of discussion at home, and activities shared by the whole family.

a) Lifestyle:

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b) Activities shared by the whole family:

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c) Father: Work schedule, sports, hobbies, personality:

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d) Mother: Work schedule, sports, hobbies, personality:

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Does your child smoke? Yes No If yes, will he/she refrain from smoking in Europe? Yes No

Are there any smokers in your house? Yes No If yes, Who? :

Do they smoke? Regularly Occasionally Outside of the home

Signature of both Parents: _____ and _____

PARENTAL AUTHORIZATION FOR MEDICAL AND SURGICAL PROCEDURES

We, and parents of....., authorize medical treatment and/or surgical intervention as judged necessary by medical authorities.

With the exception of an extreme emergency, we will be kept informed by the host parents, to whom we have given the custodianship of our child for the duration of the Student Exchange and by CERE (Canada Europe Reciprocal Exchange), before our child receives medical treatment and/or undergoes surgery.

Parent Signature _____ Parent Signature _____

HEALTH CERTIFICATE

1 – To be completed by the family doctor:

I, Doctor certify that has been examined by me and found to be in good health, and able to participate in all physical activities as a student on an exchange program. To the best of my knowledge, this candidate has not suffered during the past ten years from tuberculosis or other infectious disease.

A – Immunization record

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B – Pertinent medical history and other comments re: state of health, allergies, medications, etc.

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Date: _____ Signature of Family Doctor: _____

2 – To be completed by exchange student or parents:

Family Doctor's Name: _____

Address: _____

Phone number: _____

Provincial Health Card Number: _____