



cere.canada-contact@gmail.com

TO BE COMPLETED BY THE CANDIDATE



Your complete family file consists of:

- “Family File” forms (take care to ensure legibility. Your matched family will see this!)
 - Please paste your picture on the original file and on the 2 copies*
 - Copy of your most recent report card (school program only)
 - Medical and Surgical Procedures Authorization signed
 - by both parents & Health Certificate completed by your doctor.
 - Copy of vaccination records
 - Photocopy of passport (expiry date must be at least 6 months past your expected return)
 - Criminal Record Checks for the Vulnerable Sector for each person 18 and
 - older who will be living in your home at the time of the exchange.
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- Once you have completed gathering the documents for your family file, make two copies.
 - Attach a passport sized photo (2 total) to the top right corner of each set of papers.
 - Mail the original plus the two copies to the Canadian office.
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* Your local coordinator will send you confirmation once they have received the above items.

***By mid May you can begin communicating!**

FAMILY FILE Canada
Given to your exchange partner

Please paste your picture on the original file and on the 2 copies

TO BE COMPLETED BY THE CANDIDATE

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, 4 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 glue 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 Who? :

Do they smoke? Regularly From time to time 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 OSEF (Organisme Séjours Educatifs Français), 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: _____

number: _____

_____ Phone
_____ Provincial Health

Card Number: _____