



cerecanada.contact@gmail.com



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*
 - 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.
 - \$1400 payment by International Money Transfer
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- **Email the documents to cerecanada.contact@gmail.com or your local coordinator.**
 - **Once the applications are reviewed in detail and matched, each student will receive the Family File of their proposed match.**
 - Your local coordinator will send you confirmation once they 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!**

FAMILY FILE Canada
Given to your exchange partner

TO BE COMPLETED BY THE CANDIDATE

*Please paste your
picture on the
original file*

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:

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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. Email us pictures of your home (interior and exterior), your partner's room, your family:

PICTURE OF YOUR HOUSE (EXTERIOR)

PICTURE OF YOUR HOUSE (INTERIOR)

PICTURE OF YOUR PARTNER'S ROOM

PICTURE OF YOUR FAMILY

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 for your son or daughter who is applying for the exchange. Number of nights out, curfews, etc.;

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3. Describe your home, number of bedrooms, the neighborhood, 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 _____

Date: _____

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 by CERE (CANADA-EUROPE-RECIPROCAL-EXCHANGE), before our child receives medical treatment and/or undergoes surgery.

Parent's Signature: _____ Parent's 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: _____