



**SCHOOL AGREEMENT: RECIPROCAL EDUCATIONAL EXCHANGE**

Student’s last name: ..... Student’s first name.....

School name: .....

Address: .....

Principal’s name.....

School phone number: ..... Fax: .....

Principal’s email address .....

**French Teacher’s Recommendation:** Please comment on the student’s ability in French, learning skills and his/her ability to adapt to new learning situations.

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**Principal’s Recommendation:** Please comment on the student’s qualities that will support a successful exchange and make him/her a good ambassador for Canada.

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As part of the reciprocal agreement, our school will accept the exchange student from the beginning of September to the beginning of November. In return, our student will attend the school of his European partner from February to April.

The Canadian student will not be marked absent during the exchange period as he/she will be attending school (collège or lycée) in Europe.

A (brief) school report and/or certificate, including a statement of attendance, will be issued at the end of the exchange and given to the visiting student by the host school.

The European and Canadian students are under the responsibility of their host parents (Custodianship Declaration). All exchange students have Medical Repatriation and Civil Liability insurance covered by CERE.

Principal’s signature: ..... Date .....