



Please paste your picture on the original file and on the two copies.

Family File

Given to your exchange partner

Section A: To be completed by the candidate

First & Last Name: _____ Date of Birth: _____ Male Female

Parents Phone: _____ Parents Email: _____

Student Phone: _____ Student Email: _____

1. Languages spoken in the household in order of fluency:

2. Describe your character traits in a few sentences:

3. What do you expect to gain from this experience?

4. Name some activities you are planning for both yourself and your partner:

a) During the week and at school (if applicable), e.g. hobbies, sports, friends, extra-curricular, etc.:

b) During the weekend, holidays and time off:



Section B: To be completed by the parents

1. Describe any household tasks your children are responsible for (e.g. making the beds, washing dishes, vacuuming, etc.), and state which responsibilities you expect of your exchange student:
2. Describe the rules and expectations you currently have of your child who is applying for the exchange program (e.g. number of nights out, curfews, etc.)
3. Describe your home, number of bedrooms, the neighbourhood, as well as the distance to downtown and mode of transportation necessary.
4. Do any of the residents in your home suffer from a physical, mental or medical condition that affects your family?
 No Yes (please explain)
5. Describe your family by including the following: the home atmosphere, preferred topics of discussion, family activities and routine.
6. Describe the work schedule, hobbies and personalities of both parents:



7. Does your child smoke? No Yes

If yes, will he/she refrain from smoking in Europe? No Yes

Are there any smokers in your house? No Yes Who? _____

Do they smoke: Regularly Occasionally Outside of the home Inside the home

Parent signature: _____

Parent signature: _____



Section C: Authorization for Surgical and Medical Treatment

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, before our child receives medical treatment and/or undergoes surgery.

Parent signature: _____

Parent signature: _____

Section D: Health Certificate

1. To be completed by family doctor

I, Dr. _____ 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 in the last ten years from tuberculosis or other infectious disease.

a) Immunization record (please attach a photocopy):

b) Pertinent medical history and other comments such as state of health, allergies, medications, etc.:

Date: _____ Signature of family doctor: _____

2. To be completed by the parents

Family Doctor's Name: _____ Phone: _____

Address:

Student's Provincial Health Card Number: _____

