



Application for Exchange

One Month (summer) Six Weeks (school year)

Contact Information

Last Name: _____ Given Names: _____
as it appears on your passport

Date of Birth: _____ Male Female

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Student Email: _____

Personal Information

Describe yourself: Social Energetic Musical Calm Outgoing
 Academic Athletic Artistic Reserved Shy

Do you belong to a sports team/club? No Yes

If yes, please explain: _____

Sports practiced occasionally: _____

Number of hours per week: _____

Do you play any musical instruments? No Yes

If yes, please explain: _____

Do you take music lessons? No Yes Number of hours per week: _____

Musical instruments available for my partner at home: _____

Hours per week spent: Playing sports: _____ With friends: _____ On the computer: _____
On the phone: _____ Reading: _____ Watching TV: _____
Doing Homework: _____ Listening to/playing music: _____



When I am alone, my interests (including sports) are the following, in order of priority:

1. _____
2. _____
3. _____

When I am with my family or friends, my interests are the following, in order of priority:

1. _____
2. _____
3. _____

Do you have a medical condition? No Yes

If yes, please explain: _____

Do you suffer from any allergies? No Yes

If yes, please explain: _____

Are you on a special diet? No Yes

If yes, please explain: _____

Do you have any pets at home? No Yes

If yes, please describe: _____

Are you willing to accept: A boy A girl Either if an exchange is not otherwise possible

Home Environment

Describe your environment: Large city Small city Suburb Rural area

What kind of home do you live in? House Townhouse Apartment

Will your partner have his/her own room? Yes No Will share with: _____

Do you smoke? No Yes Are there any smokers in your home? No Yes

If yes, do they smoke indoors? No Yes



Family Information

Father's first and last name: _____ Father's occupation: _____

Father's cell phone: _____ Father's email: _____

Mother's first and last name: _____ Mother's occupation: _____

Mother's cell phone: _____ Mother's email: _____

Number of brothers: _____ First name(s) and age(s): _____

Number of sisters: _____ First name(s) and age(s): _____

Other people living in the home: _____

Divorced parents? No Yes

Where custody is shared between divorced parents, please explain how habitation will be arranged during the exchange:

Name of parent: _____ Phone: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Parent's cell phone: _____ Parent's email: _____

School Information

School year program only

Name of school: _____ Grade: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Website: _____

Principal's Name: _____ Principal's email: _____

School Exchange Coordinator's Name: _____ Email: _____

Method of transportation used to get to school: _____

Signatures

Student's Signature:

Parent or Legal Guardian's Signature:

IMPORTANT: Please note that upon arrival in Paris, your child may be subject to an additional flight or ride to his/her final destination. Travel by train will be chaperoned by an EAC representative. Internal flights, however, will NOT be chaperoned.

