



SCHOOL RECOMMENDATION AGREEMENT RECIPROCAL AGREEMENT BETWEEN A CANADIAN SCHOOL AND A EUROPEAN SCHOOL

Last Name: _____ Given Names: _____

Name of School: _____

Address: _____

Website: _____ Phone: _____

Name of Principal: _____ Phone: _____

Email: _____

Opinion of the student's _____ language teacher:

1. Knowledge of the language: _____

2. Do you think the student will adapt easily to new learning conditions? No Yes

Please explain based on their character traits, level of maturity and level of responsibility

3. Student's language proficiency:

Advanced General Beginner

Principal's opinion:

Very favourable Favourable Reserved Unfavourable

- The student will attend the school of the European exchange partner (college or lycée).
- The student will receive a school report stating his/her regular attendance to classes at the end of the exchange and his/her participation in classroom activities.
- The Canadian student should not be marked absent during the exchange period as he/she will be in school in Europe.

I agree to accept in my school the exchange student partner from the beginning of September to the middle of October. Our student will in return attend the school of his/her European partner from February to end of March. We request a school report and/or certificate be issued at the end of the stay of the French partner. This is a reciprocal exchange and no school fees are assessed to the visiting student.

The European and Canadian exchange partners are under the responsibility of their parents (transfer of parental rights). All exchange students have a) Medical and Civil Liability insurance b) Medical Repatriation insurance.

Principal's signature: _____

Date: _____ School Stamp/Seal:

