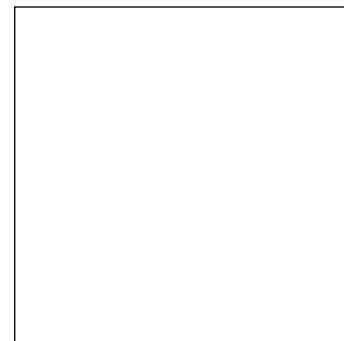




# Family File

Given to your exchange partner



Add Student Photo Here

## 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:





7. Please attach up to 6 photos representing your family and friends, including your home (exterior), home (interior), your family and your partner's room. There is space available for a caption under each photo.



## Section B: To be completed by the parents/guardians

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/guardian signature: \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_



## Section C: Authorization for Surgical and Medical Treatment

We, \_\_\_\_\_ and \_\_\_\_\_,

parents/guardians 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/guardian signature: \_\_\_\_\_ Parent/guardian 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/guardians

Family Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address:

Student's Provincial Health Card Number: \_\_\_\_\_

