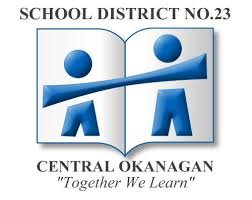
# Application Package

# Reciprocal Individual Exchange Program 2019/2020





***Submit by April 4th, 2019***

Information included in this questionnaire will be used to select a suitable exchange partner.

**The candidate must carefully complete this application and email it to** [*armelle.moran@sd23.bc.ca*](mailto:armelle.moran@sd23.bc.ca)

**It must also be printed off and given to your school's Exchange Program teacher.**

For more information, contact:

*Armelle Moran*

*French Immersion Consultant*

*Central Okanagan Public Schools*

[*armelle.moran@sd23.bc.ca*](mailto:armelle.moran@sd23.bc.ca)

# Attach a recent photo here:

# CANDIDATE

|  |  |
| --- | --- |
| First and last name | Click or tap here to enter text. |
| Date of birth | Click or tap to enter a date. |
| School | Click or tap here to enter text. |
| Email Address | Click or tap here to enter text. |
| House Address | Click or tap here to enter text. |
| Home phone number, if used | Click or tap here to enter text. |
| Student's cell number | Click or tap here to enter text. |

# Parents or Legal Guardian

|  |  |
| --- | --- |
| Mother’s name and profession | Click or tap here to enter text. |
| Mother’s cell phone number | Click or tap here to enter text. |
| Mother’s e-mail address | Click or tap here to enter text. |
| Mother’s home address | Click or tap here to enter text. |
| Father’s name and profession | Click or tap here to enter text. |
| Father’s cell phone number | Click or tap here to enter text. |
| Father’s e-mail address | Click or tap here to enter text. |
| Father’s home address | Click or tap here to enter text. |

# Candidate State of Health

|  |  |
| --- | --- |
| Does the candidate have any health concerns? | Click or tap here to enter text. |
| Does the candidate take medication? Specify. | Click or tap here to enter text. |
| Does the candidate have allergies? Specify | Click or tap here to enter text. |
| Name and address of Health Insurance Provider | Click or tap here to enter text. |
| Candidate’s BC Health Insurance Number: | Click or tap here to enter text. |

# Your Family

|  |  |
| --- | --- |
| Describe your family environment! I live with: | Click or tap here to enter text. |
| Do you have indoor animals? If yes, what kind? | Click or tap here to enter text. |
| Are there indoor animals that you cannot live with in France? | Click or tap here to enter text. |

# Living Conditions

|  |  |
| --- | --- |
| Where do you live? Apartment? House? Country? City? | Click or tap here to enter text. |
| Please describe the bedroom that your exchange partner will use during their stay. Please note that they must have a comfortable room. | Click or tap here to enter text. |
| Do you have any food requirements? (vegetarian? gluten-free?) | Click or tap here to enter text. |
| Does anyone in the family smoke? If so, does smoking occur outside? | Click or tap here to enter text. |
| Desired exchange partner: Female? Male? No difference? | Click or tap here to enter text. |
| Would you accept an exchange partner of the opposite sex if it was the only option? | Click or tap here to enter text. |
| What personality qualities would you prefer in your exchange partner? | Click or tap here to enter text. |

# Personality and Areas of Interest

\*Some of the qualities necessary for a successful exchange are: open-mindedness, flexibility, adaptability, sense of humour, curiosity, respect and ability to participate in a variety of activities.

|  |  |
| --- | --- |
| Are you out-going or reserved? | Click or tap here to enter text. |
| List three adjectives that best describe you. | Click or tap here to enter text. |
| Why are you the best candidate for this exchange? | Click or tap here to enter text. |
| Areas of interest: | Click or tap here to enter text. |
| Sports: | Click or tap here to enter text. |
| Hobbies/Past-times: | Click or tap here to enter text. |
| Music: | Click or tap here to enter text. |
| Please list the social media platforms you use and share your account handle / name. | Click or tap here to enter text. |

Have you already spent time away from your family? Yes  No

Where? Click or tap here to enter text.

How long? Click or tap here to enter text.

Last French class taken: Click or tap here to enter text.

**Please upload pictures to help us build your profile**

(Example: your family, your friends, your house, your exchange partner's room)

|  |  |
| --- | --- |
|  |  |
|  |  |

# Letter of presentation to your exchange partner

Write a letter to your future exchange partner in which you talk about yourself and describe yourself. Also, give reasons why you have applied to do this exchange.

Write your letter here\*

Click or tap here to enter text.

**Parents and student commitment to this exchange**

Please read carefully and check

|  |  |
| --- | --- |
| Student | Parents: |
| I agree to: | We agree to: |
| Accept the exchange partner proposed to me and will ensure that his or her stay with my family and in my school takes place in the best possible conditions.  Contact my partner through e-mail or social media before the exchange takes place.  Respect all rules and regulations in France, and within the school, written or non-written.  Diligently learn everything taught to me in the school environment to the best of my ability.  Do all work required by the teachers to the best of my ability.  Participate in organized school activities.  Behave respectfully and responsibly towards my host family. | Provide a comfortable private room to the exchange partner.  Integrate the exchange partner into our family life and engage in cultural events in the community.  Help improve the student’s linguistic ability in English and cultural competency.  Assume the entire responsibility of the student while living with us, such as arranging bussing and meals.  Read the information package and be aware of procedures, requirements and conditions of the exchange. |
| Student signature: | Parent signature: |
| Date: | Date: |

***Submit via email and provide a paper copy to coordinator below by April 4th, 2019***

**1.Please submit via email to: armelle.moran@sd23.bc.ca**

**2.Please print a copy of this application form, sign, and submit to your school's Exchange Program contact teacher:**

Mme Gagne **KLO**

# Please print this page off and give it to your French teacher

# CANADIAN SCHOOL RECIPROCAL FRENCH EXCHANGE AGREEMENT

|  |  |
| --- | --- |
| Student’s given name and surname: |  |
| Name of school: |  |
| Name of principal: |  |
| Name of Exchange Program contact teacher: |  |
| Name of French teacher: |  |

French teacher's assessment:

1. Student's ability to communicate in French:

Competent  Basic  Low

1. Is this student a good candidate for this program? Is he or she curious about different ways of being in the world? Is he or she easily able to adapt to different situations and to laugh about awkward situations (re: language and cultural learnings)?

Very favourable  Favourable  Unsure  Unfavourable

Expand on this, if needed.

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French teacher signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*French teacher: please give this completed page to the Exchange Program contact teacher.*

Mme Gagne **KLO**