

FULFORD SCHOOL - FRENCH EXCHANGE 2015

Pupil's Surname: **Forenames:**

Date of Birth: **Age:** **Height (cm):** **Sex: (M/F)**.....

Address:
.....
.....

Telephone No (with code) daytime: **Evening:**

Mobile No: **Email:**

Social networking site usernames:
.....

How long have you been studying French?

Present Year and Form:

Favourite school subjects:

Number of brothers and sisters (Please give ages):
.....

Do you have pets in the house? **- What kind?**

Spare time activities

Do you enjoy the following?

Reading (What type of books/magazines?)

Sports (What type?)

Going to the Cinema **Shopping** **Going out with friends**

Please give details of other hobbies/activities:
.....

How would you describe your personality?

Do you have any particular dislikes?

Do you have any allergies?

If yes - what are they?

.....

Does anyone in your household smoke?

If so, do they smoke outside or will they smoke outside for the duration of the exchange?

Will your exchange partner share your room? Yes No

If necessary, would you accept an exchange partner of the opposite sex? Yes No

Please notify us of any particular circumstances you wish us to consider (either here or on separate letter).

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Do you live in a house or a flat?

Father's employment:

Mother's employment:

.....

Pupil's signature:

I/We authorise my/our son/daughter to participate in this exchange and am/are willing to accommodate the exchange partner. I/We understand that my/our child will not constantly be under direct teacher supervision, when they are with the host family and that the reverse situation will apply when the French child stays with me/us. I/we understand that it is not possible for anyone to guarantee 100% safety, but that the staff leading the party will retain the legal responsibility that they have in law.

Signed:Parent/Carer

Date: