

TOMLINSCOTE SCHOOL APPLICATION FORM FOR:
FRENCH EXCHANGE

PHOTO

Please fill in, attach a recent photograph and return as soon as possible.

Surname: _____

First Name: _____

Date of Birth: _____

Tutor Group: _____

Name of Parent/Guardian: _____

Parents' Occupations: Mother: _____

Father: _____

Address: (with postcode) _____

E-mail address: _____

Telephone: (Home) _____ (Work) _____

Hobbies of Applicant: _____

Brothers/sisters (with ages) and detail of hobbies: _____

Family Interests: not mentioned above: _____

My best friend in the exchange group is: Name: _____

Tutor Group: _____

Pets: _____

Known Allergies: _____

Dietary requirements e.g. foods not eaten _____

Type of accommodation offered to guest: (e.g. single bedroom, single bed in shared room with host child etc.) _____

THIS SECTION IS TO BE COMPLETED BY HOST PARENT/GUARDIAN

1) How strict do you consider yourself to be as a parent?

2) How late is your child allowed to be out, unsupervised by you, on a) a weekend and b) a weekday evening?

a) _____

b) _____

3) Would you wish the same times to apply when your child is a guest of the foreign family?

4) Please specify any activities which you would not wish your child to participate in a) unsupervised and b) supervised by host parents/teacher or other responsible adult.

5) Any other points which you consider would be helpful in enabling us to match up applicants successfully.

6) Would you be willing to accept an exchange partner of the opposite sex to your child? Yes/No

NAME OF PUPIL

FORM

TO BE COMPLETED AND RETURNED

1. Please tick to state which of the following you are returning:

- Application Form
- Medical Form
- Deposit

2. Please complete the following details:

Pupil's passport number

Expiry date

3. Please sign to state that both pupil and parent have read and understood the contract and attached information and agree to abide by all conditions detailed.

Name of pupil Form

Signature of pupil

Signature of parent/guardian

4. **Please list below emergency contact numbers. If these change at any time after your child has been accepted on the exchange, the changes must be notified to us immediately.**

Name Relationship to pupil

Contact number

Name Relationship to pupil

Contact number

5. Thank you for your application. We will try to find a suitable partner for the pupil and will advise you as soon as possible of success or failure.

MEDICAL INFORMATION

Please state any medical condition of which we should be aware.

Please state any medication which should NOT be administered to your son/daughter.

NAMEFORM

SIGNED DATE

Please return to MFL staff with signed contract and application form.

IMPORTANT

Please let staff know if your son/daughter is undergoing medical treatment of any sort so that we are aware of any problems which may arise whilst we are away.