



PRE-REGISTRATION FORM

Photo



Sur name : _____

First name : _____

Age : _____ Birth date : ____/____/____

Sex : _____

Nationality : _____

Address : _____

Postal Code : _____ Town : _____

Country : _____

E-mail : _____ @ _____

Mobile : _____

Home phone : _____

PROGRAMME :
 Do un exchange with another young person

FATHER : _____

MOTHER : _____

Sur name/First name _____

Name/First name

Address : _____

Address : _____

Postal Code _____

Postal Code : _____

Town: _____

Town : _____

Nationality : _____

Nationality : _____

Profession : _____

Profession : _____

Professionnal Phone: _____

Professionnal Phone: _____

Mobile : _____

Mobile: _____

E-mail : _____

E-mail : _____

First name Brother/Sister

Age

Sex

At home (yes/no)



Family situation

- I live with my parents
- I live with my mother only
- I live with my father only
- Other: specify : _____

Foreign languages

Number of years of study

Level

- Good Average Low
- Good Average Low
- Good Average Low

Personality of your child :

Leisure activities:

Your availability to send your children:

Your availability to receive the children :

What would be the duration?:

: _____

What would be the destination? :

Schooling:

School : _____

Adress : _____