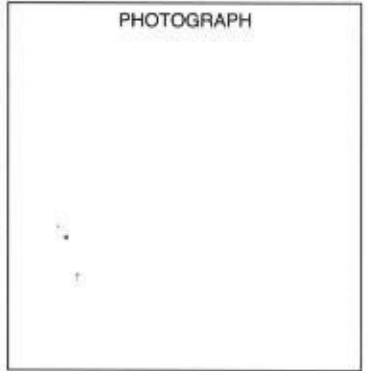




HOMESTAY

PHOTOGRAPH



Surname:
(PRINT ALL CLEARLY IN BLOCK LETTERS)

First Name:

Date of Birth: Age:

Male Female Height:
(Metre)

Parents Names:

Address:
.....

Tel. No.: (Home) Tel. No.: (Work)

Mobile: Email:

Father's occupation: Mother's occupation:

Number of: Brothers: Ages: Sisters: Ages:

How would you rate your personality:
 Shy Sociable Independent Adapts easily Nervous

Health Insurance/Company: Policy No.:

How would you rate your level of French/Spanish/German? Beginner Elementary Intermediate Advanced

How long have you been studying the Language?

- Please tick your favourite activities:
- | | | | |
|-----------------------------------|--|---------------------------------------|----------------------------------|
| <input type="checkbox"/> Swimming | <input type="checkbox"/> Tennis | <input type="checkbox"/> Cycling | <input type="checkbox"/> Riding |
| <input type="checkbox"/> Golf | <input type="checkbox"/> Sailing/Windsurfing | <input type="checkbox"/> Computers | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Classical Music | <input type="checkbox"/> Modern Music | <input type="checkbox"/> Cinema |
| <input type="checkbox"/> Theatre | <input type="checkbox"/> Classical Dancing | <input type="checkbox"/> Rugby | <input type="checkbox"/> Museums |

Do you play any musical instrument?

Any health/allergy/diet problem? Yes No

If Yes please specify:

Do you take any medication regularly? Yes No

If Yes, what kind and for what purpose?
.....

MEDICAL AUTHORISATION

I, being parent or legal guardian of the above-named applicant do hereby appoint Apprendre Et Vivre, their Irish, French/German/Spanish Associates, or their host family to act on my behalf in authorising emergency medical, dental, surgical or hospitalisation for the above-named applicant during the period of his/her stay.

Signed: (Parent/Legal Guardian)

APPLICATION FORM

SUMMER PROGRAMME

Type of Programme Reference

Dates From To

ALL YEAR ROUND PROGRAMME

Type of Programme Reference

Dates From To

Sharing

Name of person to share with:.....
(if required)

Individual escorted transfers to / from Foreign Airport Yes No

PARENTAL CONSENT

I agree to my son's/daughter's participation in the chosen programme and I accept all financial responsibility should my son/daughter have to be sent home for any reason.

I accept without reservation the conditions stated on Apprendre Et Vivre brochure.

Signed:
(Parent/Guardian)

STUDENT AGREEMENT

I will respect my host family and group leaders and participate in the programme to the best of my ability and agree to accept their judgement and decisions should the occasion arise.

I accept without reservation the conditions stated on Apprendre Et Vivre brochure.

Signed:
(Student)

LANGUAGE TEACHER'S SIGNATURE:

.....

Name of Language teacher:

School:

Address:

.....

.....

Tel. No.:

Complete and return this Form (in duplicate) together with:

1. Three small photographs
2. Booking Deposit €300. Cancellation fee applies (see brochure)
3. Reference from your Language Teacher.
4. Recent school exam report
5. Letter of introduction in French/German/Spanish for your Host Family

Questions on application forms are asked to give us guide lines, we do our best to accommodate these requests but occasionally it is not possible