

**INTERNATIONALIZATION PROJECT - EDUCATIONAL EXCHANGE 1st Bachillerato
GYMNASIUM SKÖVDE VÄSTERHÖJD (Sweden)**

1. Student's name & surname

Date of birth

Telephone

E-mail

Address

PASSPORT PHOTO

2. Family data

Mother/Stepmother/Guardian name & surname

Telephone

E-mail

Father/Stepfather/Guardian name & surname

Telephone

E-mail

Siblings living at home: names and ages

Other relatives living at home: names and ages

Languages spoken at home

Pets at home

3. Student's medical requirements and health restrictions

3.1. COVID: Have you received both doses of the vaccine? Yes No

3.2. Do you have any special dietary and/or medical requirements? Yes No

Please specify

3.3. I cannot live with: CATS DOGS Other animals

3.4. Food limitations (for example for medical, religious, or self-imposed reasons)

3.5. Other allergies

- 4. Do you mind staying with a family**
- | | | | | |
|-------------------------------------|-----|--------------------------|----|--------------------------|
| ... with pets? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ... where someone smokes? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ... who follow a vegetarian diet? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ... who include meat in their diet? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

5. Exchange partner: Ideal exchange partner: Boy Girl Any
Do you have a single room for the exchange partner? Yes No

6. Student's profile

Student's talents

Student's hobbies and interests

Student's character and personality

Student's extracurricular activities and timetable

Other relevant information

7. Signatures

I, the undersigned, allow the sending school to use the data included in this form for the purposes of the selection of pupils in the exchange. I agree that these data are communicated to the host school, and that the host school will transmit them to the family which will host my child. All those people receiving these data will be required to treat them as confidential.

Agreed and accepted by:

Parent's name Date

Signature

Student's name Date

Signature