



STUDENT (GROUP) EXCHANGE FORM

We are thrilled that you are interested in joining J'Aime Lingua for a meaningful French Exchange. Please fill out this following form to register. It will help us understand who you are and find the best suitable match. We are looking forward to getting to know you !

Please attach here
a smiling photo of
yourself !

PROGRAM DURATION

- Number of weeks or months:
- Preferred dates:

APPLICANT

Last Name : First Name :

Address :

.....
.....

Phone number:

Mobile phone:

Email:

Date of birth: Country of birth:

Gender: F ☐ M ☐ N ☐

Passport (Country and number):

Citizenship :

How did you learn about J'Aime Lingua exchange program?

.....
.....

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J'aime Lingua - 60, rue d'Armagnac D6, 33800 Bordeaux, France
+ 33 6 82 54 98 90 – ilovelinguat1@gmail.com
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FATHER OR LEGAL GUARDIAN

Last and first name:

Occupation:

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

Phone number:..... Email :

MOTHER OR LEGAL GUARDIAN

Last and first name:

Occupation:

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

Phone number:..... Email :

BROTHERS AND SISTERS

LAST & FIRST NAME	DATE OF BIRTH	GENDER	LIVING AT HOME ?

SCHOOL

School name:

French teacher:

School address:

School email/ French teacher email:

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STUDENT INFORMATION

Year level at present:

Favourite subjects at school:

Extracurricular activities:

.....
.....
.....

Volunteer and paid work experience:

.....
.....

Hobbies:

.....
.....
.....

Career goals:

.....

Do you have any pets:

Family leisure activities:

AUTHORISATION AND RELEASE

I,, being a parent or legal guardian of the applicant, hereby give consent to J'aime Lingua to use the picture or image of the undersigned and the undersigned's child in any publication for or on behalve of J'aime Lingua. In the case of misbehaviour, J'aime Lingua will report the incident to the parents and the school. Drug and alcohol abuse will result in the student's early return to Australia at the parents' expense.

Date:

Signature of parent or legal guardian:

Signature of applicant:



QUESTIONNAIRE

This questionnaire will help us to get better acquainted with you. The family who invites you will receive a copy, so it's important to answer the questions honestly. Their interests may not all be the same as yours, but if you are ready to adapt to their way of life, the experience will be rewarding for both of you.

Interests and activities

1 box = Occasional activity / 2 boxes = Regular activity / 3 boxes = Favourite activity

- | | | |
|--|--|---|
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Swimming | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Jogging | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cinema |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sailing | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Camping | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Theatre |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cooking | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Classical music | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fishing |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Shopping | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Modern music | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Tennis |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Photography | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Dance | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Golf |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Video games | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Classical dance | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Horse riding |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Concerts | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Football | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Chess |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Museums | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cycling | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Skiing |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Painting | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Basketball | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Animals |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Musical instruments | | |

If you belong to an organization, team or club, specify the type (athletic, musical, youth group...):

.....

Are you willing to help with occasional house chores? Yes ☐ No ☐

If you couldn't be in a family with children your age,

would you prefer a family with ...? Younger children ☐ No children ☐

Do you smoke? Yes ☐ No ☐

Would you accept not to smoke at all during your stay? Yes ☐ No ☐

Would you be willing to attend a place of worship with your hosts,
even if they belong to a different denomination? Yes ☐ No ☐

How do you express yourself in French?

Easily ☐ Fairly well ☐ With difficulty ☐ With much difficulty ☐

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MEDICAL REPORT RELEASE FORM

To be completed by a parent. For the well-being of your child, it is essential that these questions be answered openly and that nothing be omitted. If there is a change in your child's health before departure, be sure to inform J'aime Lingua.

Last and first name:

Address:.....

.....

Phone number:..... Email :

Date of birth:

Does the applicant have any chronic condition such as serious allergies, diabetes, enuresis, epilepsy? ☐ Yes ☐ No

Has the applicant ever had major surgery, a serious accident, a serious illness? ☐ Yes ☐ No
If so, indicate date and nature below.

Has the applicant had any psychological, nervous or eating disorder? ☐ Yes ☐ No

Will the applicant be taking any medication or treatment during his/her stay? ☐ Yes ☐ No
If so, indicate what kind, how often, and for what reason below.

Is he/she on a restricted diet for health or religious reasons? ☐ Yes ☐ No

Are any activities or sports discouraged for medical reasons? ☐ Yes ☐ No

If you answered yes to any of the above questions, please give further explanation. For allergies, please indicate degree and treatment.

PERMISSION FOR MEDICAL CARE AND RELEASE

Being a parent or legal guardian of the applicant, I declare that the above information is correct and that nothing has been omitted. I hereby authorize J'aime Lingua, and the host family, to make on our behalf any decisions concerning medical, dental or surgical treatment required by the applicant during his/her travel and stay abroad. This document shall be presented to a physician, dentist or appropriate hospital representative when necessary.

Date:

Signature of parent or legal guardian:

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PERSONAL ESSAY

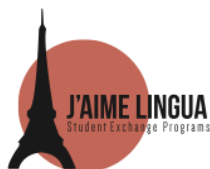
Give a detailed description of your life, your family, school and hobbies. Try to write at least part of your essay in French. This essay will be shared with your host family.



PHOTOGRAPHS

Please provide photographs of you and your family, friends, leisure activities, pets... with descriptions, or provide a photo collage. The pictures will be shared with your host family.

Please, once this form is completed, return it to ilovelingua1@gmail.com



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