| Personal details | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Family name | | |  | | | | | |
| First name | | |  | | | | | |
| Home address | | |  | | | | | |
| Postal code and town | | |  | | | | | |
| Home phone | | |  | | | | | |
| Mobile phone | | |  | | | | | |
| Email address | | |  | | | | | |
| Email address parents | | |  | | | | | |
| Date of Birth (DD/MM/YYYY) | | |  | | | | | |
| Age | | |  | | | | | |
| Passport/ID-Number | | |  | | | | | |
| Nationality | | |  | | | | | |
| Sex | | | O Male O Female | | | | | |
| Institution/school information | | | | | | | | |
| Name of your school: | | | |  | | | | |
| Class: | | | |  | | | | |
| Class teacher(s): | | | |  | | | | |
| Health | | | | | | | | |
| Are there any health-related issues host parents or our school should know about? | | | | | | | O Yes O No | |
| If yes, please specify: | | | | | | | | |
| Do you have any allergies (food, animals, or other) or medication? | | | | | | | O Yes O No | |
| If yes, please specify: | | | | | | | | |
| Do you have any pets living in your house? | | | | | | | O Yes O No | |
| If yes, please specify: | | | | | | | | |
| Foreign Languages | | (Fill in: fluently, just enough, a bit) | | | | | |
| Language | | Reading | | | Writing | Speaking | |
| English | |  | | |  |  | |
| German | |  | | |  |  | |
| French | |  | | |  |  | |
| … | |  | | |  |  | |
| About you!  Do you have a (digital) picture of yourself? Add it below, please!  Insert picture here: | | | | | | | | |
|  | | | | | | | | |

| Hobbies and interests | | | | |
| --- | --- | --- | --- | --- |
| Tell us something about yourself…What are your hobbies, interests, and what do you like to do in your spare time? | | | | |
|  | | | | |
| Partners, Friends and Family | | | |
| Do you have a preference for a partner? | | | |
| O A boy | O A girl | O No preference | |
| Do you have room in your house for an extra partner, if necessary? | | | |
| O Yes | | O No | |
| If there are not enough partners, it might be necessary to share partners.  With which pupils in your class or school would you be willing to share a partner? | | | |
|  |  |  |  |

|  |
| --- |
| Which fellow students are close to you? |
|  |
| Tell us about your family. Any brothers or sisters? Who lives in your house? |
|  |
| For your parent(s) | |

Do you have any remarks for the teachers or host family, regarding your son/daughter?

| For your classteacher |
| --- |

Are there any remarks regarding behavior, contact with others, etc. ?

Date: \_\_ - \_\_ - 2019

SIGNATURE PARENTS SIGNATURE STUDENT