



# Fredericksburg Sister City Association, Inc.

## APPLICATION FOR 2019 STUDENT EXCHANGE TRIP TO FRÉJUS, FRANCE

(Please Type or Print Clearly, with Black Ink)

This application must be received by **January 15, 2019.**

### Name as it appears or will appear on your Passport:

(If you do not have a Passport, it is not necessary to obtain one until notified of acceptance for the exchange.)

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Age on July 1, 2019: ..... Date of Birth: ...../...../.....

Sex: ..... Male ..... Female Passport #: .....

Home Address (street, city, zip code): .....

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Home Phone: ..... Parent Cell Phone: .....

Student Cell Phone: .....

Student E mail: ..... Parent E mail: .....

Mother's Name: ..... Father's Name: .....

Mother's Occupation: ..... Father's Occupation: .....

Mother's Employer: ..... Father's Employer: .....

Mother's Work Phone: ..... Father's Work Phone: .....

Other family members currently at home (name, age, & sex of each): .....

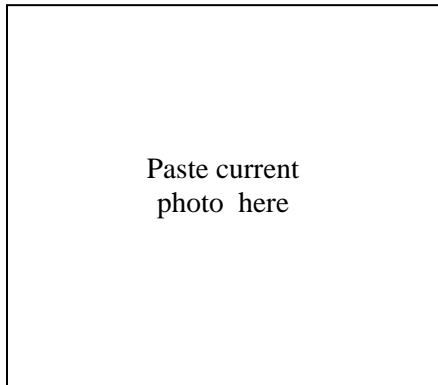
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High School: ..... Current Grade Level: .....

Years of French: ..... Current average: ..... On a scale of 1 to 5 (lowest-highest), rate your level of oral fluency and comprehension: 1..... 2.....3.....4.....5.....

Do you speak any other languages? If so, please list: .....

At what level? (using the above scale): 1.....2.....3.....4.....5.....



Have you been to France before? ..... If so, when? ..... How long did you stay? .....

Have you ever lived in a home in another country? ..... Yes ..... No

Have you hosted an international student in your home? ..... Yes..... No

Why do you want to take part in this exchange? .....  
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List your hobbies, sports, and special interests (this information helps with appropriate family placement):

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List school and community activities in which you participate: .....

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Medical information (allergies/dietary restrictions, etc.): .....

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Do you smoke? ..... Yes .....No (If yes, you must be prepared not to smoke in the home of your host family or in the hotel in Paris.)

Do you drink alcoholic beverages? ..... Never ..... Occasionally ..... Often

Religious affiliation, if any: .....

..... It is not necessary that my host family have the same religious affiliation as mine.

..... It is important to me to have a host family with the same religious affiliation as mine.

Would you be willing to stay with a host of a different gender? ..... Yes..... No

If you have not previously hosted a student from France, you will be expected to do so in 2020. Are you prepared to fulfill this obligation? ..... Yes ..... No

If you HAVE previously hosted a student from Fréjus, would you like to stay with the same student you hosted?  
..... Yes ..... No

If the opportunity is presented, please list the places or events you would like to experience on this trip:

In Fréjus and surrounding areas: .....

In Paris: .....

Participating students are seen as ambassadors. How do you feel this experience will affect your relationship to your family, your host family, your peers, your school, your city, or your country?

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Please describe how you and your family plan to participate in your local Sister City program when you return from France:

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Other important information: .....

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Name of your French teacher and one other teacher, counselor, or administrator who will recommend you. (Please ask permission of these people before using their names.)

Name	Title/School	Phone	E-mail
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Student Signature: ..... Date: .....

Parent or Guardian Signature: ..... Date: .....

Check out our website at [www.fredericksburg.frejus.com](http://www.fredericksburg.frejus.com)

**Please mail this application to:** Ms. Kristin Moeller at 11417 Macon Dr. Fredericksburg, VA 22407, or e-mail it to [studentprogramsfsca@gmail.com](mailto:studentprogramsfsca@gmail.com)

**Be sure to make a copy of this application for your files.**