

Wokingham Austausch - Erfstadt Exchange 2018/2019

Please fill in the application form giving **all details** and return by **e-mail** to Mrs Jackson (jackson@crispins.co.uk) by **Friday 12th October** at the latest.

Surname:

First name:

Address:

Date of Birth:

Nationality:

E-Mail - Pupil:

E-Mail - Parent:

Telephone:

Please answer the following questions as fully as possible in order that we can match you with a suitable partner:

People who live with you:

Parents:

Name:

Relationship to you:

Occupation:

Name:

Relationship to you:

Occupation:

Brothers & Sisters:

Name:

Age:

Name:

Age:

Pets:

Interests & Hobbies:

Describe yourself in 5 sentences:

- 1.
- 2.
- 3.
- 4.
- 5.

In my free time I like to ...

I would like a partner who ...

Why do you want to take part in the exchange?

Other Information:

Will your partner have his/her own bedroom? YES/NO*

If NO, with whom will he/she share?

Is your household smoking or non-smoking? SMOKING/NON-SMOKING*

Have you ever travelled alone before? YES/NO*

Do you have any contacts in Erfstadt? YES/NO*

If YES, please give details:

Do you mind sharing a bedroom? YES/NO*

Do you mind staying in a smoking household? YES/NO *

Do you have any allergies or medical conditions? YES/NO*

If YES, please give details:

Do you have any special dietary requirements? YES/NO*

If YES, please give details:

Would you be happy to exchange with a partner YES/NO*
of the opposite sex if necessary?

Is there any other information about you or your family we should know?

*Please delete as appropriate