

**NEW BRUNSWICK – QUÉBEC**

**STUDENT EXCHANGE**

**STUDENT APPLICATION**

**February 2017**

\*PLEASE NOTE:

IN ORDER FOR STUDENTS TO BE ACCEPTED INTO THE EXCHANGE PROGAM, FAMILIES MUST PROVIDE A CURRENT CRIMINAL RECORD CHECK FOR EACH MEMBER OF THE HOUSEHOLD.

THIS IS ONLY NECESSARY AFTER A SUITABLE EXCHANGE PARTER HAS BEEN IDENTIFIED.

Department of Education and Early Childhood Development

Curriculum K-12, Educational Services Division

Place 2000, 250 King Street

Fredericton, NB E3B 9H9

STUDENT APPLICATION FORM

This application may be completed electronically, saved, and printed. Alternatively, the document may be printed and completed in black ink (please print clearly).



|  |
| --- |
| Please attach a color copy of a recent photograph |

Family name



First name(s)



Address



City



Postal Code



Telephone



Student Email



STUDENT INFORMATION

Date of Birth (yyyy-mm-dd):

Gender Identity: Male [ ]  Female [ ]  Other [ ]  \_\_\_\_\_\_



Age on September 01, 2017 years months



Height (cm):

In the 2017-2018 school year, I will be in (please check one): Grade 10 [ ]  Grade 11 [ ]

PARENT INFORMATION



Name of parent/guardian



Email Address



Home Phone Number



Work Phone Number



Name of parent/guardian



Email Address



Home Phone Number



Work Phone Number

CRIMINAL RECORD

Does any member of the household have a criminal record? Yes No

If yes, please indicate the year and the offense: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note: criminal records must be disclosed at the time of application. After the application form has been submitted, each resident of the household over 18 years of age must provide the school with a criminal Record Check. If a member of the household has a criminal record, participation as a host family may or may not be permitted, depending on the nature of the charge.**

SCHOOL INFORMATION

Name and address of school you will be attending September, 2017





Postal code

School principal's name



School phone number

GENERAL INFORMATION

1. Family

Indicate members of the family who will be living in the home during the Québec student exchange visit. Please check as many as are applicable.

Father [ ]  Mother [ ]  Guardian [ ]  Other [ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Sisters [ ]  How Many?

Ages?



Brothers [ ]  How Many?

Ages?



Others [ ]  Specify

1. New Brunswick Family Living Accommodations

Would your family accept a mixed exchange (girl-boy)? Yes [ ]  No [ ]

Describe your living accommodations:

House [ ]  Apartment [ ]  Mobile Home [ ]



Other [ ]  Specify:

Will your twinned exchange student have a separate bedroom? Yes [ ]  No [ ]

Will your twinned exchange student share a bedroom? Yes [ ]  No [ ]

**Note**: *Families must provide a separate bed for the exchange student in order to participate in the exchange program. If a separate bed cannot be provided, the exchange will not be considered.*

1. Friendship

3.1 Can you easily meet young people at places other than school? Yes [ ]  No [ ]

 If yes, describe what you do to facilitate this process.



**Note**: *It is necessary that all family members enthusiastically accept the young Francophone into their home.*

3.2 Boyfriend/Girlfriend

 Do you have a boyfriend/girlfriend who you see regularly? Yes [ ]  No [ ]

 If yes, how will a three month separation affect you?



**Note**: *While the Québec student is in your home, he/she must be your first priority. Other interests come after your twinned exchange student. However, the exchange partners do not have to be together constantly. The Québec student will be living in your home from September to December and you will consider him/her as a member of your family.*

1. Health

4.1 General

Do you have any special eating habits (e.g., vegetarian or gluten free)? Yes [ ]  No [ ]

If yes, please provide details.



Are you receiving treatment for a chronic condition (other than allergies)? Yes [ ]  No [ ]

If yes, please provide details.



Do you have any mobility or sensory requirements? Yes [ ]  No [ ]

If yes, please provide details.



4.2 Allergies

Do you have any allergies? Yes [ ]  No [ ]

Are you receiving medical treatment for your allergies? Yes [ ]  No [ ]

Specify any living conditions you would be unable to tolerate because of your allergies (e.g., house pets, plants, chemicals, farms). Please be **specific**.



If the only possible exchange was with a family where these elements were present, would you accept the exchange? Yes [ ]  No [ ]

1. Cigarette Smoking/Vaping

Do you smoke or vape? Yes [ ]  No [ ]

Does anyone in your home smoke or vape? Yes [ ]  No [ ]

If yes, list all persons.



Would your family accept an exchange student who smokes/vapes? Yes [ ]  No [ ]

Would you accept to live in a home where someone smokes/vapes? Yes [ ]  No [ ]

Comments/restrictions:



1. Animals

Do you like pets/animals? Yes [ ]  No [ ]

If no, would you accept to live with a family where there are pets/animals? Yes [ ]  No [ ]

Do you have pets/animals? Yes [ ]  No [ ]

If yes, specify the kind and if they live inside or outside the home:



1. Religion (Optional)

Is it important to you to attend religious services? Yes [ ]  No [ ]

If yes, which religious denomination do you prefer?



Would you accept being twinned with an exchange student who does not attend religious services?

 Yes [ ]  No [ ]

**Note**: *In the smaller communities in Québec, the only available religious institution may be Catholic; in all cases, choice of attendance to religious services should be the decision of the visiting student.*

1. Music

What kind of music do you like? Please prioritize (1 being the most preferred, 10 being the least preferred)



Classical Popular Western Rock Rap



Hip Hop Heavy Metal Jazz Alternative Dubstep



Other:



What kind of music do you dislike?

Are there musical instruments in your home (e.g., piano)? Yes [ ]  No [ ]

If yes, please specify:

Do you play a musical instrument? Yes [ ]  No [ ]



Specify:

Do you take music lessons? Yes [ ]  No [ ]

1. Social, Cultural and Intellectual Activities

9.1 Movies

Do you enjoy going to the movies, watching online/streamed movies (e.g. Netflix)? Yes [ ]  No [ ]



If yes, how often?



What type of films do you prefer?

9.2 Reading

Do you enjoy reading? Yes [ ]  No [ ]



What genre do you prefer?

9.3 Computers

Do you use a computer at home? Yes [ ]  No [ ]

If yes, identify the purpose and describe how often.

Email [ ]  School Work [ ]  Games [ ]  Social Media [ ]

Comment:



9.4 Dancing

Do you enjoy dancing? Yes [ ]  No [ ]

Are you taking dance classes? Yes [ ]  No [ ]

If yes, please specify:



Jazz [ ]  Modern [ ]  Classical [ ]  Other

9.5 Drawing and Painting

Do you paint or draw? Yes [ ]  No [ ]



Comments:

9.6 Identify the traits that best describe you: Artistic [ ]  Intellectual [ ]  Athletic [ ]



What are your hobbies or pastimes?

9.7 Other Activities

Are you a collector (e.g., stamps, sports cards, coins)? Yes [ ]  No [ ]



If yes, please specify:

How many hours a week do you devote to:



Television



Video Games

Shopping

 Other

9.8 Sports

Describe the value of sports in your life: Very important [ ]  Important [ ]  Of little importance [ ]

Do you participate in some sports? Yes [ ]  No [ ]

List sporting events in which you have participated during the last twelve months by order of importance. Indicate the approximate number of hours per week and check the appropriate box to indicate the frequency: Regularly (on a weekly basis during season) or occasionally (on a monthly basis).

TEAM SPORTS: (hockey, volleyball, soccer, basketball, etc.)

 Team Sport Hours Regularly Occasionally



1. [ ]  [ ]



2. [ ]  [ ]



3. [ ]  [ ]



4. [ ]  [ ]



5. [ ]  [ ]



6. [ ]  [ ]

INDIVIDUAL SPORTS: (e.g., swimming, skiing, cycling, martial arts, aerobics, horseback riding)

Individual Sport Hours Regularly Occasionally



1. [ ]  [ ]



2. [ ]  [ ]

3. [ ]  [ ]



4. [ ]  [ ]



5. [ ]  [ ]



6. [ ]  [ ]

1. Previous Exchange Experience

Have you previously participated in a student exchange? Yes [ ]  No [ ]

If yes, describe:



**Note**: Due to the nature of exchange programs, students should only apply for one exchange program at a time. This will better ensure a successful exchange.

1. Knowledge of French

What is your competence in French?

**Beginner**: Can greet people and speak in short sentences but not enough to carry on a conversation [ ]

**Tourist**: Can order meals, give directions and read a little [ ]

**Spectator**: Can understand radio and TV programs; can read but hesitant to talk [ ]

**Bilingual:** Can understand and use French in most situations and appreciate a joke [ ]

Have you had, and/or do you currently have any other opportunities to speak French outside of school? Please explain.



Do you or your parents speak a language other than English at home? Yes [ ]  No [ ]



If yes, which languages?

**Note**: *The Québec students come here to learn English. Therefore, while the Québec student is in your home, it is very important that English be spoken. Similarly, during your stay in Québec, you will speak French and limit interactions in English to an absolute minimum, be it in person or by telephone.*

1. Letter of Introduction

In 350 words or more, describe to your future partner your motivation for participating in this program, your personality, your strengths and weaknesses, your family, your likes and dislikes, your preferred activities and hobbies and a brief overview of your typical week, during the school year. Give a brief description of your city or neighbourhood. Don’t forget that the letter will be forwarded to your future counterpart. Writing this letter in French is encouraged, so that all members of your host family will be able to read it. This should not be handwritten.



Describe the kind of partner you would like to have (list important qualities and interests).



Are there any characteristics in an exchange partner which you would find difficult to accept?



*Although your family may be strongly urging you to participate in the student exchange program, your personal desire to participate in the exchange program is critical. It is important to be committed to the exchange and to follow through until April, regardless of the challenges you may encounter, either in Québec or New Brunswick. Once a twinning is complete, a withdrawal will carry serious consequences for the exchange partner in the other province. He/she may not be able to participate due to your decision. EXPECT TO BE TWINNED WITH SOMEONE WHO MAY HAVE DIFFERENT INTERESTS AND PERSONALITY TRAITS. Successful twinning depends on understanding, patience and effort.*

1. Goals

Briefly state what you want to accomplish through the exchange.



What motivated you to participate in this exchange?



Attach appropriate photos to boxes as indicated below:

|  |  |
| --- | --- |
| A photo of the outside of your residence (exterior) | A photo of the inside of your residence (interior) |
| Your family | Your Choice(Your friends, your pet, your favorite activity, etc.) |

CONSENT AND COMMITMENT: STUDENT, FAMILY AND SCHOOL

STUDENT:

I understand the provincial objectives of the exchange program and agree to fulfill my responsibilities as an exchange host and exchange partner to the best of my abilities.

I also agree that during the period of the exchange, my first priority will be to my exchange partner, and other relationships (e.g., boyfriends/girlfriends) will have second priority.

I will not withdraw from the program unless extenuating circumstances prevail and full consultation with my partner, school and exchange coordinator has taken place.

I understand that acceptance of my application does not guarantee that I will be able to participate in the program, since a suitable twin may not be found.

Should I default on any of the above, the exchange may be terminated and my return home will be at the expense of my parents/guardians.

Family comments or concerns (if any):



Student Signature Date

PARENT(S) / GUARDIAN(S):

I/we agree to participate in the exchange program and will endeavor to make the experience as successful as possible.

I/we agree to participate in the exchange program by sending our son/daughter to Québec, unless the coordinating officer authorizes otherwise.

I/we will be responsible for special return travel costs and arrangements where an exchange is terminated by

our choice; or as determined by the coordinator on the basis of student behavior detrimental to the objectives of the program.

1. **I/we agree to pay a $250 non-refundable deposit if a suitable twin is found. The participation will only become official after receipt of this deposit.**
2. **I/we agree to a provide a current criminal record check (costs to be reimbursed by the Department of Education and Early Childhood Development) for all members of our household if a suitable twin is found. The participation will only become official after receipt of this documentation.**
3. I**/we agree that the information contained in this application may be shared with the program administrators and potential host families.**

Parent’s/Guardians Signature Date

Parent’s/Guardians Signature Date

LIAISON TEACHER RECOMMENDATION:

I certify that the family has been interviewed in the home according to the schedule attached and that the family setting is conducive to and supportive of a successful educational exchange.

I recommend this candidate. He/she is serious, well-motivated, mature, and committed to the exchange; he/she will be an excellent representative for New Brunswick.

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Liaison Teacher’s Signature Date

Print Name

School

PRINCIPAL'S RECOMMENDATION:

I recommend this candidate as he/she is serious, mature and well-motivated. The family has been interviewed and is supportive of a successful educational exchange. The home and family life are also conducive to a successful exchange. The school agrees to accept a Québec student for the three-month exchange period and to provide all necessary school textbooks for the student and to arrange travel by school bus where warranted.

The school has appointed a New Brunswick liaison teacher who will provide support and counseling for the Québec and New Brunswick student as necessary.

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Principal’s Signature Date

Print Name

School

*Please note that if this application is not fully completed, the candidate will not be considered. The interview schedule must also be completed by the liaison teacher. The candidate and his/her family must be interviewed in the home as a part of the application process.*