Switzerland-New Zealand Student Exchange Application Form

Personal Information:	
Surname: Fi	rst Name:
Street: Ph	none number:
Suburb:	
City (Postal Code): Er	nail:
Date of Birth (Day, Month, Year):	Male Female
Passport Number:	
Photocopy of passport attached	
Height:	
Religion: Cit	tizenship:

School Information:	
Name of the School:	
Address of School:	

Telephone Number:
Name of the Liaison Teacher and Email Address:
Parent/Guardian Information:
Father's Name: Occupation:
Email Address: Mobile Phone:
Mother's Name: Occupation:
Email Address: Mobile Phone:
Languages:
Foreign Languages Spoken in the Family:
Other Languages Spoken by the Applicant:
English Years:
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Accommodation:
House - Apartment - Town - Rural

Will the partner have his/her own room? Yes No

Family Mo	embers:
SistBro	ner ther er(s):
· Ott	ICI (3)
Pets:	
Smoking:	
Are you a	Smoker Non-Smoker
Smaltars is	a the family?
Smokers ii	n the family?
Health:	
Do you su	ffer from any physical disabilities or allergies? Yes No
If "Yes," gi	ve details:
•••••	
Are you re	ceiving medical treatment? Yes No

If "Yes," give details:
Do you follow a special diet? Yes No
If "Yes," give details:
Travel History:
List any countries you have visited (when, where, how long, exchange?):
Hobbies and Recreational Activities:
Sports:
Current Sporting Activities:
Other Sports Interested In:
Not Interested In:
Other Recreational Activities:
Hobbies:
Not Interested In:

Cultural/Musical Interests:

Free Time Preferences:
How do you like to spend your free afternoons/evenings?
Preferably (number in order of preference):
() at home in the family
() parties, in discos, dances
() own initiative
How do you like to spend your weekends?
Preferably (number in order of preference):
() at home in the family
() at home in the company of other young people
() outings with the family
() outings with other young people
() outings on your own initiative

Partner Preferences:

Preferred Partner: Girl Boy Either

Would you accept a partner of a different religion? Yes No

Return Visit:
The guest would be able to take part in the following sports:
The guest would be able to play the following instruments:
Further Comments about Leisure Activities:
Letter to Exchange Partner:
Write a letter to your exchange partner. Describe your personality, qualities, values,
goals, family members, family life and activities, holidays and social activities, etc.

Photo Attachment:

Please attach and label FOUR photographs as follows:

- 1. Your home (exterior)
- 2. Your home (interior)
- 3. Your family
- 4. Your choice: i.e., friends/relatives/pets

Signatures:
Parent's or Guardian's Signature:
Student's Signature:
Date: