|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | **Comité de Jumelages**  3 avenue des Pages 78110 Le Vésinet  **Correspondance à adresser à :** [**jumelages.levesinet@gmail.com**](mailto:jumelages.levesinet@gmail.com) | | | | | | | | | | | | | | 1 photo d’identité | |
|  | **Echange Le Vésinet – Oakwood (Ohio, USA)** | | | | | | | | | | | | | | | | |
| **FAMILY** | | | | | | | | | | | | | | | | | | | |
| Last Name | |  | | | | | | | | | | First Name | | |  | | | | |
| Birth date | |  | | | | | | | | | | Birth place | | |  | | | | |
| Nationality | |  | | | | | | | | | | Gender | | | Male | | | | Female |
| Name & address of parents | | | | |  | | | | | | | | | | | | | | |
| Parents’ phone | |  | | | | | | | | | | Parents’ email | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Father’s Profession | | |  | | | | | | | | | | Office phone | |  | | | | |
| Mother’s Profession | | |  | | | | | | | | | | Office phone | |  | | | | |
| Siblings (first name, age) | | | Sisters | | | | |  | | | | | Brothers | |  | | | | |
| Animals | | | cat | | | | dog | | | | others | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Type of residence | | | flat | | | | | | | house | | |  | | |  | | | |
| Partner would have | | | | | | individual room | | | | | | | shared room | | | | | | |
| Would you accept a partner of the opposite gender ? | | | | | | | | | | | | | yes | no | | | | | |
| Or a different age ? | | | | | | | | | | | | | yes | no | | | | | |
| Desired schedule for travel (period and duration) ? | | | | | | | | | | | | |  | | | | | | |
| When can you host your partner (period and duration) ? | | | | | | | | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **INFORMATION ON CANDIDATE** | | | | | | | | | | | | | | | | | | | |
| Hobbies | |  | | | | | | | | | | | | | | | | | |
| Sports you play | |  | | | | | | | | | | | Musical Instruments | | | |  | | |
| Health : Specific problems, allergies, diet, medication | | | | | | | | | | | | |  | | | | | | |
| School | |  | | | | | | | | | | | In which class ? | | | |  | | |
| Is English your first or second language? | | | I | | | | | | II | | | | Other languages | | | |  | | |

**Nous autorisons le comité de jumelages du Vésinet à transmettre ces données au comité de jumelages de la ville jumelle concernée et à la famille qui fera l’échange avec notre enfant.**

**N. B. : Ne pas oublier d’obtenir l’ESTA avant l’entrée sur le territoire américain et d’être assuré pour la prise en charge des soins médicaux sur place.**

Date de candidature :       Signature du jeune Signature des parents

**Adhésion au Comité de Jumelages : 20 € - Frais de dossier : 70 €**

**Règlement par chèque à l’ordre du Comité de Jumelages**