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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Comité de Jumelages 3 avenue des Pages 78110 Le Vésinet  [jumlevesinet.australie@gmail.com](mailto:jumlevesinet.australie@gmail.com) www.jumelageslevesinet.com | | | | | | | | | | | | | | Photo ID | |
|  | **Le Vésinet – Hunter’s Hill Exchange Scheme**  **Application form HHEN** | | | | | | | | | | | | | |
| **FAMILY DETAILS** | | | | | | | | | | | | | | | | |
| Last Name | |  | | | | | | | First Name | | |  | | | | |
| Date of birth | |  | | | | | | | Age | | |  | | | | |
| Nationality | |  | | | | | | | M  F | | | Height | | | | |
| Name of school in 2nde | | | | | | | | | | | | | | | | |
| Parents’ name and address | | |  | | | | | | | | | | | | | |
| Tel (home) | |  | | | | | | | E-mail addresses | | | Father  Mother | | | | |
| Youth Cell number | |  | | | | | | | Youth | | | | |
|  | | | | | | | | | | | | | | | | |
| Father’s occupation | |  | | | | | | | | | Office tel |  | | | | |
| Cell phone |  | | | | |
| Mother’s occupation | |  | | | | | | | | | Office tel |  | | | | |
| Cell phone |  | | | | |
| Siblings | | Sisters (age) | | | |  | | | | | Brothers(age) |  | | | | |
| Pets | | cat | | | dog | | | other | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Home | | apartment | | | | | house | | | | Number of rooms | | |  | | |
| Accomodation offered | | | | separate room | | | | | | | shared room | | | | | |
|  | | | | | | | | | | | | | | | | |
| **PERSONALITY, TEMPERAMENT, INTERESTS OF THE YOUTH** | | | | | | | | | | | | | | | | |
| Personality  (please detail) | | talkative | | | | calm | | | | easy-going | | rather shy | | | | |
| Other character traits | | | | | | | | | | | | | | |
| Interests | | reading | | | | music | | | | arts | | science | | | | handicraft |
|  | | theater | | | | TV/movies | | | | computer | | video games | | | |  |
|  | | other | | | | | | | | | | | | | | |
| Sports | |  | | | | | | | | Musical instrument | | |  | | | |
| Future job | |  | | | | | | | | Dietary restrictions | | |  | | | |
| Health : any problems, allergy, medicine | | | | | | | | | | |  | | | | | |

Applicant’s signature Date and signature of parents or guardian