



Academic Year Application

Academic Year Dates: _____

Student Details

Surname _____	First names _____
Sex M <input type="checkbox"/> F <input type="checkbox"/>	Nationality _____ Age _____
Date of Birth _____	Birth place _____
Home address _____ _____	
City _____	Country _____
Tel- _____	Mobile _____
I live with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> other _____	
Other Languages spoken? _____	
Email: _____	

Father's surname _____	First name _____
Home tel. no _____	Business no _____
Profession _____	
Mother's surname _____	First name _____
Home tel. no _____	Business no _____
Profession _____	
Guardian's surname _____	First name _____
Address _____	
Home tel. no _____	Business no _____
Profession _____	
Brother(s) & age _____	
Sister(s) & age _____	
Person to contact in case of emergency:	
Name _____	Telephone number _____



What qualities do you value most in yourself?

What qualities do you value most in others?

Religion _____

Do you attend services on a regular basis? _____

Do You smoke ? Yes No

If yes, would you accept to not smoke in the host family? _____

Do you like pets? Yes No

What do you enjoy doing with your own family

Are you a member of any clubs/organization? Yes No

If yes, which ones? _____

Can you adjust easily to new situations?

Have you ever been on a language programme before Yes No

If yes, where, when and how long? _____

Please tick your favorite activities?

- | | | | |
|-----------------------------------|--|---------------------------------------|--|
| <input type="checkbox"/> Swimming | <input type="checkbox"/> Tennis | <input type="checkbox"/> Cycling | <input type="checkbox"/> Horse Riding |
| <input type="checkbox"/> Golf | <input type="checkbox"/> Sailing/Windsurfing | <input type="checkbox"/> Computers | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Classical Music | <input type="checkbox"/> Modern Music | <input type="checkbox"/> Cinema |
| <input type="checkbox"/> Theatre | <input type="checkbox"/> Classical Dancing | <input type="checkbox"/> Rugby | <input type="checkbox"/> Museums/Culture |

Sports _____

Do you play a Musical instrument? _____

Any other relevant information? _____



Family life and friends

To allow your host family to get a better understanding of yourself and what you like to do in your spare time, please enclose 4 photos relating to friends, hobbies, family life and a brief comment on each photo.

1. Describe the photo below: _____

Insert photo here

2. Describe the photo below: _____

Insert photo here



3. Describe the photo below _____

Insert photo here

4. Describe the photo below _____

Insert photo here



Health Record (The following pages must be completed and signed)

Height _____ Weight _____

Do you have or have had any of the following allergies: food, medication, pets, dust, pollen etc.

Conditions	Yes	No		Yes	No
Migraine?Migraine	<input type="checkbox"/>	<input type="checkbox"/>	Angines/Tonsillitis	<input type="checkbox"/>	<input type="checkbox"/>
Eczema/Eczema	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsie/Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Asthme/Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Rhume de foins/Hay fever	<input type="checkbox"/>	<input type="checkbox"/>
Meningite/Meningitis	<input type="checkbox"/>	<input type="checkbox"/>	Appendicite/Apppendicitis	<input type="checkbox"/>	<input type="checkbox"/>
Toubles cardiaques/heart disorder	<input type="checkbox"/>	<input type="checkbox"/>	Evanouissement/Fainting	<input type="checkbox"/>	<input type="checkbox"/>
Varicelle/Chicken pox	<input type="checkbox"/>	<input type="checkbox"/>	Rougeole/Measles	<input type="checkbox"/>	<input type="checkbox"/>
Pollio/Polio	<input type="checkbox"/>	<input type="checkbox"/>	Rhumatisme/Rjeumatism	<input type="checkbox"/>	<input type="checkbox"/>
Somnambulisme/Sleep Walking	<input type="checkbox"/>	<input type="checkbox"/>	Troubles urinaires/Urinary	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory disorder	<input type="checkbox"/>	<input type="checkbox"/>			
Other diseases not listed above:	_____				

Comment _____

If you have an allergy or disease that may still need treatment, the physician must give full details of symptoms, treatment and required environmental limitation.

Are you a vegetarian/Vegan? _____

Do you have any special dietary requirements e.g. coeliac, lactose Int, Diabetic? _____

Please state your Health Insurance/Company? _____ **Policy no:** _____

EHIC (E111) _____ Blood Type _____

Family Doctor _____ Contact no _____

MEDICAL AUTHORISATION

I, being parent or legal guardian of the above-named applicant do hereby appoint Midland Language Centre Ltd, their Irish, French/German/Spanish Associates, or their host family to act on my behalf in authorizing emergency medical, dental, surgical or hospitalisation for the above-named applicant during the period of his/her stay.

Signed: _____ **(Parent/legal Guardian)**



Teacher's Comments

Class _____

School Address _____

How long have you known the applicant? _____ - Year(s)

- Please indicate the student's character by ticking the appropriate box:

	<u>Excellent</u>	<u>Good</u>	<u>Average</u>	<u>Poor</u>
Responsible				
Reliable				
Independent				
Open minded				
Inquisitive				
Sense of humour				
Maturity				
Honest				
Ability to adapt to new situations				
Personal motivation				

Please fill in below any further comments on the students' personality, aptitude in class, the students' personality, aptitude in class, study habits, attendance records, etc

Teacher's name _____

Subjects taught to the student _____

Signature _____ Date _____

School Integration Information: Please state the length of time studying English? _____

What is their level of English? _____

N.B. Please enclose a copy of their recent exams.