



## Fredericksburg Sister City Association, Inc.

### APPLICATION TO HOST A FRENCH STUDENT JULY 2020

(Please Type or Print Clearly, with Black Ink)

This application must be received by **January 30, 2020.**

Name: \_\_\_\_\_

Age on July 1, 2020: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female

Student Cell Phone: \_\_\_\_\_

Student E-mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent E-mail: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mother's Cell Phone: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_ Father's Occupation: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Father's Employer: \_\_\_\_\_

Mother's Work Phone: \_\_\_\_\_ Father's Work Phone: \_\_\_\_\_

Home Address (street, city, zip code): \_\_\_\_\_

Other family members currently at home (name, age, & sex of each): \_\_\_\_\_

High School: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_

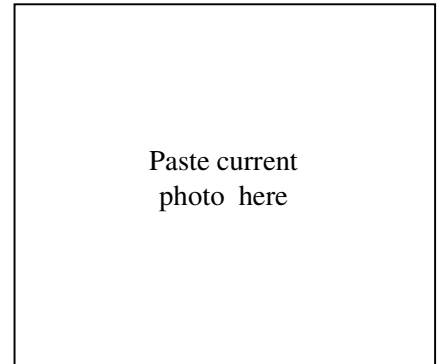
Years of French (Completed by July 2020): \_\_\_\_\_ Current average: \_\_\_\_\_ On a scale of 1 to 5 (lowest-highest), rate your level of oral fluency and comprehension: 1\_\_\_\_ 2\_\_\_\_ 3\_\_\_\_ 4\_\_\_\_ 5\_\_\_\_

Do you speak any other languages? If so, please list: \_\_\_\_\_

At what level? (using the above scale): 1\_\_\_\_ 2\_\_\_\_ 3\_\_\_\_ 4\_\_\_\_ 5\_\_\_\_

Have you been to France before? \_\_\_\_\_ If so, when? \_\_\_\_\_ How long did you stay? \_\_\_\_\_

Have you ever lived in a home in another country? \_\_\_\_\_ Yes \_\_\_\_\_ No



Have you hosted an international student in your home? \_\_\_\_ Yes \_\_\_\_ No If so:

What country? \_\_\_\_\_ Year: \_\_\_\_\_ Length of stay: \_\_\_\_\_

Why do you want to take part in this exchange? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List your hobbies, sports, and special interests (this information helps with appropriate student placement):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List your family's hobbies, sports, and special interests (this information helps with appropriate student placement)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List school and community activities in which you participate: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medical information (allergies/dietary restrictions, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will you be working this summer? If yes, where and how many hours a week? (Host student is expected to accompany their guest on most outings): \_\_\_\_\_

\_\_\_\_\_

Would you be willing to host a student who smokes? \_\_\_\_ Yes \_\_\_\_ No

Religious affiliation, if any: \_\_\_\_\_

It is necessary that my student have the same religious affiliation as mine. \_\_\_\_ Yes \_\_\_\_ No

Would you be willing to host a student of a different gender? \_\_\_\_ Yes \_\_\_\_ No

If you HAVE previously stayed with a student in Fréjus, would you like to host the same student? Or is there a student you would like to host? \_\_\_\_ Yes \_\_\_\_ No Name: \_\_\_\_\_

Other important information: \_\_\_\_\_

Are you interested in going to France in 2021 with our exchange group?

\_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Maybe

Name of your French teacher and one other teacher, counselor, or administrator who will recommend you. (Please ask permission of these people before using their names.)

Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Check out our website at [www.fredericksburg.frejus.com](http://www.fredericksburg.frejus.com)

**Please mail this completed application to:** Ms. Kristin Moeller at 11417 Macon Dr. Fredericksburg, VA 22407, or e-mail it to [krmnoeller@gmail.com](mailto:krmnoeller@gmail.com).

**For questions or additional information, contact:** Kristin Moeller, 11417 Macon Dr. Fredericksburg, VA 22407, [krmnoeller@gmail.com](mailto:krmnoeller@gmail.com), (540) 841-6073.

**Be sure to make a copy of this application for your files.**