

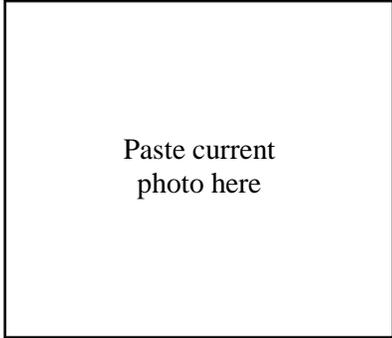


Fredericksburg Sister City Association, Inc.

APPLICATION TO HOST A FRENCH STUDENT JULY 2024

(Please Type or Print Clearly)

This application must be received by **February 29, 2024**



NAME: _____ SEX: ___ Male ___ Female

AGE on July 1, 2024: _____ Date of Birth: ____/____/____

STUDENT'S CONTACT INFORMATION:

Email: _____ Cell Phone: _____ Home Phone: _____

Home Address (street, city, zip code): _____

PARENTS' CONTACT INFORMATION:

	Name	Occupation	Email	Cell Phone
Mother				
Father				

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

HIGH SCHOOL: _____ GRADE LEVEL: _____

YEARS/LEVELS OF FRENCH COMPLETED by July 2024: 1__2__3__4__5__ GRADE 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 If yes, where? _____

Have you hosted an international student in your home? ____ Yes ____ No

If Yes, from 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 OR VAPES? ____ Yes ____ No

LIST PETS (if any): _____

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 2025 with our exchange group?

___ Yes ___ No ___ Maybe ___ Not Eligible due to age ___

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

Please mail this completed application to: Cathy Warder, 13975 Round Hill Rd., King George, VA, 22485, or e-mail it to 4warders@gmail.com

For questions or additional information, contact: Cathy Warder; (540) 903-7228, or
John E. East; (540) 847-8563

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