

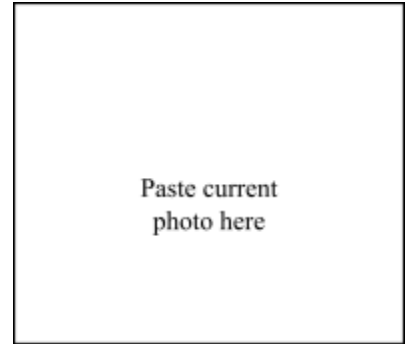


Fredericksburg-Fréjus Sister City Association, Inc.

APPLICATION TO HOST A FRENCH STUDENT JULY 2026

(Please Type or Print Clearly)

This application must be received by **March 1st, 2026**



NAME: _____ SEX: ___ Male ___ Female

AGE on July 1, 2026: _____ 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 2026: 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 2027 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. FFSCA will contact them to request the recommendation.)

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.fredericksburgfrejus.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
Kristin Moeller; (540) 841-6073; krmnoeller@gmail.com

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