



CANADIAN EDUCATION EXCHANGE FOUNDATION

FONDATION CANADIENNE DES ÉCHANGES ÉDUCATIFS

(A Canadian not-for-profit corporation)

PRELIMINARY APPLICATION 2020-2021 TWO/THREE-MONTH PROGRAM

Family Name	First Name	Grade during exchange year (2020-2021)
School Board	School	School Phone # with Area Code
School Exchange Liaison Teacher	Liaison Teacher's email	Liaison Teacher's Phone extension #

→ → CEEF Destinations ~ 2020-2021 → →

French Language:

- ❖ FRANCE (2 MONTH PROGRAM)
- ❖ FRANCE (3 MONTH PROGRAM)

International Languages:

- ☼ GERMANY (3 MONTH PROGRAM)
- ☼ ITALY (3 MONTH PROGRAM)
- ☼ SPAIN (3 MONTH PROGRAM)

Please note that immunization records must be up-to-date in order to participate in an exchange.

Secondary Students: In order to have an excellent chance of being matched, select **three** destinations you will accept. List them below in order of preference. If you choose France, indicate whether you're applying for the two month or the three month program.

#1. _____ #2. _____ #3. _____

Elementary School Students apply while in their Grade 7 year. The exchange actually takes place during the Grade 8 year.

Elementary School Students may only apply for the France (three month exchange program).

#1. _____

*Although there can be **no absolute guarantee** of a match, CEEF tries to find a suitable partner for every Canadian student who applies for an international exchange.*

2020-2021 Program Fee ~ France, Germany, Italy ~ \$3125.00

Spain ~ \$2225.00 (\$900 saving)

Fee includes: • Travel from Toronto Airport to final destination in Europe and back to Toronto
• Ultimate Travel Insurance—Emergency Medical, Trip Cancellation/Interruption, Baggage

Fee does not include: • Travel from your home town/city to Toronto Airport and back

▶▶ To apply, complete both sides of this Preliminary Application. As soon as possible mail to:

**Canadian Education Exchange Foundation
250 Bayview Drive, Unit 4, Barrie ON L4N 4Y8**

Phone: (705) 739-7596 E-mail: info@ceef.ca
Fax: (705) 739-7764 Internet: www.ceef.ca

• **Include in your envelope a \$400.00 deposit cheque (payable to CEEF). [\$175 of this is **non-refundable.**]**

* Three further payments fall due in July, September and December 2020. If you decide **not** to proceed with an exchange, you must notify the CEEF Office in writing **before February 21st, 2020** to request a **partial refund** of your deposit.

▶▶▶ Upon receipt of your preliminary application, CEEF will email you the 10 page Full Application in writeable and savable PDF format. Type directly in the fields provided or complete the application by hand.

Please turn over ...



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PRELIMINARY APPLICATION 2020-2021 TWO/THREE-MONTH PROGRAM

(Type or print clearly in black ink. To complete a check box, place the cursor over the box and then left click.)

Last Name: _____ First Name: _____ Date of Birth: ___ / ___ / ___
 Sex: M F DD MM YY
 Address: _____ City: _____ Province: _____
 Postal Code: _____ Home Telephone: (_____) _____ Parent Cell: (_____) _____
 Email: (student) _____ (parents/others) _____
 Name-Father/Other: _____ Occupation: _____ Work Tel # _____
 Name-Mother/Other: _____ Occupation: _____ Work Tel # _____

Divorced parents: Please indicate custodial information: _____

Other family members living at home: Sister(s): _____ Age(s): _____

Brother(s): _____ Age(s): _____ Other(s): _____

Describe your environment: Large city Small city Suburb Town Rural area Population _____

Type of dwelling: House Townhouse Apartment

Are you willing to accept: A boy A girl Either

Will partner have his/her own room? Yes No Will share with: _____

Do you **smoke**? Yes No If yes, will you abstain? Yes No

Does anyone in your home smoke? _____ Regularly? Occasionally? Indoors? Outdoors only

Will you accept a partner who smokes but agrees to abstain in your home: Yes No Indifferent

Can you go to a smoking home? Yes No

Religion: _____ Practising: Yes No **Are your immunizations up-to-date?** Yes No

Do you have a medical condition? Yes No If yes, give details: _____

Do you suffer from any allergies? Yes No If yes, give details: _____

Are you on a **special diet**? Yes No If yes, give details: _____

List any **pets** you have at home _____ **Can you tolerate pets if they are indoors?** Yes No

I am: Calm Reserved Energetic Outgoing Athletic Academic Artistic Musical Social

Can you **swim**? Yes No Can you **ski**? Yes No Can you **snowboard**? Yes No

My hobbies/pastimes/interests include the following in order of priority:

Alone: 1 _____ 2 _____ 3 _____ 4 _____

With friends: 1 _____ 2 _____ 3 _____ 4 _____

I enjoy doing the following **sports** activities: _____

I enjoy doing the following **musical** activities: _____

I enjoy doing the following **social** activities: _____

I enjoy doing the following **school/community** activities: _____

Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

Principal's Signature of Approval: _____ **Date:** _____

Principal's Comments: _____

NB: Visiting students view an exchange in Canada as an ENGLISH LANGUAGE EXPERIENCE.

ALL family members living at home MUST SPEAK ENGLISH during the hosting period.

Canadian students should NOT have part-time jobs during the hosting period.

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