



CANADIAN EDUCATION EXCHANGE FOUNDATION

FONDATION CANADIENNE DES ÉCHANGES ÉDUCATIFS

(A Canadian not-for-profit corporation)

Ontario

PRELIMINARY APPLICATION

FRANCE/SPAIN SUMMER PROGRAM 2019

Family Name	First Name	Grade in 2018-2019
School Board	School	School Phone # with Area Code
School Exchange Liaison Teacher	Liaison Teacher's email	Liaison Teacher's Phone extension #

→ ***CEEF Destinations ~ July/August, 2019*** →

❖ **FRANCE** * ❖ **SPAIN** **

- * Canadian students spend the month of July in France and return to Canada with their partners for the month of August.
- ** Canadian students host their Spanish partners in Canada in July and then return with their partners to Spain for the month of August.

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

Elementary Students: You may **only** apply for France.

Secondary Students: You may apply for France or Spain. Please indicate your first and second choices below.

#1. _____ #2. _____

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

2019 Summer Program Fee ~ \$2995.00

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

Fee **DOES NOT INCLUDE:** • Travel from Ontario home town/city to Toronto Airport and back

▶ Families participating in Summer Programs must arrange travel to Toronto Airport to deliver/pick up exchange partners and Canadian participants on **three** different dates (beginning of July, end of July, end of August)

▶▶▶ **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.]**

*The **balance** is due when you accept a match. If you decide **not** to proceed with an exchange, you must notify the CEEF Office in writing **before February 22nd, 2019** to request a **partial refund** of your deposit.

▶▶▶▶ ***Upon receipt of your preliminary application, CEEF will email you the 8 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 FRANCE/ SPAIN SUMMER PROGRAMS 2019

(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

My summer 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 **summer sports** activities: _____

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

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

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

Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

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

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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