



**CANADIAN EDUCATION EXCHANGE FOUNDATION**

FONDATION CANADIENNE DES ÉCHANGES ÉDUCATIFS

(A Canadian not-for-profit corporation)

*Ontario*

**PRELIMINARY APPLICATION**

**FRANCE/SPAIN SUMMER PROGRAM 2020**

Family Name	First Name	Grade in 2019-2020
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, 2020*** →

❖ **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.

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***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.*

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**2020 Summer Program Fee ~ \$3125.00**

- 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 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](mailto:info@ceef.ca)  
Fax: (705) 739-7764 Internet: [www.ceef.ca](http://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 21<sup>st</sup>, 2020** 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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*Ontario*

**PRELIMINARY APPLICATION** FRANCE/ SPAIN SUMMER PROGRAMS 2020

(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.**

*Please turn over ...*