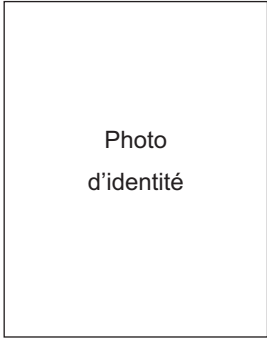


TEACHER'S APPLICATION FORM

A REMPLIR EN CAPITALES D'IMPRIMERIE

STAY



COUNTRY REQUESTED : AREA :
DATE OF ARRIVAL ABROAD : DATE OF DEPARTURE :
..... DURATION OF STAY :
.....

PERSONAL INFORMATION

NAME : CHRISTIAN NAME : SEX :
DATE OF BIRTH : NATIONALITY :
PERMANENT MAILING ADDRESS :
.....
TEL : E. MAIL ADDRESS :

MARITAL STATUS : MARRIED WIDOWED DIVORCED SEPARATED SINGLE

IF MARRIED PROFESSION OF SPOUSE : TEL BUSINESS :
NUMBER PF CHILDREN : NAMES & AGES :
PERSON TO BE CONTACTED IN AN EMERGENCY : TEL HOME :
..... TEL BUSINESS :
HAVE YOU EVER CHAPERONED GROUPS TRAVELING ABROAD : YES NO
IF YES, WHERE AND WHEN :

PERSONALITY TRAITS (check the following words which most describe you)

Friendly Open Active Independant Optimistic
Adaptable Spontaneous Reserved Sociable Impulsive
Shy Calm Patient Responsible Emotional
other :

INTERESTS : Sports and activities :
Hobbies :

Have you ever travelled abroad : yes no if yes where and when :

SMOKING : I do not smoke :
I smoke : rarely occasionally regularly
I'd like a home wher smoking is : not permitted tolerated no preference
I find it impossible to stop smoking and would appreciate a home where smoking is permitted

HEALTH RECORD : Are you in good health : yes no

Do you have any allergies (please list) :
Medical details and particular troubles :

OTHER INFORMATION ABOUT MYSELF AND PARTICULAR WISHES :
.....
.....