



PERSONAL DATA student	
Legal Surname:	place clear digital portrait
First Name(s):	
Class:	
Date of birth:	
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Adress:	
Postal code:	
Town (city):	
E-mail:	
Phone:	
Mobile phone :	
Sports, music, hobby's and leisure activities	
Sports (participating):	
Sports you like:	
Musical instrument (playing):	
Music you like:	
Hobby's / leisure activities:	
HEALTH	
Do you suffer from any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details:	
Do you need medication? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details:	
Do you prefer to be hosted in a non-smoking home? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details:	
Is your home a non-smoking home? <input type="checkbox"/> Yes <input type="checkbox"/> No	



Other things
Do you have animals at your house: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details: Would it be a problem if there are animals in the other house? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, why?
How do you travel to/from school? Distance from home to school: [] km Time to travel one way:
Who would you like to host? <input type="checkbox"/> boy* <input type="checkbox"/> girl* <input type="checkbox"/> doesn't matter.* (please tell us why)
Could you host two students if needed? <input type="checkbox"/> yes <input type="checkbox"/> no
Other remarks:

Data parents
Mobile number parent 1:
Mobile number parent 2:

Date:

Signature student:.....

Signature parents:.....

Give this complete form **before** to