

# STUDENTS MOBILITY FROM AND TO THE EUROPEAN SCHOOLS

## Annex 2: Pupil's application form for the sending and receiving schools

### 1. Name, address and section of the applicant

First name:	
Last name:	
Telephone (home):	
Mobile phone:	
Date of birth:	

Street:	
Postal code and city:	
Email address :	
Section/ class Class teacher	

### 2. Host school(s) — Please state in order of preference

Name of host school	Country

### 3. Form of mobility

The period of study, ('mobility') can take the form of an exchange with another pupil or a home visit (paid or unpaid).  
The length of stay is one Semester (September to December). Please tick below as appropriate

- Exchange (your family intends to host an incoming student (usually your host pupil) while you are away on exchange)
- Exchange (your family receiving a student before/after your stay abroad)
- Visit ( hosted without hosting in return)

### 4. Personal and Family information

I live with (please tick below as appropriate) :

Mother

Father

Other  
(explain):

#### ***Mother/Stepmother/Guardian***

First name:	
Last name:	
Legally responsible (yes/no):	
Address	
Phone :	
Address:	

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**Father/Stepfather/Guardian**

First name:	
Last name:	
Legally responsible (yes/no):	
Address	
Phone :	
Address:	

**5. Languages**

Mother tongue ( spoken at home ) :	
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Other languages:

Language		Years studied		Speaking ability	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Basic
Language		Years studied		Speaking ability	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Basic
Language		Years studied		Speaking ability	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Basic
Language		Years studied		Speaking ability	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Basic

Is your child a SWALS pupil: Yes / No if yes, please state your child's L1:  
**NB** if your child is currently a SWALS pupil, you child can study in his/ her L1 or their L1 if that section is provided

**6. Subjects and options.**

Students have to follow exactly the same options in the two schools.

For S5 pupils (now in S4) – please attach a scanned copy of your last school report

For S4 pupils (now in S3) indicate the options you will be taking in S4

Math 4 or math 6      Eco in L2...      ICT....      Latin...      L4....      Art...      Music....

**7. Personal details**

Please describe yourself. Give information about your personality, your sports, hobbies and what you like to do in your spare time and any other interest.

Explain what you hope to achieve through your exchange/ visit to another European school both academically and personally.

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## 8. Motivation and additional remarks

Please give any additional reasons why you wish to go on exchange to/visit another European another European country.

## 9. Signatures

I, the undersigned, allow the sending school to use the data included in this form for the purposes of the selection of pupils in the framework of the Students mobility programme between European schools. I agree that these data are communicated to the host school, and that the host school will transmit them to the family, which will host my child.

I understand that the data contained in this form will be communicated to the staff in charge of the exchange/visit of the sending and host schools. All those people receiving these data will be required to treat them as confidential.

Agreed and accepted by

Name(s) and signature(s) of Parent(s)/Guardian(s)

(Date)

Name and signature of pupil

(Date)