

**NEW BRUNSWICK – QUÉBEC  
STUDENT EXCHANGE**

**STUDENT APPLICATION  
2020**

**\*PLEASE NOTE:**

IN ORDER FOR STUDENTS TO BE ACCEPTED INTO THE EXCHANGE PROGRAM, FAMILIES MUST PROVIDE A CURRENT CRIMINAL RECORD CHECK FOR EACH MEMBER OF THE HOUSEHOLD THAT IS OVER THE AGE OF 18 YEARS OLD.

FAMILIES MUST GO THROUGH THE CRIMINAL RECORD CHECK PROCESS BEFORE SUBMITTING THEIR APPLICATION AND IT MUST BE INCLUDED WITH THEIR APPLICATION FORM

Department of Education and Early Childhood Development  
Curriculum K-12, Educational Services Division  
Place 2000, 250 King Street  
Fredericton, NB E3B 9H9

New Brunswick – Québec  
Six-Month Student Exchange  
for 2020-2021

STUDENT APPLICATION FORM

This application may be completed electronically, saved, and printed. Alternatively, the document may be printed and completed in black ink (please print clearly).

STUDENT INFORMATION

Family name

First name(s)

Address

City

Postal Code

Phone Number

Student Email

Please attach a color copy of a recent photograph

Date of Birth (yyyy-mm-dd):

Gender Identity: Male  Female  Non-Binary

Age on September 01, 2020  years  months

Height (cm):

In the 2019-2020 school year, I will be in (please check one): Grade 10  Grade 11

Name of Closest Airport:

PARENT INFORMATION

Name of parent/guardian

Email Address

Home Phone Number

Work Phone Number

Cell Phone Number

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Name of parent/guardian

Email Address

Home Phone Number

Work Phone Number

Cell Phone Number

CRIMINAL RECORD CHECK

Does any member of the household have a criminal record? Yes  No

If yes, please indicate the year and the offense: \_\_\_\_\_

**Note: criminal records must be disclosed at the time of application. Each resident of the household over 18 years of age must obtain a Criminal Record Check and it must be included with the application. If a member of the household has a criminal record, participation as a host family may or may not be permitted, depending on the nature of the charge.**

SCHOOL INFORMATION

Name and address of school you will be attending September 2020

Postal code

School principal's name

School phone number

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GENERAL INFORMATION

1. Family

Indicate members of the family who will be living in the home during the Québec student exchange visit. Please check as many as are applicable.

Father  Mother  Guardian  Other  \_\_\_\_\_

Sisters  How Many?  Ages?

Brothers  How Many?  Ages?

Others  Specify

2. New Brunswick Family Living Accommodations

Would your family accept a mixed exchange (Male, Female or Non-Binary)? Yes  No

Describe your living accommodations:

House  Apartment  Mobile Home

Other  Specify:

Will your twinned exchange student have a separate bedroom? Yes  No

Will your twinned exchange student share a bedroom? Yes  No

**Note:** Families must provide a separate bed for the exchange student in order to participate in the exchange program. If a separate bed cannot be provided, the exchange will not be considered.

3. Friendship

3.1 Can you easily meet young people at places other than school? Yes  No

If yes, describe what you do to facilitate this process.

**Note:** It is necessary that all family members enthusiastically accept the young Francophone into their home.

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3.2 Boyfriend/Girlfriend

Do you have a boyfriend/girlfriend who you see regularly? Yes  No

If yes, how will a three month separation affect you?

**Note:** *While the Québec student is in your home, they must be your first priority. Other interests come after your twinned exchange student. However, the exchange partners do not have to be together constantly. The Québec student will be living in your home from September to December and you will consider them as a member of your family.*

4. Health

**Please note: If there is significant change in your child's health after the application is complete but before the exchange, please notify us as soon as possible**

4.1 General

Do you have any special eating habits (e.g., vegetarian or gluten free)? Yes  No

If yes, please provide details.

Are you receiving treatment for a chronic condition (other than allergies)? Yes  No

If yes, please provide details.

Do you have any mobility or sensory requirements? Yes  No

If yes, please provide details.

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Are your immunizations up-to-date? Yes  No   
If no, please provide details.

4.2 Allergies

Do you have any allergies? Yes  No

Are you receiving medical treatment for your allergies? Yes  No

Specify any living conditions you would be unable to tolerate because of your allergies (e.g., house pets, plants, chemicals, farms). Please be **specific**.

If the only possible exchange was with a family where these elements were present, would you accept the exchange? Yes  No

5. Cigarette Smoking/Vaping

Do you smoke or vape? Yes  No

Does anyone in your home smoke or vape? Yes  No

If yes, list all persons.

Would your family accept an exchange student who smokes/vapes? Yes  No

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Would you accept to live in a home where someone smokes/vapes? Yes  No

Comments/restrictions:

6. Animals

Do you like pets/animals? Yes  No

If no, would you accept to live with a family where there are pets/animals? Yes  No

Do you have pets/animals? Yes  No

If yes, specify the kind and if they live inside or outside the home:

7. Religion (Optional)

Is it important to you to attend religious services? Yes  No

If yes, which religious denomination do you prefer?

Would you accept being twinned with an exchange student who does not attend religious services?

Yes  No

8. Music

What kind of music do you like? Please prioritize (1 being the most preferred, 10 being the least preferred)

Classical  Popular  Western  Rock  Rap

Hip Hop  Heavy Metal  Jazz  Alternative  Dubstep

Other:

What kind of music do you dislike?

Are there musical instruments in your home (e.g., piano)? Yes  No

If yes, please specify:

Do you play a musical instrument? Yes  No

Specify:

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Do you take music lessons?      Yes       No

9. Social, Cultural and Intellectual Activities

9.1 Movies

Do you enjoy going to the movies, watching online/streamed movies (e.g. Netflix)?      Yes       No

If yes, how often?

What type of films do you prefer?

9.2 Reading

Do you enjoy reading?      Yes       No

What genre do you prefer?

9.3 Computers

Do you use a computer at home?      Yes       No

If yes, identify the purpose and describe how often.

Email       School Work       Games       Social Media

Comment:

9.4 Dancing

Do you enjoy dancing?      Yes       No

Are you taking dance classes?      Yes       No

If yes, please specify:

Jazz       Modern       Classical       Other

9.5 Drawing and Painting

Do you paint or draw?      Yes       No

Comments:



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9.6 Identify the traits that best describe you: Artistic  Intellectual  Athletic

What are your hobbies or pastimes?

9.7 Other Activities

Are you a collector (e.g., stamps, sports cards, coins)? Yes  No

If yes, please specify:

How many hours a week do you devote to:

Television  Video Games  Shopping

Other

9.8 Sports

Describe the value of sports in your life: Very important  Important  Of little importance

Do you participate in some sports? Yes  No

List sporting events in which you have participated during the last twelve months by order of importance. Indicate the approximate number of hours per week and check the appropriate box to indicate the frequency: Regularly (on a weekly basis during season) or occasionally (on a monthly basis).

TEAM SPORTS: (hockey, volleyball, soccer, basketball, etc.)

Team Sport	Hours	Regularly	Occasionally
1. <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

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INDIVIDUAL SPORTS: (e.g., swimming, skiing, cycling, martial arts, aerobics, horseback riding)

Individual Sport	Hours	Regularly	Occasionally
1. <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Previous Exchange Experience

Have you previously participated in a student exchange? Yes  No   
If yes, describe:

**Note:** Due to the nature of exchange programs, students should only apply for one exchange program at a time. This will better ensure a successful exchange.

11. Knowledge of French

What is your competence in French?

**Beginner:** Can greet people and speak in short sentences but not enough to carry on a conversation

**Tourist:** Can order meals, give directions and read a little

**Spectator:** Can understand radio and TV programs; can read but hesitant to talk

**Bilingual:** Can understand and use French in most situations and appreciate a joke

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Have you had, and/or do you currently have any other opportunities to speak French outside of school? Please explain.

Do you or your parents speak a language other than English at home? Yes  No

If yes, which languages?

**Note:** *The Québec students come here to learn English. Therefore, while the Québec student is in your home, it is very important that English be spoken. Similarly, during your stay in Québec, you will speak French and limit interactions in English to an absolute minimum, be it in person or by telephone.*

12. Letter of Introduction

In 350 words or more, describe to your future partner your motivation for participating in this program, your personality, your strengths and weaknesses, your family, your likes and dislikes, your preferred activities and hobbies and a brief overview of your typical week, during the school year. Give a brief description of your city or neighborhood. Don't forget that the letter will be forwarded to your future counterpart. Writing this letter in French is encouraged, so that all members of your host family will be able to read it. This should not be handwritten. A separate document may be attached. **Please note: This document is very important for the twinning process. Please do your due diligence.**

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Describe the kind of partner you would like to have (list important qualities and interests).

Are there any characteristics in an exchange partner which you would find difficult to accept?

*Although your family may be strongly urging you to participate in the student exchange program, your personal desire to participate in the exchange program is critical. It is important to be committed to the exchange and to follow through until April, regardless of the challenges you may encounter, either in Québec or New Brunswick. Once a twinning is complete, a withdrawal will carry serious consequences for the exchange partner in the other province. They may not be able to participate due to your decision. EXPECT TO BE TWINNED WITH SOMEONE WHO MAY HAVE DIFFERENT INTERESTS AND PERSONALITY TRAITS. Successful twinning depends on understanding, patience and effort.*

13. Goals

Briefly state what you want to accomplish through the exchange.

What motivated you to participate in this exchange?

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Attach appropriate photos to boxes as indicated below:

<p>A photo of the outside of your residence (exterior)</p>	<p>A photo of the inside of your residence (interior)</p>
<p>Your family</p>	<p>Your Choice (Your friends, your pet, your favorite activity, etc.)</p>

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CONSENT AND COMMITMENT: STUDENT, FAMILY AND SCHOOL

STUDENT:

I understand the provincial objectives of the exchange program and agree to fulfill my responsibilities as an exchange host and exchange partner to the best of my abilities.

I also agree that during the period of the exchange, my first priority will be to my exchange partner, and other relationships (e.g., boyfriends/girlfriends) will have second priority.

I will not withdraw from the program unless extenuating circumstances prevail and full consultation with my partner, school and exchange coordinator has taken place.

I understand that acceptance of my application does not guarantee that I will be able to participate in the program, since a suitable twin may not be found.

Should I default on any of the above, the exchange may be terminated and my return home will be at the expense of my parents/guardians.

Family comments or concerns (if any):

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Student Signature

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Date

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PARENT(S) / GUARDIAN(S):

I/we agree to participate in the exchange program and will endeavor to make the experience as successful as possible.

I/we agree to participate in the exchange program by sending our child to Québec, unless the coordinating officer authorizes otherwise.

**I/we will be responsible for special return travel costs and arrangements where an exchange is terminated by our choice; or as determined by the coordinator on the basis of student behavior detrimental to the objectives of the program.**

- 1. I/we agree to pay a \$250 non-refundable deposit if a suitable twin is found. The participation will only become official after receipt of this deposit.**
- 2. I/we have provided a current criminal record check (costs to be reimbursed by the Department of Education and Early Childhood Development) for all members of our household over the age of 18 years old. The participation will only become official after receipt of this documentation.**
- 3. I/we agree that the information contained in this application may be shared with the program administrators and potential host families.**

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Parent's/Guardians Signature

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Date

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Parent's/Guardians Signature

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Date

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LIAISON TEACHER RECOMMENDATION:

I certify that the family has been interviewed in the home according to the schedule attached and that the family setting is conducive to and supportive of a successful educational exchange.

I recommend this candidate. They are serious, well-motivated, mature, and committed to the exchange; they will be an excellent representative for New Brunswick.

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Liaison Teacher's Signature

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Date

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Print Name

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School



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PRINCIPAL'S RECOMMENDATION:

I recommend this candidate as they are serious, mature and well-motivated. The family has been interviewed and is supportive of a successful educational exchange. The home and family life are also conducive to a successful exchange. The school agrees to accept a Québec student for the three-month exchange period and to provide all necessary school textbooks for the student and to arrange travel by school bus where warranted.

**The school has appointed a New Brunswick liaison teacher who will provide support and counseling for the Québec and New Brunswick student as necessary.**

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Principal's Signature

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Date

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Print Name

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School

*Please note that if this application is not fully completed, the candidate will not be considered. The interview schedule must also be completed by the liaison teacher. The candidate and their family must be interviewed in the home as a part of the application process.*