

FOTO
Tamaño
infantil

Student Application Jalisco-Alberta Program

Part I: Student Application

Program: (you may check more than one)

Student Information

				M <input type="checkbox"/>	F <input type="checkbox"/>	X <input type="checkbox"/>
Student Surname	Given Name	Name Commonly used	Gender			
Grade (at present time)	Birthday (MM/DD/YYYY)		Religion			
Home Address	Town/City	Province	Postal Code			
Home Phone Number	Student Cell Number	Student Email Address				
<input type="checkbox"/> Mexican Passport <input type="checkbox"/> Other Passport		Passport Number:				
If Other, please indicate what type:		Passport Expiry Date:				

School Information

School Name	Principal's Name	Principal's Email	
School Address	Town/City	Province	Postal Code
Liaison Teacher's Surname	Liaison Teacher's First Name	Work Email Address	School Phone Number
School Jurisdiction Name	Superintendent's Name		
School Jurisdiction Office Address	Town/City	Province	Postal Code

PRIMARY (Please list primary residence where exchange student will live)

Parent/Guardian Information

<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other (specify): _____		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other (specify): _____	
<input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Miss. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mx. <input type="checkbox"/> Dr.		<input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Miss. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mx. <input type="checkbox"/> Dr.	
Last Name		First Name	
Last Name		First Name	
Address			
Town/City		Province	
Postal Code		Home Phone Number	
Business Phone Number		Cell Number	
Business Phone Number		Cell Number	
Email Address		Email Address	
Parent Occupation		Parent Occupation	

Primary - Family Information

Please indicate all family members who will be living in the Mexican home during the hosting period. (Check all that apply)

☐ Mother ☐ Father ☐ Legal Guardian(s)

Sisters' Names and Ages () () ()

Brothers' Names and Ages () () ()

If anyone else, please detail

Relationship	Name	Age

Note: At least one parent or guardian is required to be living at the home during the entire hosting period. Please also note that all individuals who are 18 years of age and older and who will be residing in the home during the exchange period must complete and submit a Police Information Check prior to the arrival of the exchange student (see application instructions for further information).

Which of these best describes the location of your home: (Please check only one box)					
<input type="checkbox"/> Metropolitan Centre (200,000+)	<input type="checkbox"/> Town/Village	<input type="checkbox"/> Suburb of City	<input type="checkbox"/> Acreage	<input type="checkbox"/> Small City (50,000+)	<input type="checkbox"/> Farm
What is the nature of your home? <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Mobile Home					
Will your partner have a separate bedroom? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, with whom will they share a bedroom?					
Would you and your family accept an exchange with: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Either					

SECONDARY (Please complete only if there is a shared or joint custody or decision making situation)

Parent/Guardian Information

Please indicate what the living and decision making situation is for your child (e.g. spends weekends at secondary home or alternates weeks between primary and secondary home).

Comments:

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Parent/Guardian Information (Please complete only if there is a shared or joint custody or decision making situation)

Will the exchange student be expected to follow the same arrangements as the Mexican student?			
<input type="checkbox"/> Yes, Exchange student will be living in both homes*		*If yes, please note that Police Information Check will be required	
<input type="checkbox"/> Yes, although exact schedule will be determined*			
<input type="checkbox"/> No, Exchange student will be living in primary home only			
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other (specify): _____		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other (specify): _____	
<input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Miss. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mx. <input type="checkbox"/> Dr.		<input type="checkbox"/> Ms. <input type="checkbox"/> Mr. Miss. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mx. <input type="checkbox"/> Dr.	
Last Name		First Name	
Last Name		First Name	
Address			
Town/City		Province	
Postal Code		Home Phone Number	
Business Phone Number		Cell Number	
Business Phone Number		Cell Number	
Email Address		Email Address	
Parent Occupation		Parent Occupation	

Secondary - Family Information

Please indicate all family members who will be living in the Mexican home during the hosting period. (Check all that apply)			
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian(s)			
Sisters' Names and Ages _____ () _____ () _____ ()			
Brothers' Names and Ages _____ () _____ () _____ ()			
If anyone else, please detail _____			
Relationship		Name	
Age			

Note: At least one parent or guardian is required to be living at the home during the entire hosting period. Please also note that all individuals who are 18 years of age and older and who will be residing in the home during the exchange period must complete and submit a Police Information Check prior to the arrival of the exchange student (see application instructions for further information).

Which of these best describes the location of your home: (Please check only one box)			
<input type="checkbox"/> Metropolitan Centre (200,000+)	<input type="checkbox"/> Town/Village	<input type="checkbox"/> Suburb of City	<input type="checkbox"/> Acreage
<input type="checkbox"/> Small City (50,000+)	<input type="checkbox"/> Farm		
What is the nature of your home? <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Mobile Home			
Will your partner have a separate bedroom? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, with whom will they share a bedroom?			
Would you and your family accept an exchange with: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Either			

NON-DECISION MAKING - PARENT/GUARDIAN INFORMATION

(If applicable: please complete for situations where a parent or guardian has no decision making authority for child)

Please indicate any access or parenting time arrangements for your child (e.g. access order or parenting order entitling non-decision making parent to spend time with child).

Comments:

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<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Miss. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mx. <input type="checkbox"/> Dr.	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Miss. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mx. <input type="checkbox"/> Dr.
Last Name First Name	Last Name First Name
Address	
Town/City Province	Postal Code Home Phone Number
Business Phone Number Cell Number	Business Phone Number Cell Number
Email Address	Email Address
Parent Occupation	Parent Occupation

STUDENT INFORMATION

1. Personal Objectives

To begin, please state briefly what you want to accomplish through the exchange. What are your main objectives for participating in this exchange program?

2. Diet and Health

Do you have any special eating habits or diet restrictions? <input type="checkbox"/> No <input type="checkbox"/> Yes - please detail Details:
Do you have any allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes - please detail and be very specific Details:
Are you receiving medical treatment for these allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes
If the only proposed match were one where one of these allergens existed, would you accept the exchange? <input type="checkbox"/> No <input type="checkbox"/> Yes
Conditions:

2. Diet and Health Continued

Do you have any physical/emotional conditions or health restrictions that a host family, school or education authorities should be aware of? ☐ No ☐ Yes - please specify

Specify:

Do you have any physical disabilities? ☐ No ☐ Yes - please elaborate

Details:

3. Smoking and Cannabis

Do you smoke? ☐ No ☐ Yes

Does anyone in your home smoke? ☐ No ☐ Yes

If yes, please indicate where: ☐ Indoors ☐ Outdoors ☐ Both

Please specify who and how much:

Would your family accept a smoker into the home? ☐ No ☐ Yes

Any specific conditions:

If the only match available was a home where someone smokes, would you accept? ☐ No ☐ Yes

Any specific conditions: (outside only, certain part of home)

Does anyone consume cannabis in your home? ☐ No ☐ Yes

If yes, please explain (e.g. medicinal, recreational, etc.)

4. Animals

Do you have any animals at home? ☐ No ☐ Yes - please specify type and how many

Type of Animal	Number

Type of Animal	Number

Would you agree to live with a family that has domestic animals?

☐ Yes, I am fine with any domestic animal(s).

☐ Yes, except the following animals:

☐ No

5. Religious Beliefs

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

If yes, please specify denomination of place of worship:

Would you still participate in the exchange if it were not possible to attend? ☐ Yes ☐ No

Comments:

6. Work and Volunteer Activities

Do you work/volunteer part-time? ☐ Yes ☐ No

If yes, describe the nature of the job/volunteer position and time devoted weekly:

Do you intend to continue working/volunteering during your exchange partner's stay? ☐ Yes ☐ No

If yes, how many hours per week?

NOTE: It is expected that during the first month of hosting the exchange partner limit or reduce the hours of work/volunteering (no more than 6-10 hours/week).

7. Activities, Interests and Leisure

Which of the following categories would best describe you, give your favorite pursuits? (Choose a maximum of two)

☐ Artistic ☐ Intellectual ☐ Athletic ☐ Technological ☐ Social

GENERAL

In which of the following activities are you interested or involved? Please give some details outlining your involvement, and indicate whether your participation is regular (R) or occasional (O) as well as how many hours per week you spend on the activity.

	Reg/Occ	Number of hours per week
Creative pursuits (types?)		
Watching TV/movies or using streaming services (programs?)		
Social activities (e.g. hanging out with friends, shopping)		
Social media/internet (sites?)		
Playing computer/video games (types?)		

MUSIC

Please select your **top five** music genres and rank them (1 being your favourite category).

☐ Pop ☐ Rap ☐ Jazz ☐ Rock ☐ Alternative
☐ Classical ☐ Heavy Metal ☐ Techno/Electronic ☐ Hip Hop ☐ Country
☐ International (specify): ☐ Other (specify):

Please specify any types of music you dislike passionately:

Do you play a musical instrument or sing? ☐ Yes ☐ No

Details:

Do you take music lessons? ☐ Yes ☐ No

If yes, specify the type and indicate how many hours per week:

Do you hope to continue music lessons while on exchange? ☐ Yes ☐ No

Are there musical instruments in your home? ☐ Yes ☐ No

If yes, which instrument(s)?

If necessary, could lessons or practice sessions for music, dance or sports be arranged for the exchange partner with minimal difficulty? ☐ Yes ☐ No

Comments:

SPORTS

How important are sports to you? ☐ Very Important ☐ Somewhat Important ☐ Not Important

Please list the activities that are most important to you and list hours of involvement per week.

Activity	Hours Per Week

8. Personal Profile

What type of partner would you like to have? List important qualities and interests.

Are there any qualities in a partner that would be difficult to accept?

9. Personality Traits

	Very Much	Sometimes	Neither	Sometimes	Very Much	
I prefer to listen.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	I prefer to talk.
I like to stay home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	I like to go out.
I would rather be alone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	I would rather spend time with people
I am a planner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	I am a spontaneous.

10. Language Background

What is your competence in the target language (check only one of the following)	
<input type="checkbox"/> Basic	I can understand and use daily expressions and can ask and give personal information but I'm unable to hold a conversation.
<input type="checkbox"/> Tourist	I can order meals, ask for directions, read to a certain extent, and follow basic conversations.
<input type="checkbox"/> Spectator	I can follow and understand television and radio programs. I can understand texts and read the language well. I can discuss abstract concepts and explain my position on an issue and can hold a basic conversation.
<input type="checkbox"/> Fluent/Bilingual	I can communication with native speakers on a wide range of topics without a great deal of effort on either side and I can appreciate a joke.
What level do you hope to reach by departure?	
Explain in detail your past and current study of the target language.	
Course:	Year:
Comments:	

Have you had, or do you currently have, any other opportunities to speak the target language?

☐ Yes

☐ No

Please explain:

Do you or your parents speak any other language(s) at home?

☐ Yes

☐ No

If yes, please specify:

How often? ☐ Regularly

☐ Often

☐ Seldom

Explain circumstances:

Please note that the family who receives an exchange student must agree to provide a completely English-speaking environment, as this is a program to enhance English language skills. English should be the language spoken at home, during activities, in conversation and on television programs

11. Personal Letter of Introduction

Please write a letter of introduction or a self-portrait. **This will be the first impression your exchange partner and family will have of you so please give it careful consideration.**

Describe “who you are” giving character traits, likes and dislikes, goals, favourite activities, interests, qualities, tastes. Please include what type of activities you like to do with your family, your friends; what you like to read, your favourite subjects. Please provide lots of details.

Please do not simply repeat information that is available in other parts of your application (e.g. sibling’s age).

The letter should be a minimum of 500 words, double-spaced and typed.

Submitted in a separate word document

12. Photo Introduction

Labelled colour photos of the family and the applicant in collage format (**maximum of two pages**) in a PDF or Word document only.

Scanned colour copies of:

- You and your family (2 only)
- Favorite activities, friends, pets (2 only)

Please label photos. No individual/hard copies of photos accepted.

Collage of family, friends, pets, interests

Labelled colour photos of the home in collage format (**maximum of two pages**) in a PDF or Word document only.

Scanned colour copies of:

- Exterior of your home (1 only)
- Interior of your home (3 only)

Please label photos. No individual/hard copies of photos accepted.

Collage of home

Medical Information Release Form

This form is to be signed by a parent(s)/guardian(s) and returned to Alberta Education. Accurate and complete information is essential to ensure adequate supervision and protection while students participate in a student exchange. This information is confidential and will be available only to those responsible for the participant, and a physician, if necessary. The parent(s)/guardian(s) is assuming full responsibility for the participating student's health being such that the program activities will in no way aggravate any condition present and will ensure that the participant takes valid health insurance on the exchange.

Name of participant		Birthday (MM/DD/YYYY)	
Home Address	Town/City	Province	Postal Code
Home Phone Number			
Parent/Guardian 1 Cell Number		Parent/Guardian 1 Business Number	
Parent/Guardian 2 Cell Number		Parent/Guardian 2 Business Number	

Emergency Contact (other than parent/guardian)

Full Name		Relationship to Participant
Home Phone Number	Cell Number	Business Number

Family Doctor

Doctor Name	
Office Number	

Alberta Healthcare Number	

Personal Health Record

1. Please list any health conditions that the participant is/was subject to, details of signs/symptoms and appropriate treatment/medication should any conditions indicated below occur. Please also include any medical devices/equipment that the Alberta student is using or may need.

Health Condition (indicate if condition is past or current)	Signs/Symptoms (if applicable)	Treatment/Medication (if applicable)

Additional Comments:

2. Please list any disabilities or special needs and the required accommodation.

3. Mental Health - Please check off any of the following conditions which the participant has or has had.

- ☐ Mood disorders (e.g. depression, bipolar disorder) ☐ Eating disorders (e.g. anorexia, bulimia)
☐ Anxiety disorders (e.g. panic attacks) ☐ Other:

Please comment or give details of signs/symptoms and appropriate treatment should any of the conditions above occur.

Are you currently or have been in the past under the direct supervision of a medical doctor/psychologist/psychiatrist?

☐ Yes ☐ No

If yes, please explain:

5. Please list recent operations/injuries and precautions that have been advised.

Date	Operation/Injury	Precautions

6. Please check what immunizations the Alberta student has received to date:

☐ Measles ☐ Mumps ☐ Rubella ☐ Diphtheria ☐ Tetanus ☐ Pertussis ☐ Polio ☐ Hepatitis B

List any additional vaccinations and date taken:

Date	Vaccine

Note: If deemed necessary, students are responsible for taking the appropriate immunization precautions for their exchange destination.

Is the participant currently taking any other medication? ☐ Yes ☐ No

Name of Drug	Health Condition	Dosage

