

## PUPIL FORM ATTACHED: Information regarding homestay

To be completed and submitted after the application is accepted. This information will be used to match the student with the most suitable partner/host family.

### 1. Student's name and surname:

\_\_\_\_\_

-Personal contacts: cell phone \_\_\_\_\_ email: \_\_\_\_\_

-Parents' contacts: cell phone \_\_\_\_\_ email: \_\_\_\_\_

-Student's social account: \_\_\_\_\_

### 2. COVER LETTER

Write an introductory letter in the language used for communication between your school and the host school. This letter will be forwarded to the host school and the host family. Attach also some photos of you, your friends and family.

Write your letter here

### 3. MEDICAL NEEDS AND HEALTH RESTRICTIONS

*Do you have any disabilities (physical and non-physical limitations) or allergies that might affect accommodation or participation in daily family and/or school activities?*

#### I CAN'T LIVE WITH:

Cats

Dogs

Other  
pets

### 4. DIETARY NEEDS

*Do you have any special dietary needs, e.g., for medical, religious reasons or personal choice?*

Yes

No

If your answer is yes, please explain:

#### If you are vegetarian, you are willing to eat:

Fish

Poultry

Dairy products

### 5. SMOKING

Do you smoke?

Yes  No

Do you need to be hosted in a non-smoking house??

Yes  No

**6. OTHER**

Are there other aspects to consider in order to match the student with a suitable host family?

Yes  No

If your answer is yes, please explain:

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**7. FOR TRAVEL PURPOSES**

Town of birth:	
Date of birth:	
Nationality:	

Country of birth:	
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<b>Passport/ ID Card:</b>			
Number:		Date of issue:	
Place of issue:		Expiration date:	

**8. SIGNATURE**

*I, the undersigned, give my consent to the home school to transmit the personal data entered in this form to the host school and host family for the purpose of the long-term Pupil Mobility provided within the Erasmus+ Program. These data will also be communicated to the National Agencies responsible for the Erasmus+ Program. All persons coming into contact with these data will have to treat them as confidential.*

Name(s) and signature(s) of parent(s) and/or guardian(s)/ i (Date)


Student's name and signature (Date)

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