



**HOMESTAY APPLICATION / FICHE DESCRIPTIVE**

N° 4205/08/

<b>FAMILY NAME/NOM</b> .....	<b>GIVEN NAMES/PRENOMS</b> .....	Your photo	
<b>ADDRESS/ADRESSE :</b> ..... .....			
<b>EMAIL ADDRESS:</b> .....			
<b>DATE OF BIRTH/DATE DE NAISSANCE :</b> .....			
<b>SEX/SEXE :</b> MALE/HOMME    FEMALE/FEMME			
<b>NATIONALITY/NATIONALITE :</b> .....			
<b>SCHOOL/ECOLE :</b> .....			
<b>FAMILY MEMBERS/COMPOSITION DE LA FAMILLE :</b> .....			
	<b>GIVEN NAMES/PRENOMS</b>	<b>AGE</b>	<b>OCCUPATION/EMPLOI</b>
<b>FATHER/PERE</b>	.....	.....	.....
<b>MOTHER/MERE</b>	.....	.....	.....
<b>CHILDREN/ENFANTS</b>	.....	.....	.....
<b>FRENCH SPEAKING ABILITY/COMPETENCE EN FRANÇAIS :</b>			
<b>VERY GOOD/BONNE    GOOD/BONNE    FAIR/MOYEN    POOR/FAIBLE</b>			
<b>SPORTS/HOBBIES INTERESTS/LOISIRS :</b> .....			
<b>PERSONALITY/PERSONALITE :</b> .....			
<b>DO YOU SMOKE/ Fumez -vous ? YES or NO</b>			
<b>DO YOU HAVE ANY ALLERGY(S) (PLANTS, ANIMALS, FOOD...)/ Avez-vous des allergies: YES or NO</b>			
If YES, WHICH ONE(S): .....			
<b>DO YOU HAVE A SPECIAL DIET (VEGETARIAN, NO PORK...)/ Avez-vous un régime spécial?: YES or NO</b>			
If YES, WHICH ONE: .....			
<b>DO YOU HAVE A MEDICAL CONDITION *(ASTHMA...)/ Avez-vous un traitement médical? : YES or NO</b>			
If YES, WHICH ONE:.....			
* Please, indicate any treatment taken. In case of emergency, CREIPAC staff or families must be able to inform the doctor very quickly about treatments.			
<b>IS THERE ANY THING YOU DISLIKE (FOOD, ANIMALS...)/Y a-t'il des choses que vous n'aimez pas? YES or NO</b>			
If YES:.....			
<b>SPECIAL REQUESTS/COMMENTAIRES PARTICULIERS :</b> .....			