



HOMESTAY APPLICATION / FICHE DESCRIPTIVE

N° 4205/08/

FAMILY NAME/NOM	GIVEN NAMES/PRENOMS	Your photo
.....	
ADDRESS/ADRESSE :		
.....		
EMAIL ADDRESS:	.....
DATE OF BIRTH/DATE DE NAISSANCE :	.....
SEX/SEXE :	MALE/HOMME	FEMALE/FEMME
NATIONALITY/NATIONALITE :	.....
SCHOOL/ECOLE :	.....
FRENCH SPEAKING ABILITY/COMPETENCE EN FRANÇAIS :		
	VERY GOOD/BONNE	GOOD/BONNE FAIR/MOYEN POOR/FAIBLE
SPORTS/HOBBIES INTERESTS/LOISIRS :	.....
PERSONALITY/PERSONALITE :	.....
DO YOU SMOKE/ Fumez -vous ? YES or NO		
DO YOU HAVE ANY ALLERGY(S) (PLANTS, ANIMALS, FOOD...)/ Avez-vous des allergies: YES or NO		
If YES, WHICH ONE(S):	.....
DO YOU HAVE A SPECIAL DIET (VEGETARIAN, NO PORK...)/ Avez-vous un régime spécial?: YES or NO		
If YES, WHICH ONE:	.....
DO YOU HAVE A MEDICAL CONDITION *(ASTHMA...)/ Avez-vous un traitement médical? : YES or NO		
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.		
IS THERE ANY THING YOU DISLIKE (FOOD, ANIMALS...)/Y a-t'il des choses que vous n'aimez pas? YES or NO		
If YES:	.....
.....		
SPECIAL REQUESTS/COMMENTAIRES PARTICULIERS :		
.....		
.....		