

**Contact:**

Collège Saint-Charles-Garnier  
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**Photo**  
(electronic pictures are  
accepted)

## Student information

Last name:	
First name:	
Date of birth (DD/MM/YYYY):	Sex (M/F):
Place of birth:	Nationality:
E-mail:	
Address	
#, street, apt.:	Home phone number: ( )
City, province (state):	Cell. number: ( )
Country:	Fax number: ( )
Postal code (zip):	E-mail:

## Present school you are going to

Name:	
#, street, apt.:	Postal code (zip):
City, province (state):	Phone number: ( )
Country:	Fax: ( )
E-mail:	Internet site:
Languages taught at the school:	
Contact at the school	
Name:	Position:
Phone number: ( )	Extension:
E-mail:	Fax: ( )

### Father

Last name:	Home phone number: ( )
First name:	Office phone number: ( )
E-mail:	Cell number: ( )
Occupation:	Fax: ( )
Company you work for:	

### Mother

Last name:	Home phone number: ( )
First name:	Office phone number: ( )
E-mail:	Cell number: ( )
Occupation:	Fax: ( )
Company you work for:	

### Legal tutor (if applicable)

Last name:	Home phone number: ( )
First name:	Office phone number: ( )
E-mail:	Cell number: ( )
Occupation:	Fax: ( )
Company you work for:	

### Other Phone Number in Case of Emergency – not parents

Name and relationship with the student:	
Phone number: ( )	Fax: ( )
E-mail:	Cell. Number: ( )

### Medical information

Insurance company:	Insurance number:	International phone number in case of an emergency:
Height:	Weight:	
Blood type:	Date of latest tetanus shot:	

## Medical information...

### Illness

Previous illness (mark and give approximate dates):

Measles :	Mumps :	Bronchitis :
Diphtheria :	Whooping cough :	Dermatitis :
Fracture :	Scarlet fever :	Chickenpox :
Tonsillitis :	Otitis :	Other :

Do you suffer from any of the following health problems? (if yes, mark and specify)

Asthma :	Vision trouble :	Physical handicap :
Digestion problems :	Heart trouble :	Epilepsy convulsions :
Diabetes :	Skin disease :	Breathing problems :
Frequent headaches :	Other:	

Comments :

### Allergies

Do you suffer from any of the following allergies? (if yes, mark and specify)

Medicine, drugs :	Food (seafood, lactose, peanuts, etc.):
Pets :	Other:

Kind of medicine that you must take for the allergies that you have:

Comments :

### Present State of Physical Health

Physical restrictions :

Anything special :

If you are taking medication, let us know below all the pertinent information (name of medication, prescription, dosage, frequency, secondary effects, etc.):

Name of your doctor:

Phone number: (      )

### Parent or Tutor's Authorization in Case of Hospitalization

In case of emergency, if I cannot be reached, I authorize the doctor chosen by the director of the Program or its representative to hospitalize my child \_\_\_\_\_, to assure him the best care and to prescribe if necessary injections, anesthesia or any other medical intervention.

Parent or Tutor's name and signature :

Date:

## Family/home

Please give us the Information about your family members:

Name	Age	Sex (M/F)	Relationship	Occupation

Do you have pets at home? (how many and type):

Activities that you usually do with your family:

Languages spoken at home:

## Personal information

What are your favorites hobbies? List them in order of preference (at least 3)

Do you play sports? If so, which one(s) do you play?

In which sport activity you would like to participate in at the school?

Do you play a musical instrument? If so, which one(s)?

Do you smoke?	Yes	No	How many cigarettes per day?
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If yes, would it be acceptable for you to live with a family where you would have to smoke outside?	Yes	No
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Do you like dogs?	Yes	No	Do you like cats?	Yes	No
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**Eating habits**

Is there anything that you really do not like to eat?

Anything important that we should know?

## Personal Information...

If you have travelled before, please give us the following information

Where:	For how long:
Goals of the trip:	Did you travel alone or with your family?

### Academic information

Do you usually do well at school	Yes		No	Average note from last year at school:
Any subject where you have special problems?	Yes		No	Which one?

How do you consider you French level?

### Adaptation

How do you feel about living in an environment where everything will be different and new for yours (language, family, school, food, etc.)?

How do you feel about living away from your family and your friends?

Do you find it easy to adapt to new situations?

Will you agree to make an effort to participate in most of the activities with your host family?

Do you think that at night and during the weekends that would be a good idea to participate at your host family's activities that go around with your friends?

What will be your reaction if the rules in your host family are more numerous and stricter than the ones you have at home?

Will you agree to make an effort to speak French and participate at the school activities?

## Personal Information...

### Specific information

Religion:	Regular time when you to bed during the week and the weekend:
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Other:

### Participation to the program

What motivate you to enroll in this program?

Kind of things that you would like to do during your stay at Quebec?

Have you ever participate in another program like this one? (where, for how long)

¿Have you ever visit Quebec City before?	Yes		No		Date of visit and for how long:
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## Information to select your host family

For each of the following items concerning your host family, circle the number that best corresponds to your wishes (we will try to match all your requests):

1. Necessary      2. Desirable      3. Not important

	1	2	3
A. No pets: dogs			
B. No pets: cats			
C. Non-smoking Family			
D. Vegetarian food			
E. Piano at home			
F. Family with small kids			
G. Family that does a lot of activities			
Other:			

Is there anything important regarding the selection of your host family?

Note: long distances calls are not covered by the host Family. Even internet is offered in most of the houses, it is not a service that all our families have

## Text

**In a short text, in French, introduce yourself. Tell us about:**

- Your family (parents, brothers, sisters)
- Your personality (are you independent, shy, sociable, respectful, etc.)
- A typical weekend day
- Why you want to come to Quebec City.

**Please send some color pictures of you and your family**

## Section for Parents or Tutor

Does your child have any difficulties learning? (Problems with study techniques, concentration, managing stress, time management etc.)

Does your child require extra help in any particular subject(s)?

Parents should be aware of the information given by their child. They can also write other remarks that they would like to bring to the attention of either the administration or the host family.

## SIGNATURES

Student: Name and signature

Date

If under 18 years old, name and signature of your father, mother or legal tutor

Date