**STUDENT EXCHANGE PROFILE FORM: 2024-2025**

(Attach photo)

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| STUDENTS NAME |  |
| YEAR LEVEL |  |
| DATE OF BIRTH |  |
| BOARDER | Yes No |
| STUDENT PASSPORT NUMBER | Number:  Expiry Date: |
| STUDENT EMAIL |  |
| HOME ADDRESS |  |
| PARENT CONTACT DETAILS (1) | Mobile:  Email:  Occupation: |
| PARENT CONTACT DETAILS (2) | Mobile  Email  Occupation: |
| LANGUAGE SPOKEN AT HOME |  |
| CULTURAL BACKGROUND |  |

**STUDENT INFORMATION**

Age and gender of siblings:

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Are there any other people living in the home: If so, please specify

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School Uniform Sizing: (Australian sizing)

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| 6 |
| 8 |
| 10 |
| 12 |
| 14 |
| 16 |
| 18 |

What do you enjoy most at school?

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List your co-curricular Activities

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How would you spend a typical weekend at home?

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What activities do you like doing in your free time?

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What would you like to see and do while on your exchange?

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Are there any activities in the school that you would like to be involved in?

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Do you have any pets?

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Do you have any allergies or phobias to animals?

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Any other information that you would like to share?

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**HEALTH INFORMATION (For parents/guardians to complete)**

Has your child been immunised?

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| --- | --- |
| Yes | No |

Does your child have any allergies?

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Does your child have any specific healthcare needs including any medical conditions that are relevant to the care and education of the child? (eg; diabetes, asthma, epilepsy)

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Does your child have any dietary restrictions?

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Please list any previous serious injuries or illnesses to your child that may affect their time at the school.

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Authorised Emergency Contacts:

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| --- | --- |
| EMERGENCY CONTACT (1) | Mobile:  Email:  Relationship to Child: |
| EMERGENCY CONTACT (2) | Mobile:  Email:  Relationship to Child: |

**PHOTO PERMISSION**

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| PHOTOGRAPHS:  By signing below, I am giving permission for my child to have his/her photographs displayed in the classroom, class journals, classroom portal page and school publications including the website, social media, *The Blue Ribbon, St Catherine’s News* and the *School Magazine.*  Yes, I consent  No, I do not consent  Parent/Guardian Name:  Signature: |

**STUDENT PARTICIPATION AGREEMENT**

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| During the Exchange Program, I agree to the following:   * I will attend school as a full-time student * Any travel arrangements will be made in consultation with my parent/guarding and the host parents and with the permission of the host school * I will abide by the rules and regulations of my host school and family * I will remain responsible, courteous and respectful, demonstrating the school values of integrity, curiosity, perseverance, empathy and gratitude at all times   Name of Student:  Signature: |

**HOST FAMILY PARTICIPATION AGREEMENT**

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| --- |
| * As a family, we fully support this application for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in the exchange. * As a host family, we understand that that the Exchange Program operates on the basis of reciprocity of hosting and we agree to host a student in return * We understand that we are responsible for making the travel arrangements for our child, in consultation with the school * We agree to accept our exchange student as a member of our family and do our best to make her stay as enjoyable and beneficial as possible. * We agree to collect our exchange student from the airport and drop her off at the end of her stay * We will provide appropriate accommodation, supervision and support, all meals and cover transport costs.   Parent Name:  Parent Signature:  Date: |