


STUDENT'S PICTURE	
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YOUR SCHOOL'S NAME	
YOUR ESN COORDINATOR'S NAME	
YOUR ESN COORDINATOR'S EMAIL	

YOUR FIRST NAME	
YOUR LAST NAME	
YOUR BIRTH DATE	
YOUR E-MAIL	
PHONE NUMBER + country code	+
SOCIAL MEDIA CONTACTS (optional)	
YOUR GENDER	MALE FEMALE OTHER

PARENT / GUARDIAN 1	FIRST NAME
	LAST NAME
	EMAIL
	PHONE +
PARENT / GUARDIAN 2	FIRST NAME
	LAST NAME
	EMAIL
	PHONE +

ARE YOU ALLERGIC? IF SO, SPECIFY: (food, animals, other)	
ANY SPECIAL DIET?	

<p>ARE YOU WILLING TO STAY IN THE SAME BEDROOM WITH YOUR HOST IF NECESSARY?</p>	
<p>ARE YOU WILLING TO BE HOSTED BY A STUDENT OF DIFFERENT GENDER?</p>	
<p>WHAT LANGUAGES DO YOU SPEAK? (specify level of fluency)</p>	<p>BASIC:</p> <p>INTERMEDIATE:</p> <p>ADVANCED:</p>
<p>WHAT ARE YOUR INTERESTS / HOBBIES?</p>	
<p>WHAT ELSE SHOULD WE KNOW ABOUT YOU? (e.g., medication, special needs, difficulties, phobias, etc.)</p>	
<p>WHY DO YOU WANT TO PARTICIPATE IN THIS ESN PROJECT? WHAT ARE YOUR EXPECTATIONS / MOTIVATIONS?</p>	
<p>HAVE YOU ALREADY PARTICIPATED IN AN ESN PROJECT? IF SO, PLEASE SPECIFY.</p>	
<p>DO YOU HAVE ANY PETS? IF SO, PLEASE SPECIFY.</p>	