



DETAILS (PLEASE PRINT IN BLOCK LETTERS)

YOUR NAME	NAME OF PARENT / GUARDIAN
<input type="text"/>	<input type="text"/>

RESIDENTIAL ADDRESS	POSTAL ADDRESS
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

DATE OF BIRTH	PHONE NUMBER	PARENT / GUARDIAN PHONE NUMBER/S
<input type="text"/>	<input type="text"/>	<input type="text"/>

YOUR EMAIL ADDRESS	PARENT / GUARDIAN EMAIL ADDRESS
<input type="text"/>	<input type="text"/>

CURRENT SCHOOL YEAR	CURRENT SCHOOL SUBJECTS
<input type="text"/>	<input type="text"/>

DO YOU SPEAK FRENCH? (Knowledge of French is Essential) **YES I AM LEARNING** **YES FLUENTLY**

WHAT ARE YOUR INTERESTS AND HOBBIES

PLEASE PROVIDE AN OUTLINE ON WHY YOU WOULD LIKE TO VISIT ILE DE RÉ, FRANCE

DECLARATION

The rules and guidelines form a part of this application. By signing this application you declare that you have read, understood and abide by the rules, guidelines and indemnity attached to this application form. Parents/guardians of the applicant, indemnify the Shire of Esperance and the Lions Club of Esperance against any injury, accidents, loss, damage, or death that may occur as a result of participation in this exchange program. This indemnity includes any injury, loss, damage or death as a result of acts of terrorism or war.

Signature of Applicant	Signature of Parent / Guardian
<input type="text"/>	<input type="text"/>
Date	Date