Pupil’s Application Form

# Contact details of the applicant

|  |  |
| --- | --- |
| First name: |  |
| Last name: |  |
| Date of birth: |  |
| Address |  |
| Postal code and city: |  |
| Mobile phone: |  |
| Email address: |  |

**2. Contact details of the sending school**

|  |  |
| --- | --- |
| Sending school: | Tallinn European School |
| Contact person: | Liis Teras |
| Email: | [Liis.Teras@est.edu.ee](mailto:Liis.Teras@est.edu.ee) |

# 3. Host school(s) — Please state in order of preference

|  |  |
| --- | --- |
| **Name of host school** | **Country** |
| 1) |  |
| 2) |  |
| 3) |  |

# 4. Year (level), preferred mobility and duration

S5

[Grab your reader’s attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.]

Exchange (your family receiving a student at the same time)

[Grab your reader’s attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.]

One-way visit (your family not receiving a student at the same time)

[Grab your reader’s attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.]

Exchange / visit duration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(min 5 weeks, max 1 semester)*

Justification if unable to host:

# 5. Personal and Family information

I live with my (please tick below as appropriate):

|  |  |  |  |
| --- | --- | --- | --- |
| Mother  [Grab your reader’s attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.]  [Grab your reader’s attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.] | Father  fgh[Grab your reader’s attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.] | Other: |  |

**Mother/Stepmother/Guardian**

|  |  |
| --- | --- |
| First name: |  |
| Last name: |  |
| Legally responsible (yes/no): |  |
| Email: |  |

**Father/Stepfather/Guardian**

|  |  |
| --- | --- |
| First name: |  |
| Last name: |  |
| Legally responsible (yes/no): |  |
| Email: |  |

# 6. Languages

|  |  |
| --- | --- |
| Mother tongue: |  |

|  |  |
| --- | --- |
| **Other languages:** | |
| Language: |  | Years studied |  | Speaking ability | 🞎 Excellent | 🞎 Good | 🞎 Fair | 🞎 Basic |
| Language: |  | Years studied |  | Speaking ability | 🞎 Excellent | 🞎 Good | 🞎 Fair | 🞎 Basic |
| Language: |  | Years studied |  | Speaking ability | 🞎 Excellent | 🞎 Good | 🞎 Fair | 🞎 Basic |

**7. Subjects and options**

Pupils must follow exactly the same options in the two schools.

* Please attach a scanned copy of your last school report.

**8. Personal details**

Please describe yourself. Give information about your personality, your sports, hobbies and what you like to do in your spare time and any other interest, but also which subjects at school you are most interested in.

# 9. Motivation and additional remarks

Please give any additional reasons why you wish to go on exchange to/visit another European another European country.

# 10. Signatures

|  |
| --- |
| I, the undersigned, allow the sending school to use the data included in this form for the purposes of the selection of pupils in the framework of the Pupil exchange programme between European schools. I agree that these data are communicated to the host school, and that the host school will transmit them to the family, which will host my child. I understand that the data contained in this form will be communicated to the staff in charge of the exchange/visit of the sending and host schools. All those people receiving these data will be required to treat them as confidential.  **Agreed and accepted by**  Name(s) and signature(s) of the Parent(s)/Guardian(s) (Date)    Name and signature of the pupil (Date) |