

# Saskatchewan-Québec Student Exchange Program

## 2021 Application Form

**Please note:**

- All questions must be answered.
- Once completed, this application form must be submitted to the exchange program liaison teacher at the student's school.
- **Deadline for student applications: March 22, 2021**

Please insert a recent head/shoulders photo of the student in the space provided to the right.

### 1. STUDENT AND SCHOOL INFORMATION

Legal surname: \_\_\_\_\_

Legal given name: \_\_\_\_\_

Legal middle name(s): \_\_\_\_\_

\* Student's legal names must be listed here as they appear on the government-issued ID (passport or birth certificate) that will be used for air travel, including all middle names, if applicable.

Preferred first name: \_\_\_\_\_

Address (number, street, postal code, municipality): \_\_\_\_\_

\_\_\_\_\_

School name: \_\_\_\_\_

School division name: \_\_\_\_\_

Telephone (home): \_\_\_\_\_

Telephone (student's cell, if applicable): \_\_\_\_\_

Student's email address: \_\_\_\_\_

Date of birth (DD/MM/YY): \_\_\_\_\_ Gender identity: \_\_\_\_\_

School grade as of next Sept: \_\_\_\_\_; Age as of next Sept 1: \_\_\_\_\_ years \_\_\_\_\_ months

2. PARENT OR LEGAL GUARDIAN INFORMATION	PARENT OR LEGAL GUARDIAN 2 (IF APPLICABLE)
Surname: _____ Given name: _____ Address (if different from above): _____ Telephone (home): _____ Telephone (work): _____ Telephone (cell): _____ Email: _____ Profession: _____	Surname: _____ Given name: _____ Address (if different from above): _____ Telephone (home): _____ Telephone (work): _____ Telephone (cell): _____ Email: _____ Profession: _____

**3. PERSONAL OBJECTIVES**

In the space provided below, please explain in one paragraph your main objectives for participating in the virtual student exchange. Why do you want to participate and what do you hope to accomplish?

#### 4. ACTIVITIES AND LEISURE TIME

Which of the following **best** describes your temperament or your personality?  
(Select only one)

Analytic     Artistic     Athletic     Social

List your main interests and hobbies in order of priority and indicate the number of hours per week you devote to each.

1. Activity: \_\_\_\_\_ hours/week: \_\_\_\_\_
2. Activity: \_\_\_\_\_ hours/week: \_\_\_\_\_
3. Activity: \_\_\_\_\_ hours/week: \_\_\_\_\_

#### Check off the activities you enjoy most:

Swimming <input type="checkbox"/>	Football <input type="checkbox"/>	Cycling <input type="checkbox"/>	Horseback Riding <input type="checkbox"/>	Jogging <input type="checkbox"/>	Soccer <input type="checkbox"/>	Basketball <input type="checkbox"/>
Hockey <input type="checkbox"/>	Dance <input type="checkbox"/>	Skiing <input type="checkbox"/>	Volleyball <input type="checkbox"/>	Singing/Choir <input type="checkbox"/>	Drama <input type="checkbox"/>	Other _____

**Music:** Do you play a musical instrument     Yes     No

If so, which one? \_\_\_\_\_ Hours/week: \_\_\_\_\_

**Reading:** Do you enjoy reading?     Yes     No

Types of reading material: \_\_\_\_\_ Hours/week: \_\_\_\_\_

**Movies:** Which type(s) of movies do you prefer?

Adventure     Comedy     Crime     Fantasy    Hours/week: \_\_\_\_\_

**Television** (What shows do you watch?):

\_\_\_\_\_ Hours/week: \_\_\_\_\_

**Shopping** (for recreational purposes, not food)

Hours/week: \_\_\_\_\_

**Outings with friends** (What do you like to do?):

\_\_\_\_\_ Hours/week: \_\_\_\_\_

**Cell phone use** (What games do you play, social media, etc.?)

\_\_\_\_\_ Hours/week: \_\_\_\_\_

**Video games** (What games do you play?):

\_\_\_\_\_ Hours/week: \_\_\_\_\_

## 5. PERSONAL RELATIONSHIPS

Place an X in the box that most accurately represents you. Only one X per row.

	2	1	0	1	2	
I prefer to listen.	<input type="checkbox"/>	I prefer to talk a lot.				
I prefer staying at home.	<input type="checkbox"/>	I prefer to go out.				
I sometimes enjoy spending time on my own.	<input type="checkbox"/>	I prefer spending time with friends.				
I tend to think before acting.	<input type="checkbox"/>	I am very spontaneous.				

Is it important for you to be matched with someone who has a lot in common with you? If so, why? \_\_\_\_\_

If you are matched with someone who is quite different from you, how will you feel? \_\_\_\_\_

## 6. EMPLOYMENT

Do you have part-time employment?  Yes  No

If yes, describe the nature of your employment and the number of hours per week devoted to work: \_\_\_\_\_

Do you intend to maintain your employment throughout the exchange?  Yes  No  
If yes, how many hours per week? \_\_\_\_\_

## 7. LEVEL OF FRENCH

Please indicate in which French language stream you are currently registered:

French Immersion  Post-intensive French  Core French

Please evaluate your level of French:

- Beginner – I can say hello and welcome, and a few other short sentences, but cannot carry on a conversation.
- Traveller – I can order meals, ask for directions, and read fairly well.
- Spectator – I can follow and understand radio and television programs, but hesitate to converse, I read well.
- Bilingual – I can understand French and converse in French in most familiar situations; I can understand the significance of a joke or a play on words.

## 8. LETTER OF INTRODUCTION

In 350 words or more, please write in **paragraphs** to describe:

- a. Your ideal future student exchange partner
- b. Your own personality, strengths, and areas for improvement
- c. Your family (likes and dislikes)
- d. Your preferred activities and hobbies
- e. Your typical school year (activities, school structure, classes)

Don't forget that the letter will be forwarded to your future counterpart. Writing this letter in French is encouraged, so that all members of your future host family will be able to read it.

When writing, think about what would make you want to participate in the virtual exchange if you were the Québec student.

## 9. PHOTOS

Please provide four recent colour photos of the following:

1. Your family
2. You with your friends/pets
3. You doing activities that you like (ex. skiing, dancing, playing piano, etc.)
4. You doing activities that you like / you and your house or school

Note for the photos:

- The photos must be labelled according to the categories.
- Photos must be in colour and inserted in the document; no hard copies accepted.
- Indicate clearly which student is you in the photos if there are multiple people.


## 10. RELEASE OF INFORMATION

Information you provide to the Saskatchewan Ministry of Education is collected under the authority of Section 26(1) of *The Freedom of Information and Protection of Privacy Act* (FOIP) and is managed in accordance with Part 4 of the FOIP Act. The personal information you provide, including photographs and captions, will be used by the Saskatchewan Ministry of Education for the purpose of operating the Saskatchewan-Québec (SK-QC) Student Exchange program. The information will be used for the application process to determine the eligibility of the student and achieve a compatible match for the student in order to provide a successful exchange experience.

The Saskatchewan Ministry of Education will share your approved application with its exchange administrative partner (Éducation Internationale), the Québec exchange partner and their family, as well as the school of the Québec student. Your personal information will not be used or disclosed for any other purpose by the Saskatchewan Ministry of Education without your consent or unless required to do so by law. Should you wish to have your personal information removed or corrected, or if you have concerns pertaining to the SK-QC Student Exchange program, please contact the provincial coordinator at 306-787-6048.

## 11. COMMITMENT TO THE PROGRAM AND RELEASE OF INFORMATION

### Student Commitment

- I declare that I have read the "Release of Information" provided above and consent to the above-described collection, use and disclosure of my information and photographic images for the stated purposes.
- I am committed to the successful completion of this exchange. If I am selected, I will make every effort to make my exchange partner better understand my home, school and community.
- I will take all reasonable measures to resolve any challenges that may arise, in consultation with the teacher responsible for the program at my school, before withdrawing from the program.
- I understand that the SK-QC Student Exchange program may have an altered schedule or format in the 2021-22 school year and that it may be cancelled as a result of COVID-19.

\_\_\_\_\_  
Signature of student

\_\_\_\_\_  
Date (dd/mm/yyyy)

Both the student and parents must show a commitment to participate in this program. The parent(s) must be prepared to encourage their child to see the exchange through the entire virtual exchange experience.

**Parent Commitment and Release of Information**

- I declare that I have read the “Release of Information” provided above and consent to the above-described collection, use and disclosure of my child/ward’s information and photographic images for the stated purposes.
- I have read and understood the responses provided by my child as part of this application. I accept with enthusiasm my child’s intention to participate in the exchange. I will do everything I can to ensure that the exchange is successful for my child and for the Québec student with whom my child may be matched.
- I understand that the person responsible for the exchange program at my child’s school must be informed of any major difficulty experienced by my child and/or my child’s counterpart during the exchange, as well as any change in our family situation, knowing that such changes may result in a cancellation of the exchange.
- I understand that the SK-QC Student Exchange program may have an altered schedule or format in the 2021-22 school year and that it may be cancelled as a result of COVID-19.

\_\_\_\_\_  
Signature of parent or legal guardian  
(dd/mm/yyyy)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date (dd/mm/yyyy)

12. Permission to film and/or photograph: Youth (Optional)

The Saskatchewan Ministry of Education hereby requests to film and/or photograph your child or ward and to retain the footage and/or photographs in the Ministry of Education library of photographic images and video footage. The footage/photographs may be used for an indefinite period of time for Ministry of Education or Government of Saskatchewan purposes, including but not limited to publications and advertising in print and digital formats, and posting on an open-access or restricted-access website.

\_\_\_\_\_  
Name of Youth (print)

I hereby give permission to the Ministry of Education to film and/or photograph and subsequently use the digital images of my child or ward as described above. I do this with the understanding that the images will be published and/or posted anonymously without indication of school, address, geographic location, teacher or student name.

\_\_\_\_\_  
Name of parent or guardian (print)

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date (dd/mm/yyyy)

Future Contact:

I give consent for the Saskatchewan Ministry of Education to contact me after the exchange program has ended with information about educational opportunities including scholarships and bursaries that may interest me. (Optional)

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Signature of parent of legal guardian

\_\_\_\_\_  
Relationship to student

\_\_\_\_\_  
Relationship to student

\_\_\_\_\_  
Date (dd/mm/yyyy)