Spanish Exchange Program Application
Episcopal-Colegio Inglés Zaragoza, Spain
Traveling: **June 6-20, 20224**
Hosting: **March/April 2025**

Please attach recent photo here.

Please fill out this form with your parents and return to Sra. Plaski by November 6, 2023

Student Information

Last Name: _____ First Name: _____ Grade (2023-24): _____

Date of Birth: _____ Student cell phone number: _____

Do you have a passport? _____ Expiration Date _____

Current Spanish level: _____ Student willing to: Host ____ Travel ____ Both ___

Interests and Hobbies

The following information will allow us to better match you with a Spanish student. Please indicate which of the following activities interest you. **Write (1) for regular activities and (2) for occasional activities.**

___cooking	___ boating	___movies	___video/computer games
___swimming	___computer	___theater	___soccer
___fishing	___baseball/softball	___dance*	___music*
___horse riding	___golf	___tennis	___musical instrument*
___bicycling	___basketball	___martial arts	___camping
___shopping	___photography	___reading	___museums/history
___volleyball	___snow skiing	___water skiing	___scuba diving
___crew	___chess	___football	___ walking/hiking
___art	___church activities	___kayaking	___jet skiing
___surfing	___gymnastics	___sailing	___jogging/running
___hockey	___beach	___paintball	___weight-lifting
___singing	___skate-boarding	___bowling	___snow-boarding
___other*	___ studying	___ dining out	___ social media*

*Please specify: _____

Other: _____ Other: _____ Other: _____

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Personality

Please check off the 7 most important characteristics of your personality:

___outgoing	___friendly	___conservative	___talkative
___mature	___flexible	___humorous	___responsible
___studious	___self-confident	___spontaneous	___feels for others
___curious	___organized	___sensitive	___makes friends easily
___ studious	___ outgoing	___ introverted	___shy

other: _____ other: _____ other: _____

Why are you interested in participating in the Spanish Exchange Program?

_____

_____

_____

_____

_____

What part of the program appeals most to you?

_____

_____

_____

_____

_____

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What do you think will be your biggest challenge while participating in the Spanish Exchange Program?

_____

_____

_____

_____

What are your goals for your time in Spain in 2024?

_____

_____

_____

_____

What are your goals for your time hosting in Jacksonville in 2025?

_____

_____

_____

_____

Are you willing to speak in Spanish more often than in English and to work on your linguistic proficiency? **Yes** **No**

Are you willing to write journal reflections in Spanish and English about your experience? **Yes** **No**

Are you willing to share your experiences with our school community? **Yes** **No**

_____ _____

Student signature Date

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Student Travel Information Sheet
❖ Please print the following information **very clearly**. It is very important that you write your child's name **EXACTLY** as it is recorded in his/her passport. ❖ Please note, if your child's passport expires within 6 months of the travel dates to Spain, **you will be required to renew his/her passport by January 1, 2024.**
Student's last name:
Student's first name:
Student's middle name:
Student's birth date:
Grade level (2023-2024):
Student's cell phone number:
Student's home address:
Guardian #1 name:
Cell phone number:
Email address:
Guardian #2 name:
Cell phone number:
Email address:
Student's Passport number:
Student's Passport Expiration date:
Dietary Restrictions:

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Please list ANY allergies or medical conditions:
Does the student carry an epipen and/or inhaler on him or her at all times? YES NO
Please list any medications that the student takes regularly or specific medications for specific conditions:

Student's Past Travel Experience
Have you traveled abroad before? Where, for how long, and with whom?
Have you ever been away from home (without a parent's presence) for an extended period of time? ___ yes ___ no If yes, please comment on the experience:
Parents: In Spain, do you prefer that your child stay with a male or a female? ___ male ___ female
Parents: Are you willing to allow your child to stay with a student of a different gender if necessary? ___ yes ___ no

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FAMILY COMMITMENT FORM

Please return this form with your $1,500 deposit!

I agree to permit my child, _____ , to participate in the ESJ Spanish Exchange Program and to travel to the Zaragoza and Barcelona, Spain from June 6-20, 2024. I have read and understand the outlined payment schedule for the ESJ Spanish Exchange Program.

- Application materials and teacher recommendations need to be submitted by **November 6, 2023.**
- The initial deposit of $1,500 is due **December 4, 2023.**
- The remaining balance is due **January 8, 2024**.

I understand that after the deposit deadline of **December 4, 2023**, our $1,500 deposit will *ONLY* be reimbursed if my child is not selected for the program.

_____	_____	_____
Guardian #1 Printed Name	Signature	Date
_____	_____	_____
Guardian #2 Printed Name	Signature	Date

Family and Household Information

Guardian #1:_____

Occupation: _____ Cell Phone: _____ Email:_____

Guardian #2:_____

Occupation: _____ Cell Phone: _____ Email:_____

Brothers/Sisters (Please list names and ages):_____

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Hosting Information

Please provide all the information below about your home and situation here in Jacksonville by circling your responses and elaborating when necessary.

1. Are there any animals/pets in the home? Yes No
   If yes, please specify: _____

2. Are there any dietary restrictions in your home? Yes No
   If yes, please specify: _____

3. Do you play a sport in the spring? Yes No
   If yes, which sport?

4. Do you often participate in Fine Arts productions? Yes No
   If yes, which one(s)?

5. Do you prefer to host a male or female student? Male Female

6. Are you willing to host a student of a different gender? Yes No

7. Please add any additional information that you think we may find useful or helpful when pairing your child with a visiting student.

_____

_____

I am aware that my participation in this program is contingent upon acceptance into the program according to the established selection procedure

_____
Student Signature

I am aware of, and approve of, my son/daughter/ward's decision to apply for participation in the Spanish exchange program.

_____
Parent Signature