



APPLICATION PACKAGE

Find enclosed the documents required to apply for one of our Linguistic and Cultural programs in France or Québec. Please take a moment to carefully read through the enclosed material and fill out the different forms according to the instructions provided. In order to avoid any delay with the processing of your application package, please make sure to comply with all instructions.

1) APPLICATION FORM

Fill out the application. If possible, fill out the application form using a typewriter. [Printing neatly form in black or blue ink is equally acceptable.] We recommend a photocopy of this application be kept for your records.

2) PERSONAL LETTER

Your letter is the most important part of your dossier. Please write a personal letter in French, destined to your future host family. It doesn't need to be in perfect French; what is important is that it be original and sincere. Try to express your personality rather than just giving plain facts. To this end, please consider the following suggestions:

- Begin your letter with "Chère famille d'accueil"
- Explain why you want to participate in this experience. Share some of your impressions of France and what you hope to learn by living with your host family.
- Thank the family for their generosity in welcoming you and assure them that you will do your best to make your stay a good experience for them.
- Describe the members of your family.
- Tell about your school studies and your plans for the future.
- Discuss your interests and leisure activities (that you will have indicated on your questionnaire) and explain what you like to do in your free time.
- Mention a few points about life in your country.
- Please feel free to use your imagination and make your letter as personal as possible.

3) PERSONAL INFORMATION ABOUT THE PARTICIPANT

Fill out the questionnaire. Please keep in mind that this document will be used to place you with a family who has similar interests to your own. Please provide honest and candid answers.

4) HEALTH FORM

Have your parents fill out the health form for you. Remind him/her to sign it.

5) PAYMENT AND INSURANCE INFORMATION

Have your parents review the information and fill out the form. Remember that to be considered for one of our programs, you must include a \$300 deposit along with your completed application package.

Program Coordinator

Rita Lafrance

Nacel Canada Inc.

Suite #208, 8925 - 82 Avenue

Edmonton AB T6C 0Z2

Tel: (780) 468-0941

Fax: (780) 465-7583

Toll Free : 1 (800) 661-6223

Email: can@nacel.org

<http://www.nacel.ca/>

APPLICATION FORM

Please attach a smiling picture here

PROGRAM

CODE:	PROGRAM DESCRIPTION:		
ARRIVAL DATE:		DEPARTURE DATE:	
<i>FOR OFFICE USE ONLY</i>			

PARTICIPANT

Last Name: _____	First name: _____	Sex : M <input type="checkbox"/> F <input type="checkbox"/>
Date of birth: _____	Nationality: _____	
Address: _____		
City: _____	Prov: _____	P.C.: _____
Country: _____	Home Telephone: (_____) _____	
E-mail address: _____		
Mother's Full Name _____		
Mother's Occupation: _____	Work Telephone: (_____) _____	
Father's Full Name _____		
Father's Occupation : _____	Work Telephone: (_____) _____	
Person to contact in case of emergency during the stay (Name and full address):		
Address: _____		
City: _____	Prov: _____	P.C.: _____
Home Telephone: (_____) _____	Alternate Telephone: (_____) _____	

STUDIES

School Information:

Name of your current school: _____

Address: _____

City: _____ Prov: _____ P. C.: _____

Name of your current French teacher: _____

Your current Grade level:

7th

8th

9th

10th

11th

12th

French level:

Number of years you have studied the French language _____

French Program:

In which program are you currently registered?

Early immersion

Late immersion

FSL

Which of the following best describes your current ability in French?

Beginner

Lower intermediate

Higher intermediate

Advanced

Previous Experience:

Have you ever been to France? Yes No

If yes, for how long? _____

Have you ever been to Québec? Yes No

If yes, for how long? _____

Additional Comments:

PERSONAL LETTER TO YOUR HOST FAMILY (in French) :
(you can add a longer letter if you wish)

PERSONAL INFORMATION ABOUT THE PARTICIPANT

Doit être complété par le participant

Nom _____

Prénom _____

1- INTERETS ET ACTIVITES

A. activité occasionelle

activité régulière

favorite

natation

jogging

collections

voile

fitness

musique classique

planche à voile

musculation

théâtre

pêche

cuisine

musique moderne

tennis

shopping

danse

golf

photographie

danse classique

équitation

jeux vidéos

concerts

soccer/rugby

ordinateurs

musées

cyclisme

échecs

lecture

roller

animaux

peinture/dessin

basketball

camping

cinéma

Autres : _____

2- Veuillez indiquer ci-dessous si vous faites partie d'une organisation, d'un club, etc. (sportif, musical, religieux...):

3- Est-ce que vous faites partie d'une chorale, d'un orchestre ?

Jouez-vous un instrument de musique et lequel ?

4- FUMEZ-VOUS ?

OUI NON

Si oui, accepteriez-vous de ne pas fumer pendant votre séjour ?

OUI NON

IMPORTANT : Si un étudiant indique dans son bulletin d'inscription qu'il ne fume pas, il ne DOIT pas fumer lorsqu'il est en France. Si l'étudiant se trouve être un fumeur alors qu'il a spécifié qu'il ne l'était pas, il sera renvoyé dans son pays. Si l'étudiant indique dans son inscription qu'il est fumeur, il devra se plier aux règles imposées aux fumeurs par la famille d'accueil, l'école et la loi Française (interdiction de fumer dans tous les lieux publics).

5- QUELLE EST VOTRE RELIGION : _____

* Combien de fois participez-vous à des activités religieuses ? :

tous les jours

toutes les semaines

occasionnellement

rarement

* Accepteriez-vous d'accompagner vos hôtes sur le lieu de culte, même s'ils sont d'une religion différente ?

OUI NON

6- COMMENT VOUS DECRIRIEZ-VOUS ?

timide

sociable

très sociable

musicien

sportif

studieux

artiste

HEALTH FORM

To be completed and signed by the student's parents

STUDENT'S NAME _____ Height: _____ m. _____ cm. Weight _____ kg.

1. Does the applicant have any chronic conditions such as serious allergies, diabetes, enuresis, epilepsy?

If yes, please indicate type, frequency, and date of last symptom. YES NO

1.A) If seriously allergic to cats/dogs, would it be a problem for the applicant to live in a household where pets are always outside? YES NO

2. Does the applicant have any physical handicaps? If yes, please indicate type. YES NO

3. Has the applicant ever had major surgery, a serious accident, or a serious illness? YES NO

If yes, please indicate date and nature.

4. Does he/she have any psychological, nervous or eating disorders? YES NO

If yes, please indicate nature.

5. Will the applicant be taking any medication or treatment during his/her stay? YES NO

If yes, please indicate what kind, how often, and for what reason.

6. Is the applicant on a restricted diet for medical or religious reasons? YES NO

If yes, please indicate nature.

7. Are there any activities or sports discouraged for medical reasons? YES NO

If yes, please indicate type.

8. If the applicant has had any of the following conditions, check yes and give dates.

Chicken pox	<input type="radio"/> YES <input type="radio"/> NO _____	Rubella	<input type="radio"/> YES <input type="radio"/> NO _____
Measles	<input type="radio"/> YES <input type="radio"/> NO _____	Asthma	<input type="radio"/> YES <input type="radio"/> NO _____
Mumps	<input type="radio"/> YES <input type="radio"/> NO _____	Hepatitis	<input type="radio"/> YES <input type="radio"/> NO _____
Polio	<input type="radio"/> YES <input type="radio"/> NO _____	Headache	<input type="radio"/> YES <input type="radio"/> NO _____
Rheumatic Fever	<input type="radio"/> YES <input type="radio"/> NO _____	Parasites	<input type="radio"/> YES <input type="radio"/> NO _____
Tuberculosis	<input type="radio"/> YES <input type="radio"/> NO _____		

9. Are there any special circumstances about the student that should be known by the representative abroad? e.g. fear of dogs; heights or likes to fall asleep with music on ... etc. YES NO
If yes, please indicate what circumstances.

10. What is your opinion of the applicant's health?

excellent good fair poor

RELEASE - To be completed and signed by parents or guardian.

Please sign the release below without deletions or additions. In case of a serious illness or accident, Nacel Canada Inc. will contact the parents as soon as possible.

Being a parent or legal guardian of the applicant, I declare that the above information is correct and that nothing has been omitted. I hereby authorize Nacel Canada Inc., its local representatives and the host family to make any decisions on our behalf concerning medical, dental, or surgical treatment required by the applicant during his/her travel and stay.

This document shall be presented to a physician, dentist, or appropriate hospital representative when necessary.

Please check the appropriate designation: Father Mother Guardian

Name _____
(please print)

Address _____

City _____ Prov. _____ P.C. _____

Signature _____ Date _____

PAYMENT & INSURANCE INFORMATION

PAYMENT SCHEDULE

Option A

1. **A non-refundable deposit of \$300 must accompany the completed application package. Note that in the event that the participant is found unsuitable for the program, Nacel Canada Inc. will refund the deposit in full.**
2. Remaining balance is due 60 days prior to departure.

Optional program cancellation premium is due at the same time as the non-refundable deposit. See cancellation policy below for more details.

Option B

1. **A non-refundable deposit of \$300 must accompany the completed application package. Note that in the event that the participant is found unsuitable for the program, Nacel Canada Inc. will refund the deposit in full.**
2. Remaining balance is to be paid in 5 equal monthly installments.

Payment due dates: February 1st, 2008
March 7th, 2008
April 4th, 2008
May 2nd, 2008
June 6th, 2008

Optional program cancellation premium is due at the same time as the non-refundable deposit. See cancellation policy for more details.

RULES AND REGULATIONS

Payments can be remitted by cash, cheque, money order or accepted credit cards [Visa, MasterCard].

If sent by mail, the postmark or the date marked on overnight mail will determine the date of payment. We recommend certified mail or courier, which will provide you with proof of mailing.

Payments remitted after the due date will be subject to a \$50.00 late fee penalty. If a cheque is returned to us by the drawer's bank, there will be a \$35.00 NSF charge.

Nacel Canada Inc. reserves the right to withdraw a participant from the program if remaining balances are not paid 30 days prior to departure.

CANCELLATION POLICY

All cancellation requests must be signed and received in writing. The date of postmark or fax reception will be considered the date of cancellation. For any cancellation, regardless of reason, Nacel Canada Inc. will retain the following amounts:

Cancellation date:	Amount retained:
More than 60 days before departure	\$300
Between 30 to 60 days before departure	50% of the value of the program
Less than 30 days before departure	100% of the value of the program

Nacel Canada Inc. reserves the right to cancel a program. In such circumstances, all payments, including the initial deposit, will be refunded.

Please do not separate Application Package

Send completed application package and payment to :

<p>Nacel Canada Inc. Suite #208, 8925 - 82 Avenue Edmonton AB T6C 0Z2 Tel: (780) 468-0941</p>
--

We recommend you make a copy of your completed application form.

