

# PRELIMINARY APPLICATION



By completing this form, you are applying to participate in the YES Canada Student Exchange Program.

YES CANADA STUDENT EXCHANGE PROGRAMS		Exchange Year:
Destination:	School Term:	Duration:
<input type="checkbox"/> Argentina	<input type="checkbox"/> July <input type="checkbox"/> January	<input type="checkbox"/> Lang Camp <input type="checkbox"/> 1 mth <input type="checkbox"/> 2 mths <input type="checkbox"/> 3 mths <input type="checkbox"/> 5 mths <input type="checkbox"/> 11 mths
<input type="checkbox"/> Australia	<input type="checkbox"/> July <input type="checkbox"/> January <input type="checkbox"/> July Home to Home*	<input type="checkbox"/> 2 mths <input type="checkbox"/> 3 mths <input type="checkbox"/> 5 mths <input type="checkbox"/> 10 mths <input type="checkbox"/> 3 mths July Home to Home
<input type="checkbox"/> Austria	<input type="checkbox"/> September <input type="checkbox"/> January	<input type="checkbox"/> 2 mths <input type="checkbox"/> 3 mths <input type="checkbox"/> 5 mths <input type="checkbox"/> 10 mths
<input type="checkbox"/> Belgium	<input type="checkbox"/> September <input type="checkbox"/> January	<input type="checkbox"/> Lang Camp <input type="checkbox"/> 3 mths <input type="checkbox"/> 5 mths <input type="checkbox"/> 10 mths
<input type="checkbox"/> Brazil	<input type="checkbox"/> July <input type="checkbox"/> January <input type="checkbox"/> Summer Program	<input type="checkbox"/> 3 mths <input type="checkbox"/> 5 mths <input type="checkbox"/> 11 mths <input type="checkbox"/> 1 mth Summer <input type="checkbox"/> 2 mths Summer
<input type="checkbox"/> Costa Rica	<input type="checkbox"/> July <input type="checkbox"/> January <input type="checkbox"/> Summer Camp	3 mths program with: <input type="checkbox"/> 2 wk Lang Camp <input type="checkbox"/> 3 wk Lang Camp <input type="checkbox"/> 4 wk Lang Camp
<input type="checkbox"/> Denmark	<input type="checkbox"/> September <input type="checkbox"/> January	<input type="checkbox"/> 3 mths <input type="checkbox"/> 5 mths <input type="checkbox"/> 10 mths
<input type="checkbox"/> England	<input type="checkbox"/> September <input type="checkbox"/> January	<input type="checkbox"/> 1 Term (September only) <input type="checkbox"/> Semester <input type="checkbox"/> Academic Year
<input type="checkbox"/> Finland	<input type="checkbox"/> September <input type="checkbox"/> January	<input type="checkbox"/> 5 mths <input type="checkbox"/> 10 mths
<input type="checkbox"/> France	<input type="checkbox"/> September <input type="checkbox"/> January <input type="checkbox"/> March Group Program <input type="checkbox"/> Summer Program <input type="checkbox"/> February Home to Home	<input type="checkbox"/> 3 mths <input type="checkbox"/> 5 mth <input type="checkbox"/> 10 mths <input type="checkbox"/> 6 wk March Group <input type="checkbox"/> 2 wk Summer <input type="checkbox"/> 3 wk Summer <input type="checkbox"/> 3 mths February Home to Home
<input type="checkbox"/> France Boarding School	<input type="checkbox"/> September <input type="checkbox"/> January	<input type="checkbox"/> 3 mths <input type="checkbox"/> 5 mth <input type="checkbox"/> 10 mths
<input type="checkbox"/> Germany	<input type="checkbox"/> September <input type="checkbox"/> January	<input type="checkbox"/> 3 mths <input type="checkbox"/> 5 mths <input type="checkbox"/> 10 mths
<input type="checkbox"/> Holland	<input type="checkbox"/> September <input type="checkbox"/> January	<input type="checkbox"/> 5 mths <input type="checkbox"/> 10 mths
<input type="checkbox"/> Hungary	<input type="checkbox"/> September <input type="checkbox"/> January	<input type="checkbox"/> 5 mths <input type="checkbox"/> 10 mths
<input type="checkbox"/> Ireland	<input type="checkbox"/> September <input type="checkbox"/> January	<input type="checkbox"/> 1 Term <input type="checkbox"/> Semester <input type="checkbox"/> Academic Year
<input type="checkbox"/> Italy	<input type="checkbox"/> September <input type="checkbox"/> January	<input type="checkbox"/> Lang Camp <input type="checkbox"/> 2 mths <input type="checkbox"/> 3 mths <input type="checkbox"/> 5 mths <input type="checkbox"/> 10 mths
<input type="checkbox"/> Japan	<input type="checkbox"/> August <input type="checkbox"/> March <input type="checkbox"/> October Group Program <input type="checkbox"/> Open Dates - Language School Program	<input type="checkbox"/> 3 mths <input type="checkbox"/> 5 mths <input type="checkbox"/> 10 mths <input type="checkbox"/> 4 wk October Group Program <input type="checkbox"/> Customized Dates - Language School
<input type="checkbox"/> New Zealand	<input type="checkbox"/> July <input type="checkbox"/> January	<input type="checkbox"/> 2 mths <input type="checkbox"/> 3 mths <input type="checkbox"/> 5 mths <input type="checkbox"/> 10 mths
<input type="checkbox"/> Norway	<input type="checkbox"/> September <input type="checkbox"/> January	<input type="checkbox"/> 5 mths <input type="checkbox"/> 10 mths
<input type="checkbox"/> Scotland	<input type="checkbox"/> August	<input type="checkbox"/> Academic Year
<input type="checkbox"/> Switzerland	<input type="checkbox"/> September <input type="checkbox"/> January	<input type="checkbox"/> 3 mths <input type="checkbox"/> 5 mths <input type="checkbox"/> 10 mths <input type="checkbox"/> Lang Camp (German)
<input type="checkbox"/> Spain	<input type="checkbox"/> September <input type="checkbox"/> January <input type="checkbox"/> Summer Program	<input type="checkbox"/> Lang Camp <input type="checkbox"/> 3 mths <input type="checkbox"/> 5 mths <input type="checkbox"/> 10 mths <input type="checkbox"/> 2 wks Summer <input type="checkbox"/> 1 mth Summer
<input type="checkbox"/> Sweden	<input type="checkbox"/> September <input type="checkbox"/> January	<input type="checkbox"/> 5 mths <input type="checkbox"/> 10 mths

\*Select School Boards Only

Please submit completed form to one of the following:

admissions@youthedservices.ca | Fax 1 416 646 5403 | YES Canada, 439 University Avenue, Suite 2110, Toronto, ON, M5G 1Y8



# PRELIMINARY APPLICATION DETAILS

## Confirm Exchange Selection

Destination:	Term/Start Date:	Duration:
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## Personal Information

Student First Name, Last Name		Date of Birth (dd/mm/yyyy)		<input type="checkbox"/> Male
Student Email		Student Cell Phone		<input type="checkbox"/> Female
Name of Parent/Legal Guardian (Primary Parent Contact)		Parent Cell Phone		
Parent Email		Home Phone		
Street Address	City	Province/State	Postal Code/Zip Code	
Student Passport Number (If passport application is required please mark as pending)		Passport Expiry	Citizenship	

## Preliminary Screening Information

Please list any ongoing health concerns, medical requirements or learning disabilities: (Ex. anxiety, diabetes, asthma, heart condition, epilepsy, depression, eating disorder, ADD, ADHD etc.)
Please list any allergies or specific dietary requirements: (Ex. nut allergy, cat/dog allergy, lactose intolerance, gluten free, celiac, vegetarian etc.)
For foreign language destinations, please indicate the level of language proficiency: (Ex. 1 year of study, new to the language/never studied the language etc.)

## School Information

Name of School Board/District	Name of High School	Guidance Counsellor Name
Principal Name	Current Grade	Academic Average
Please indicate if you are interested in hosting an international student in order to be eligible for a program discount:		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Undecided, please send more information		

How did you hear about YES Canada?
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Following your submission, a coordinator will contact you and provide you with assistance in your full application.

Student's Signature	Date
Parent's Signature	Date