| STUDENT'S PICTURE | C:\B A R T O\B D N R\Bednarska Międzynarodowa\E S N\dizajny ESN\2021 logo by Jasiek Ciało\ESN designs to share\ESN logo full JPEG.jpg |
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| YOUR SCHOOL’S NAME |  |
| --- | --- |
| YOUR ESN COORDINATOR’S NAME |  |
| YOUR ESN COORDINATOR’S EMAIL |  |

| YOUR FIRST NAME |  |
| --- | --- |
| YOUR LAST NAME |  |
| YOUR BIRTH DATE |  |
| YOUR E-MAIL |  |
| PHONE NUMBER + country code | + |
| SOCIAL MEDIA CONTACTS (optional) |  |
| YOUR GENDER | MALE FEMALE OTHER |

| PARENT / GUARDIAN 1 | FIRST NAME  LAST NAME  EMAIL  PHONE + |
| --- | --- |
|  |  |
| PARENT / GUARDIAN 2 | FIRST NAME  LAST NAME  EMAIL  PHONE + |

| ARE YOU ALLERGIC? IF SO, SPECIFY:  (food, animals, other) |  |
| --- | --- |
| ANY SPECIAL DIET? |  |
| ARE YOU WILLING TO STAY IN THE SAME BEDROOM WITH YOUR HOST IF NECESSARY? |  |
| ARE YOU WILLING TO BE HOSTED BY A STUDENT OF DIFFERENT GENDER? |  |
| WHAT LANGUAGES DO YOU SPEAK?  (specify level of fluency) | BASIC:  INTERMEDIATE:  ADVANCED: |
| WHAT ARE YOU INTERESTS /  HOBBIES? |  |
| WHAT ELSE SHOULD WE KNOW ABOUT YOU?  (e.g., medication, special needs, difficulties, phobias, etc.) |  |
| WHY DO YOU WANT TO PARTICIPATE IN THIS ESN PROJECT?  WHAT ARE YOUR EXPECTATIONS / MOTIVATIONS? |  |
| HAVE YOU ALREADY PARTICIPATED IN AN ESN PROJECT? IF SO, PLEASE SPECIFY. |  |
| DO YOU HAVE ANY PETS? IF SO, PLEASE SPECIFY. |  |