SECONDARY SCHOOL PROGRAM APPLICATION FORM



Please provide 8, crisp, colour, close-up, forward-facing, smiling photos about 5cm x 5cm, printed on photo paper, no other people or pets to be included.

Print your FULL NAME on the back of each photo. Please PASTE one of the 8 photos here.

Obligatoriamente medida 5cm x 5cm a color. (Tipo Pasaporte)

Dejar en blanco

		jai on bi	diioo						
	OFFICE USE ONLY	Exchange	Full	Fee	Student Choice	Match			
Last name (as per passport) Roctiquez Costro	First name (as per passport) AKA			Middle name(s) (as per passport)					
Street address/Postal address Bosque Real	#365			Cho	sen host country 				
Suburb Colonia Bosques City/town Veracruz	State Postcode 95250 Country Mexico			- C C	Duration ○ Calendar Year ○ Academic Year ○ Semester ○ Short-term (2–3 months) ○ Other: Output Arrival month ○ January/February ○ March/April ○ July/August/Septem ○ November ○ Other:				
Phone number + area code +52 229 147 1494	Fax number + area co		-	r of departure	2024				
Student's mobile phone number +52 229 147 1494	e number Skype				How did you learn about this program?				
Student's Email									
Sex Date of birth (dd/mm/yy) 23 110 / 1998	City and Country of birth (IMPORTANT: This must be the same as that listed on your passport/birth certificate) VEROCIUZ, MEXICO								
Native language SPanish	Country of legal residence			Nationality Mexican					
Father's last name Rodriquez Diaz	Father's first name			Father is Father's date of birth O4 1091 1978					
Father's address (if different from above) Bosque Peal #365 Father's occupation Accountant Father's email rold r i g u	Father's work phone in	umber 17 1494	4 -4	ather's m	obile phone numbe 229 147	+ 1494			
Mother's last name COSTRO Rios	Mother's first name		N	Nother is living	o deceased	Mother's date of birth 08/10/1976			
Mother's address (if different from above) BOSQUE REAL #365 Mother's occupation TEOCHEV Mother's email Maria C	1	Veracruz, Mexico 95259 Mother's mobile phone number +52 229 147 1494							
Parents are (if applicable)	vorced Guardians	hip (provide details	s)			,			
If divorced, who has custody of student? O Father O Mother O Other: Student is living with: Mother and Father									
If divorced or separated, who should receive program information?									
Brothers' and Sisters' first name - Santiago - Lucia -	Age Sex - M - H - H	• Yes • O	me C No - No - No -	occupation Stc	ident	·ly			



CONTINUED... APPLICATION FORM

Rodriguez	Castro
MOCH 10 Juce	CHOILO

STUDENT'S FAMILY NAME (AS IT APPEARS ON PASSPORT, ID CARD, OR BIRTH CERTIFICATE)

Luis
FIRST NAME
Antonio
MIDDLE NAME

1	_		e of 25 who does not live in the	family home, other than mothe Relationship:		ian)		
Phone number: +56		•		Mobile Phone number:		29 1	47 1494	
750	00	1 177			Ja a	27 1	17 1777	
PLEASE RATE YOUR INT HIGH means that you are invol			VING: ● ● High ● r basis, LOW means that you partici	● ○ Medium ● ○ ○ pate in this activity occasionally, N		O No Intere ns you don't pa		
● ○ Reading			● ● ○ Fitness	●00	○ ○ Baseball			
● ○ ○ Watching TV		● ○ ○ Kayaking/Cano	eing	● ○ ○ Horse Riding				
● ○ ○ Painting/Drawing ● ● Visiting Museums/Galleries		● ● Swimming		• O O Sailing				
● ● Computers ● ● Travel with Pare		ravel with Parents/Friends	● ● ○ Surfing		● ○ ○ Tennis			
● ● ○ Listening to M	usic	●00 S	Sightseeing	Social Dancing		● ○ Cycling		
● ○ ○ Writing/Poetry		•••0	Camping	● ● ○ Dance Lessons		● ○ ○ Cricket		
● ● ○ Cooking		●000		● ● ○ Soccer/Footbal	I/Rugby	● ● ○ Golf		
◆ ● ○ Gardening		•008	Singing	● ○ ○ Volleyball		● ○ ○ Skiing		
● ○ ○ Photography		000	Discussing Current Events	● ○ ○ Basketball		● ● ○ Golf		
Collecting Item	18	000 F	Playing Cards and Games	● ○ ○ Hockey		● ○ ○ Martial Arts		
● ○ ○ Youth Club Me	mber	990	liking/Trekking	OOO Other:				
List musical instruments	s played:					****		
PLEASE INDICATE YOUR	PERSONAL	ITY TRAITS:						
Active	Outgoi	ing	O Curious	Friendly	O Humourous		Independent	
O Relaxed			Talkative	Mature		d Sincere		
O Reliable	Optimi	istic	Organised	Patient Quiet		 Spontaneous 		
O Shy	O Realistic O Reserved		O Reserved	Respectful	Responsi	ible Studious		
What is your religion? (answer not mandatory)			Do you attend religious services? (answer not mandatory) ○ Often ○ Occasionally ○ Rarely ● Never					
Do you smoke? If smoking, are you ready to stop? ○ Yes ○ No ○ Yes ○ No		If not smoking, can you to a smoking family?	is smoking only? • Yes • No					
Are you afraid of pets? (if yes, which ones?) Yes No			to a smoking family?					
Do you have pets at home? (if yes, which ones?)			Do you have any dietary intolerances? (if yes, please explain) Yes • No					
• Yes ○ No DOQS Are you vegetarian? ○ Yes • No			Do you take any medication? (if yes, please explain) Yes No					
	a doctor's o	care for man	agement of a health issue th	at requires ongoing care? (i	f yes, please explain)		
Current year level (at time of application) Grados:		Grados: 09 = 3ero Secundaria	Foreign languages studied You -		rs study .	Level reached - Beginner		
13111000		10 = 1ro Bachillerato			<u></u>	- Internedia		
Give your average scho	oi result of I	asi year	11 = 2do Bachillerato 12 = 3ero Bachillerato	Other languages spoken				
0.0				Native:	Stall	IDNI		
				SENDING ORGANISATIO	N			
				Do	jar en bl	anco		
				De	jai eli bi	ulloo		