



CANADIAN EDUCATION EXCHANGE FOUNDATION
FONDATION CANADIENNE DES ECHANGES EDUCATIFS

SCHOOL PARTNERS ABROAD

SCHOOL APPLICATION FORM

Request for school/class partnership in: _____ (specify location)

School Information

Name of school: _____

School website: _____

Name of school board: _____

Address of school: _____

_____ Postal Code: _____

Telephone number: _____ Fax: _____ Email: _____

Type of school: Private ___ Public ___ Elementary ___ Secondary ___ Other ___

Number of students in the school: _____ Grades: _____ Coed: ___ All Male: ___ All Female: ___

Proposed Group Information

Name and position of teacher: _____

Proposed number of students in group: _____ Ages: _____

Proposed dates for sending students: _____

Proposed date for hosting students: _____

General objectives for the exchange:

Principal's signature: _____ Date: _____

Please send the completed two page form to:

Betty Hamilton, Program Coordinator

School Partners Abroad

250 Bayview Drive, Unit 4

Barrie, ON L4N 4Y8

Telephone: 705 739-7596 Fax: 705 739-7764

Email: eah.ceef@gmail.com

This information will provide your proposed partner school with details about your school and community.

General description of your school and its program(s):

Extra-curricular activities offered at the school:

General description of the school community:

Proposed activities during the hosting period:

Past Exchanges at the school:

Please include any other information which may be of relevance to the organization of an exchange program with your school:

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