



CANADIAN EDUCATION EXCHANGE FOUNDATION
 FONDATION CANADIENNE DES ECHANGES EDUCATIFS

SCHOOL PARTNERS ABROAD

PRELIMINARY APPLICATION FORM 1999-2000

(To be filled out by schools requesting an exchange abroad)

Request for school/class partnership in: Belgium _ France _ Mexico _ Costa Rica _ Spain _

School Information

Name of school _____
 Name of school board _____
 Address of school _____
 _____ Postal Code _____
 Telephone number _____ Fax _____ Email _____
 Type of school _____ Grades _____
 Number of students in the school _____

Proposed Group Information

Name and position of teacher _____
 Proposed number of students in group _____ Ages _____
 Proposed dates for sending students _____
 Proposed dates for hosting partner _____
 General objectives for the exchange:

Please fill out page two and three of this application

Principal's signature _____ Date: _____

*Please send the completed three--page form to the Canadian Education Exchange Foundation
 250 Bayview Drive, Barrie, Ont L4N 4Y8 Phone 705 739 7596 / 800 899 8367 Fax 705 739 7764*

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

General description of your school and its programs

Extra-curricular activities offered at the school

General description of the school community

Proposed activities during the hosting period

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