



Ecole Internationale Provence-Alpes-Côte d'Azur
159 Avenue du docteur Bernard Foussier
04102 Manosque
France
corinne.martin7@ac-aix-marseille.fr
+33 4 92 74 23 11



PUPIL'S APPLICATION FOR THE SENDING AND RECEIVING EUROPEAN SCHOOLS

2024-2025 School year

Pupil's Name:

Pupil's Class in 2024-2025:

Coordinators:

Mrs Corinne Martin

Mrs Rebeca Morones-MacNiven

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1. Name and address of the applicant

First name:		Street:	
Last name:		Postal code and city:	
Telephone:		Email address:	
Date of birth:			

2. Host school(s) — in order of preference

	Name of host school	Country
1		
2		
3		

3. Preferred year (level), mobility and duration

* S5

* S4

S4 request justification:

* Exchange (your family receiving a student at the same time)

* Exchange (your family receiving a student before/after your stay abroad)

Exchange duration _____ ()

* Visit

Visit duration _____ (minimum 5 weeks, maximum 1 semester)
Justification:

Please specify your Subjects (cross off the ones you don't take):

L1 EN, L2 FR, L3 ES, L3 GE, L4 ES, L4 GE, MATHS 6P, MATHS 4P, ICT, ART, MUSIC



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4. Family data

I live with:

* Mother

* Father

* Other

(explain):

Mother/Stepmother/Guardian

First name:	
Last name:	
Legally responsible (yes/no):	

Father/Stepfather/Guardian

First name:	
Last name:	
Legally responsible (yes/no):	

5. Languages

Mother tongue:	
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Other languages:

Language		Years studied		Speaking ability	* Excellent	* Good	* Fair	* Basic
Language		Years studied		Speaking ability	* Excellent	* Good	* Fair	* Basic
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6. Self description: please describe yourself. Give information about your personality, practiced leisure activities and any other interest, but also which subjects at school you're most interested in.

7. Motivation: Please describe your reasons for applying to visit another school in a foreign country.



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8. Signatures

I, the undersigned, allow the sending school to use the data included in this form for the purposes of the selection of pupils in the framework of the European school exchange programme. I agree that these data are communicated to the host school, and that the host school will transmit them to the family which will host my child. I understand that the data contained in this form will be communicated to the staff in charge of the exchange/visit of the sending and host schools. All those people receiving these data will be required to treat them as confidential.

Agreed and accepted by

Name(s) and signature(s) of Parent(s)/Guardian(s)

(Date)

Name and signature of pupil

(Date)