

Pupils' Mobility in the European Schools Network - Dec 15, 2025

1. Pupil's and parents' personal information

In this section, please indicate the personal information of the **pupil applying for a mobility**.

| | |
|-------------------------------------|--|
| 1. Pupil's First name * | |
| 2. Pupils' Last name * | |
| 3. Parent 1: First and last name * | |
| 4. Parent 1: E-mail address * | |
| 5. Parent 1: Mobile phone * | |
| 6. Parent 2 : First and Last name * | |
| 7. Parent 2: E-mail address * | |
| 8. Parent 2: Mobile phone * | |

In this section, please indicate information regarding for which year **the pupil is applying for a mobility**.

AES Manosque

S4 ☐ S5 ☐

S4 pupils will be granted mobility in exceptional cases.

S5 pupils will always have preference.

2. Optional Subjects *¹

Ethics *

Ancient Greek

Art

Economics

ICT

Language 4

Latin

Music

ONL²

3. If the pupil studies L4 or ONL³ option, indicate the language. Example: *French, Swedish, Irish...*

¹ Required

² ONL=Other National Language. Irish, Maltese, Finnish, Swedish and Catalan can be taught as ONL.

³ ONL=Other National Language. Irish, Maltese, Finnish, Swedish and Catalan can be taught as ONL.

4. Motivation

In this section the pupils should explain the reasons for applying to the Pupils' Mobility Programme as well as their expectations.

They can include information about which subjects they enjoy the most at school, their hobbies and other sport or leisure activities they practice. They can also provide information about their personality and interests. This information will be used to help find a host family (2000-2500 characters).

5. Circle the **first-choice** host school. *

ES Alicante

ES Bergen

ES Brussels I (Uccle)

ES Brussels II (Woluwe)

ES Brussels III (Ixelles)

ES Brussels IV (Laeken)

ES Frankfurt

ES Karlsruhe

ES Luxembourg I (Kirchberg)

ES Luxembourg II (Mamer)

ES Mol

ES Munich

ES Varese

AES Brussels-Argenteuil

AES Brindisi

AES Copenhagen

AES Den Haag

AES Differdange

AES Dunshaughlin

AES Edward Steichen-Clervaux

AES Helsinki

AES Heraklion

AES Junglinster

AES Lille

AES Ljubljana

AES Luxembourg Ville

AES Mersch

AES Mondorf-les-Bains

AES Paris La Défense

AES Parma

AES RheinMain

AES Saarland

AES Strasbourg

AES Tallinn

AES Tyrol

AES Warsaw

6. Circle the second-choice host school.

ES Alicante

ES Bergen

ES Brussels I (Uccle)

ES Brussels II (Woluwe)

ES Brussels III (Ixelles)

ES Brussels IV (Laeken)

ES Frankfurt

ES Karlsruhe

ES Luxembourg I (Kirchberg)

ES Luxembourg II (Mamer)

ES Mol

ES Munich

ES Varese

AES⁴ Brussels-Argenteuil

AES Brindisi

AES Copenhagen

AES Den Haag

AES Differdange

AES Dunshaughlin

AES Edward Steichen-Clervaux

AES Helsinki

AES Heraklion

AES Junglinster

AES Lille

⁴ AES = Accredited European School (type 2, like EIPACA)

AES Ljubljana
AES Luxembourg Ville
AES Mersch
AES Mondorf-les-Bains
AES Paris La Défense
AES Parma
AES RheinMain
AES Saarland
AES Strasbourg
AES Tallinn
AES Tyrol
AES Warsaw

7. Circle the third-choice host school.

ES Alicante
ES Bergen
ES Brussels I (Uccle)
ES Brussels II (Woluwe)
ES Brussels III (Ixelles)
ES Brussels IV (Laeken)
ES Frankfurt
ES Karlsruhe
ES Luxembourg I (Kirchberg)
ES Luxembourg II (Mamer)
ES Mol
ES Munich
ES Varese
AES Brussels-Argenteuil
AES Brindisi
AES Copenhagen
AES Den Haag
AES Differdange
AES Dunshaughlin

AES Edward Steichen-Clervaux
AES Helsinki
AES Heraklion
AES Junglinster
AES Lille
AES Ljubljana
AES Luxembourg Ville
AES Mersch
AES Mondorf-les-Bains
AES Paris La Défense
AES Parma
AES RheinMain
AES Saarland
AES Strasbourg
AES Tallinn
AES Tyrol
AES Warsaw

8. Types of mobility

Please be aware that, for organizational reasons, EIPACA only enables one-to-one exchange mobility A.

9. About your Family

The information shared under this section will be shared with the respective parents' association (APEEE) of the official European Schools.

Host mother and father
Host mother and partner
Host father and partner
Host mother
Host father
Other

10. Composition of your family as host family

Please provide the number of siblings, their ages, and, if you wish, their genders. If the participating pupil has more than three siblings, kindly include only the ages and genders of the three siblings closest in age to the pupil.

11. Communication in your family: Which main language is spoken in your family?

Bulgarian

Croatian

Czech

Danish

Dutch

English

Estonian

Finnish

French

German

Greek

Hungarian

Italian

Latvian

Lithuanian
Polish
Portuguese
Romanian
Slovak
Slovenian
Spanish
Swedish
Other

12. Which other languages are spoken by your family?

13. Does your family have pets?

Yes a cat a dog other _____
No

14. Does your family follow any diet? If so, specify what diet.

15. Does your family smoke?

Yes, in the house/car
Yes, outside the house/car
No

16. How do you intend to accommodate the host pupil?

Single room

Shared room

17. Basic Medical Information and Dietary Requirements

Any other important information about the health of the pupil that you would like to communicate to the host family, such as special diet, medical condition, allergies or medication ?

18. Consent - Annex 3: Consent form for participation

To complete the process, kindly date and sign in the designated areas below.

I, the undersigned parent/legal representative, hereby consent for my child to participate in the Pupils' Mobility Programme, including preparation and follow-up activities. To this end:

1. Acknowledgment of the Programme documents

I acknowledge that I have read and understood the following documents:

Annex 1 – Roles and Responsibilities, Annex 2 – Confidential Health Form, and Annex 4 – Guidance on Crisis Management (documents downloadable from EIPACA web site). Upon acceptance of my child's participation by both the sending and host schools, I will arrange for a doctor to complete the Confidential Health Form.

2. Privacy and data protection

I understand that the personal data provided in relation to my child's participation in the Pupils' Mobility will be treated as confidential, respecting data privacy, and processed in accordance with GDPR (link to be added by the school to the school's privacy policy). I understand that the sharing of relevant information with the Parents' association as necessary for the good functioning of the Mobility Programme. For more information or any concerns regarding data processing, I may contact the school's and/or The Parent Associations' Data Protection Officer.

3. Consent for photos and videos

I grant the host school permission to take photographs, videos, and/or audio recordings of my child, and to use, publish, and/or reproduce them, in whole or in part, for educational or informational purposes in materials produced by the host school, such as internal newsletters, school website and other related publications (please tick the appropriate box).

☐ YES ☐ NO

4. Consent for medical treatment

I agree to the participating pupil receiving necessary medication and any emergency dental, medical or surgical treatment, including aesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand that I will be notified as soon as possible, but emergency treatment need not be delayed to provide such notice.

I agree to hold harmless and release from all liability the host school and all staff or all members of the host family for any intervention in an emergency regardless of the outcome. I agree to assume all financial obligations beyond those covered by health, accident, and sickness insurance for any medical treatment rendered.

| |
|--|
| Emergency contact information I provide the following additional contact in case I cannot be reached in an emergency: |
|--|

Emergency Contact Name: _____

Relationship to Pupil: _____

Phone Number(s): _____

Parent/Legal representative Name: _____

Signature: _____

Date: _____