

**IMMERSION ABROAD – APPLICATION FORM**  
**NICE, FRANCE**

**Section A: Personal Data:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Middle Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Date of Birth \_\_\_\_\_ Nationality \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Zip Code

Passport Number \_\_\_\_\_ E-mail \_\_\_\_\_

Telephone Number \_\_\_\_\_ Occupation \_\_\_\_\_

Parents e-mail \_\_\_\_\_

Years of French study \_\_\_\_\_ years. Times you've been to France \_\_\_\_\_

Name of school where you studied French: \_\_\_\_\_

School Address \_\_\_\_\_

Level of French: Beginner \_\_\_ Elementary \_\_\_ Intermediate \_\_\_ Advanced \_\_\_

How did you hear about this program? \_\_\_\_\_

Hobbies: \_\_\_\_\_

Native tongue: \_\_\_\_\_

**Section B: Narrative: In a few sentences, explain why you want to participate in this program and what makes you a good candidate.**

**Section C: Answer the following questions:**

**Yes No**

1. Are you 16 years old or will be at the start of the trip? \_\_\_\_\_
2. Are you willing to live with a family? \_\_\_\_\_
3. Are you willing to take classes? \_\_\_\_\_
4. Are you willing to have an interview with the group leader? \_\_\_\_\_
5. Will you have travel and medical insurance? \_\_\_\_\_
6. Are you in good health? \_\_\_\_\_
7. Are you taking any prescribed medication? \_\_\_\_\_  
If yes, what? \_\_\_\_\_
8. Do you and your parents feel that you can handle the independence and the freedom this trip will provide and, that you will behave responsibly? \_\_\_\_\_
9. Are you willing to participate in all the activities offered by the school? \_\_\_\_\_
10. Do you have any dietary requirement and allergies? \_\_\_\_\_  
If yes, what are they? \_\_\_\_\_
11. I am a member of the \_\_\_\_\_ graduating class
12. Will you have completed 3 years of French before the trip \_\_\_\_\_
13. *I am fully aware of, and understand the rules and standards set by Immersion Abroad and I agree to conduct myself accordingly.*

Circle: YES student signature: \_\_\_\_\_

14. *I will strictly adhere to the curfews established by Immersion Abroad*

Circle: YES student signature: \_\_\_\_\_

15. *My son/daughter will strictly adhere to the curfews established by Immersion Abroad.*

Circle: YES parent signature: \_\_\_\_\_

**Section D: Please attach any and all Teacher references**

Parent's signature \_\_\_\_\_

Student's signature \_\_\_\_\_

NOTE: A \$500.00 payment is due with this application.