

WWW.STUDYKERRY.COM

DONNACHA KENDLIN

T: 00353 876077978

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BERNADETTE KENDLIN

T: 00353 876637389

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## STUDENT INFORMATION

First name                      Middle Name                      Last Name                      Gender

Street Address                      Address Line 2

City                      Region/Province/State                      Postal Code                      Country of Residence

Mobile Phone                      Home Phone                      Other phone                      E-mail

Date of Birth (dd/mm/yyyy)                      City of birth                      Country of citizenship

## EMERGENCY CONTACTS

First Name	Last Name	Mobile Phone	E-mail

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<p><b>STUDENT INFORMATION:</b></p> <p>Name: _____</p> <p>_____</p> <p>Country of origin: _____</p>	<p><b>Please affix photo</b></p>
<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	

**Family Information**

Family member	First Name	Last Name	Mobile	e-mail
Mother				
Father				
Siblings				

**Program and School Information**

Destination Country: \_\_\_\_\_

Departure date: \_\_\_\_\_

Duration of Stay: \_\_\_\_\_

Have you participated in a high school exchange program before? \_\_\_\_\_

What grade/level in school will you have completed by the time you travel to Ireland?  
\_\_\_\_\_**Your Community**

Number of inhabitants \_\_\_\_\_

Nearest major city \_\_\_\_\_

Travel time by car to this city \_\_\_\_\_

**Personal Information**

Do you have or have you ever had, any illness or disability that caused hospitalization? \_\_\_\_\_

Do you have any health condition, physical or mental disability or allergic reaction in your medical history? \_\_\_\_\_  
\_\_\_\_\_Do you currently take any medications? \_\_\_\_\_  
\_\_\_\_\_

Have you any mental disorder (e.g. depression) or undergone therapy? \_\_\_\_\_

Have you any eating disorder such as anorexia or bulimia? \_\_\_\_\_

**Family Information**

Are you allergic to pets or is there any other reason why you can't live with pets in a home?

\_\_\_\_\_

Are you a vegetarian or are there any foods you cannot eat because of health, religious or other reasons? \_\_\_\_\_

Do you smoke? \_\_\_\_\_

Would you be willing to live with a family who smokes? \_\_\_\_\_

What is your religion and how often do you attend religious service?

\_\_\_\_\_

If we cannot facilitate you in a host family of a particular religion, would this be an issue for you?

\_\_\_\_\_

**School Information:**

Name of school that you currently attend:

\_\_\_\_\_

What year/class are you currently in?

\_\_\_\_\_

Name and contact details of your English teacher or if you attend English classes outside of school please include:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please attach most recent school report