



## STUDENT EXCHANGE PROFILE FORM: 2024-2025

(Attach photo)

STUDENTS NAME		
YEAR LEVEL		
DATE OF BIRTH		
BOARDER	Yes                  No	
STUDENT PASSPORT NUMBER	Number: _____	
	Expiry Date: _____	
STUDENT EMAIL		
HOME ADDRESS		
PARENT CONTACT DETAILS (1)	Mobile: _____	
	Email: _____	
	Occupation: _____	
PARENT CONTACT DETAILS (2)	Mobile _____	
	Email _____	
	Occupation: _____	
LANGUAGE SPOKEN AT HOME		
CULTURAL BACKGROUND		



## STUDENT INFORMATION

Age and gender of siblings:

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Are there any other people living in the home: If so, please specify

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School Uniform Sizing: (Australian sizing)

6
8
10
12
14
16
18

What do you enjoy most at school?

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List your co-curricular Activities

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How would you spend a typical weekend at home?

What activities do you like doing in your free time?

What would you like to see and do while on your exchange?

Are there any activities in the school that you would like to be involved in?

Do you have any pets?



# St Catherine's School

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Do you have any allergies or phobias to animals?

Any other information that you would like to share?



## HEALTH INFORMATION (For parents/guardians to complete)

Has your child been immunised?

Yes	No
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Does your child have any allergies?

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Does your child have any specific healthcare needs including any medical conditions that are relevant to the care and education of the child? (eg; diabetes, asthma, epilepsy)

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Does your child have any dietary restrictions?

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Please list any previous serious injuries or illnesses to your child that may affect their time at the school.

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Authorised Emergency Contacts:

EMERGENCY CONTACT (1)	Mobile:
	Email:
	Relationship to Child:
EMERGENCY CONTACT (2)	Mobile:
	Email:
	Relationship to Child:



## PHOTO PERMISSION

### PHOTOGRAPHS:

By signing below, I am giving permission for my child to have his/her photographs displayed in the classroom, class journals, classroom portal page and school publications including the website, social media, *The Blue Ribbon*, *St Catherine's News* and the *School Magazine*.

Yes, I consent

No, I do not consent

Parent/Guardian Name:

Signature:

## STUDENT PARTICIPATION AGREEMENT

During the Exchange Program, I agree to the following:

- I will attend school as a full-time student
- Any travel arrangements will be made in consultation with my parent/guarding and the host parents and with the permission of the host school
- I will abide by the rules and regulations of my host school and family
- I will remain responsible, courteous and respectful, demonstrating the school values of integrity, curiosity, perseverance, empathy and gratitude at all times

Name of Student:

Signature:



## HOST FAMILY PARTICIPATION AGREEMENT

- As a family, we fully support this application for \_\_\_\_\_ to participate in the exchange.
- As a host family, we understand that that the Exchange Program operates on the basis of reciprocity of hosting and we agree to host a student in return
- We understand that we are responsible for making the travel arrangements for our child, in consultation with the school
- We agree to accept our exchange student as a member of our family and do our best to make her stay as enjoyable and beneficial as possible.
- We agree to collect our exchange student from the airport and drop her off at the end of her stay
- We will provide appropriate accommodation, supervision and support, all meals and cover transport costs.

Parent Name:

Parent Signature:

Date: