

MATCHING FORM – GERMAN EXCHANGE 2015-2016
(TO BE FILLED IN USING BLOCK CAPITALS. PLEASE USE BLACK INK. PLEASE WRITE LEGIBLY)



SURNAME:	FIRST NAME:
TUTOR GROUP:	SEX: MALE / FEMALE
DATE OF BIRTH:	AGE AS AT 28 FEBRUARY 2016:
DISTANCE HOME-SCHOOL: miles	METHOD OF TRANSPORT:
HOME ADDRESS:	
POST CODE:	
TELEPHONE NUMBERS (including dialling code)	
HOME:	MOBILE:
E-MAIL ADDRESS: (please write clearly)	
HEIGHT:	RELIGION:
As regards your German partner, please choose one of the following: (please circle)	
1. I MUST have a boy 2.	I can accommodate either a boy or a girl (separate room needed)
PROFESSION OF PARENT(S):	
NUMBER OF BROTHERS AT HOME:	NUMBER OF SISTERS AT HOME:
HOBBIES AND INTERESTS:	
PERSONALITY: (3-4 key words)	
ANIMALS AT HOME:	
ALLERGIES:	
SMOKING HOUSEHOLD: (please delete) YES NO	
WILL YOUR PARTNER(S) HAVE HIS/HER OWN ROOM?	
ADDITIONAL INFORMATION:	
PARENT/GUARDIAN SIGNATURE:	DATE: