



CULTURAL EXCHANGE APPLICATION FORM

Mark Isfeld Secondary to Verbania, Italy 2026/2027



"\*" indicates required fields

Student Information

Name: \*

FirstLast

Gender: \*

☐ Male

☐ Female

☐ Neutral

(as identified on passport documents)

Birthdate: \*

Month

Day

Year

Current Age: \*

Student Email: \*

Phone: \*

School: \*

Current Grade: \*

Country of Legal Residence: \*

Country of Citizenship: \*

Do you have a passport? \*

☐ Yes

☐ Not yet, my application is in progress

Home Address: \*

Street Address

Address Line 2

City

State / Province / Region

Canada

ZIP / Postal Code

Country

Guardian / Parent #1 Information

Name of Parent / Guardian #1 \*

Parent/Guardian #1 Email \*

Phone: \*

First

Last

Occupation: \*

Relationship To Student \*

Lives with student: \*

☐ Yes

☐ No

☐ Part-Time

Is Home Address same as students? \*

☐ Yes, it's the same

☐ No, it's different

Would you like to add a second Parent/Guardian? \*

☐ Yes

☐ No

## Hosting Information

While hosting our guests in the Comox Valley, if the student applicant normally spends time each week/ alternate week at different parent's houses, we ask for the 2 week duration of hosting the student and their buddy remain in one household with one of the parents (for overnight sleeping arrangements)

Please describe all persons living at the same address: \*

Full Name	Age	Occupation	Relationship to Exchange Participant

Use the (+) to add more

I understand that each adult (age 18 or over by September 2025) must apply for a criminal record check through the school. Information on applying will be provided to successful exchange applicants. \*

☐ **I confirm**  
(some parents may already have this done if they are SD71 employees or have volunteered in other capacities at the school in the previous 4 years. Criminal Record Checks are valid for 5 years.)

Do you have a completed driver's abstract on file at the school? \*

- ☐ Yes
- ☐ No

## Interests & Preferences - To Be Completed By Student

I have a friend who is also applying for the exchange program, their name is

First	Last

Select all the activities you enjoy doing \*

- ☐ Cadets

☐ Gymnastics

☐ Paddleboarding
- ☐ Dance

☐ Baking

☐ Camping
- ☐ Video Games

☐ Hiking

☐ Shopping
- ☐ Mountain Biking

☐ Sailing

Describe your Family \*

- ☐ Warm

☐ Orderly

☐ High Standards

☐ Indifferent

☐ Political

☐ Intellectual
- ☐ Strict

☐ Reserved

☐ Happy

☐ Tolerant

☐ Disciplined

☐ Outdoorsy
- ☐ Formal

☐ Conservative

☐ Active

☐ Protective

☐ Religious

☐ Pet Loving
- ☐ Informal

☐ Serious

☐ United

☐ Open

☐ Determined

Select all that apply to your family

What kind of pet(s) do you have in your home? \*

- ☐ Cat

☐ Other
- ☐ Dog

☐ No Pets

How many hours per week do you spend on electronic devices? \*

Please enter a number from **0** to **80**.  
e.g. cell phone, computer, tablet etc.

How many hours per week do you spend watching TV? \*

Please enter a number from **0** to **80**.

My favourite three classes are... \*

If you play a musical instrument - which one?

I can speak the following languages (other than English)

A parent in my household can speak the following languages (other than English)

How do you get to school each day? \*

How long does it take? (In minutes) \*

Please enter a number from 1 to 120.

My Goal after attending secondary school is: \*

(Max 250 Words)

## Student Travel History

Have you ever slept away from home (for more than two nights) without your family? \*

- ☐ Yes  
☐ No

Have you ever travelled outside of Canada? \*

- ☐ Yes  
☐ No

What activities do you like to do while travelling?

## Medical & Dietary Information - To Be Completed By Student & Parent(s)

### Medical History

A medical history will not limit your participation, but chaperones need to be fully aware of your medical history and any medications you take regularly. Any medical conditions need to be stable according to the time restrictions/ limitations as stated in medical travel insurance.

History of illness or diagnosed medical conditions for which you may have received treatment - click the check box next to any illnesses you have had:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> ADHD                                  | <input type="checkbox"/> Allergies               | <input type="checkbox"/> Anorexia          |
| <input type="checkbox"/> Anxiety                               | <input type="checkbox"/> Appendicitis            | <input type="checkbox"/> Appendix Removed  |
| <input type="checkbox"/> Asthma                                | <input type="checkbox"/> Bulimia                 | <input type="checkbox"/> Cancer            |
| <input type="checkbox"/> Chicken Pox                           | <input type="checkbox"/> Concussion              | <input type="checkbox"/> Counselling Needs |
| <input type="checkbox"/> Diabetes                              | <input type="checkbox"/> Dietary Issues          | <input type="checkbox"/> Depression        |
| <input type="checkbox"/> Emotional and/or Psychiatric Problems | <input type="checkbox"/> Environmental Allergies | <input type="checkbox"/> Epilepsy          |
| <input type="checkbox"/> Food Allergies                        | <input type="checkbox"/> Hepatitis - any form    | <input type="checkbox"/> Hernia Operation  |
| <input type="checkbox"/> Insect Bite Allergies                 | <input type="checkbox"/> Malaria                 | <input type="checkbox"/> Measles           |
| <input type="checkbox"/> Parasites                             | <input type="checkbox"/> Pneumonia               | <input type="checkbox"/> Polio             |
| <input type="checkbox"/> Rheumatic Fever                       | <input type="checkbox"/> Rubella                 | <input type="checkbox"/> Scarlet Fever     |
| <input type="checkbox"/> Serious Cough                         | <input type="checkbox"/> Headaches / Migraines   | <input type="checkbox"/> Smallpox          |
| <input type="checkbox"/> Tuberculosis                          | <input type="checkbox"/> Typhoid                 | <input type="checkbox"/> Vertigo/Dizziness |
| <input type="checkbox"/> Other diseases                        | <input type="checkbox"/> None                    |  |

In the information box below you can elaborate on any illness or injury that is recent or medically managed.

Details of Illness or medical condition/ injury:

If you have had any disease, impairment or abnormality with any of areas listed below, please click the corresponding check box:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Blood or Endocrine System | <input type="checkbox"/> Bones or Joints           | <input type="checkbox"/> Brain or Nervous System  |
| <input type="checkbox"/> Ears or Hearing           | <input type="checkbox"/> Eyes or Sight             | <input type="checkbox"/> Genito-Urinary System    |
| <input type="checkbox"/> Heart or Blood Vessels    | <input type="checkbox"/> Lungs, Respiratory System | <input type="checkbox"/> Other Abdominal Organs   |
| <input type="checkbox"/> Personality / Behaviour   | <input type="checkbox"/> Skin (Acne, Eczema, etc.) | <input type="checkbox"/> Stomach/Digestive System |
| <input type="checkbox"/> Tonsils, Nose or Throat   | <input type="checkbox"/> Have Tonsils been removed |   |

Describe any health issue that required medical attention or hospitalization in the last two years:

Please list any preparations / medications that you take on a regular basis, as well as the reason:

List the Foods you like: \*

List the Foods you dislike: \*

Food allergies or specialized dietary needs: \*

## Hosting Foreign Students - To Be Completed by Students & Parent(s)

Please describe your home & family- how many bedrooms, house or apartment, will guest student have own room or room share with exchange participant? \*

I understand that to participate in the exchange we have the responsibility to host a student in our family and include them in many wonderful family activities and outings, and in return the exchange applicant will live with their buddy's host family in Italy and enjoy similar hospitality. \*

☐ I confirm

I understand it is an expectation of the exchange that we take a break from our extra curricular activities during out hosting 2 weeks in late September / October to focus on our guest buddies and being hosts. \*

☐ I confirm

I understand if I am involved in a regularly scheduled activity in late September / October of 2025 (ex. Cadets, robotics, soccer, volleyball, dance, etc) that I will take a break and not attend for the 2 weeks, or, arrange with the activity coordinator for my buddy to come with me and join in on the evening or after school activity. (Please limit your activities, but include your buddy in ones where they will have fun and can join in easily.) \*

☐ I confirm

## Activities While Hosting Foreign Students - To Be Completed by Students & Parent(s)

While hosting for the two weeks, the student will travel to and from school with their host buddy. The school will arrange a variety of single day field trips, and 1-2 overnight field trips. Other times after school/evening host families are expected to provide a mix of family home time and some excursions out with family/ friends to local venues or activities to help showcase the valley/ island. Families will host students for at least one weekend, and should arrange something nice to do for that weekend.

Check which activities you like to do and you or your family would probably do with your host buddy and some friends perhaps in the evening/ after school/ weekends when they visit in late September / October \*

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Swimming                  | <input type="checkbox"/> Skating         | <input type="checkbox"/> Bowling                |
| <input type="checkbox"/> Climbing Wall             | <input type="checkbox"/> Mountain Biking | <input type="checkbox"/> Skateboarding          |
| <input type="checkbox"/> Hiking                    | <input type="checkbox"/> Teen Gym Night  | <input type="checkbox"/> Shopping               |
| <input type="checkbox"/> Glacier Kings Hockey Game | <input type="checkbox"/> Baking          | <input type="checkbox"/> Movie Theatre          |
| <input type="checkbox"/> Home Movie Night          | <input type="checkbox"/> Cooking         | <input type="checkbox"/> Soccer                 |
| <input type="checkbox"/> Video Games Night         | <input type="checkbox"/> Eating Out      | <input type="checkbox"/> Fast Food / Restaurant |

- ☐ Computers
- ☐ Cathedral Grove
- ☐ Mini Golf
- ☐ Vancouver
- ☐ Painting / Other Art or Craft Ideas
- ☐ Karaoke Party

- ☐ Dancing
- ☐ Elk Falls Suspension Bridge
- ☐ Wildplay Nanaimo
- ☐ Halloween Party (Costume Party)
- ☐ Chemainus Murals
- ☐ Listening to Music

- ☐ Coombs Day Trip
- ☐ Coastal Black Pumpkin Fest
- ☐ Victoria
- ☐ Canucks Hockey Game
- ☐ Island Road Trip (Day or Overnight)
- ☐ Watching TV (Family Movie Night)

Other Activity Ideas:

## Short Note to Exchange Student Buddy - To Be Completed By Student

Please write a short note to your sister school buddy. Describe yourself, what you are interested in, your family, pets, the activities you like to do. Describe your typical school day, evenings and weekends. What has made you interested to be a part of the cultural exchange? Describe some things you are hoping to do in Germany, and some things you hope to do with your host buddy while here. \*

(Max 300 words)

## Hosting Questions - To Be Completed By Parent

Please describe your home & family - how many bedrooms, house or apartment, will guest student have own room or room share with exchange participant? \*

I can volunteer as a parent driver for some field trip activities while we are hosting: \*

- ☐ Yes
- ☐ No

Would you be able to host more than one student in the event that we have more students coming over than are going? \*

- ☐ Yes
- ☐ No

## Parent Confirmations - To Be Completed By Parent

I understand the cost of the exchange (approximate cost may be \$4000-\$5000), and will be able to make the regular installment payments, including the initial non-refundable deposit of \$500 to secure a spot on the exchange if my child is selected to participate. \*

☐ I confirm

I also understand the expectations of hosting in late September / October for 2 weeks, and that each parent in the house/ volunteer driver will need to complete the Criminal record check application upon student acceptance into the exchange, and in September of 2025 to complete the volunteer driver forms for school field trips. (Driver abstract, vehicle insurance, photocopy of driver license) \*

☐ I confirm

I understand that as a host parent I will be needed to provide transportation to and from school at some adjusted drop off and pick up times due to some arranged field trips needing an early start to the day and evening return times. \*

☐ I confirm

I understand that we will provide a safe family home setting with meals and family activities that include our guest student for the 2 weeks, with appropriate guidance and rules in line with school district 71 host family policies. (to be provided and reviewed closer to exchange hosting time). \*

☐ I confirm

## Fundraising Questions - To Be Completed By Parent

Fundraising for Exchanges is Optional for raising some money toward offsetting individual costs of participating in the exchange.

Please note, **there is no guarantee of raising significant funds through fundraising**, and it must be parent and student driven. The exchange lead teacher will help facilitate / sponsor some fundraising activities. Parents must have arranged to have full funds organized for the exchange in case fundraising initiative/ interest is low.

I would like to assist with organizing some fundraising activities. \*

- ☐ Yes
- ☐ No, I'm unable to help
- ☐ Maybe

I would like my child to do some fundraising and will support them with this \*

- ☐ Yes
- ☐ No, fundraising is not needed
- ☐ Maybe

I can volunteer to help as a parent at some fundraisers my child participates in \*

- ☐ Yes
- ☐ No, fundraising is not needed
- ☐ Maybe

I have some great fundraising ideas, here they are:

What is a reasonable goal amount you hope your child can fundraise?

Questions or Comments:

Please review your submission before you hit submit

Submit

## MARK R. ISFELD SECONDARY

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