



STUDENT PAIRING FORM

1 STUDENT DATA

STUDENT										
Name										
Age		Date of birth				Sex	M		F	
Adress					City					
TELEPHONE										
Telephone number	Student 's Mobile Phone		Father 's Mobile Phone			Mother 's Mobile Phone				
EMAIL										
student 's e-mail			father 's e-mail			mother 's e-mail				

2 FAMILY DATA

Have you got brothers or sisters?	YES		NO		How many?	
Who do you live with?						
Where do you live?	In the town				In a village	
Have you got any pets?						
Can you host a partner of another sex?	YES		NO			

3 PERSONAL DATA

Do you smoke?	YES		NO		People who smoke bother you?	
Are you on a specific diet ?	YES		NO		Which one?	
Do you have any allergies?	YES		NO		Which one?	
Do you have any health problems?	YES		NO		Which one?	

4 ACADEMIC DATA

Spoken foreign languages:	EN		FR		IT		PT		ES		OTHERS	
Previous mobility experiences:												

5 LET'S TALK ABOUT YOURSELF

Write a description of yourself including any aspect you consider appropriate. You can give as much information as necessary: character, likes, interests, leisure activities (sports, reading, music, art, hobbies etc.). Please, make it quite detailed!