

PLEASE COMPLETE VERY CLEARLY IN BLOCK CAPITALS

Pupil's first name			Pupil's si	urname		
Date of birth			Age on 04/05/2022			
Full home address						
(street, city with postcode)		1		1		
Nationality		Passport	Passport number			
Parents' mobile no.	+49					
Pupil's mobile no.	+49					
Family e-mail address						
COVID-19- vaccination or recovery status	COVID-19-	vaccinated on		(1)	(2)	(3)
	□ recovered	9 on	🗆 no			
Details of other people at home (names, age)						
Details of pets at home						
Hobbies / interests/any information you would like your hosts to have						
Medical information allergies, dietary problems of which hosts should be aware – e.g. Asthma, hayfever, allergies to animals, etc						
Are there any smokers at home?						
We can host	🗆 a girl 🗖 a	boy (please ti	ck√)			
Signature of parent						
Signature of pupil						

Please fill in this form very clearly in ENGLISH. It will be sent to Wellington School. The information on this form will be shared with your host family. In line with Data Protection Regulations, this form will be destroyed by the end of 2022.