

Annex 1 – Application Form

School logo

Application

Student mobility

Name Date of Birth

School

Address	City and postal code
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Email	Phone
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Student ID	Teacher responsible
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1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> Study year	Address and phone
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Next of kin / Guardian	
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Describe and explain why you should be chosen for the mobility period abroad (attitude, expectations, language skills, school motivation, health...).



Application date

20

Applicant's signature

Under 18 yo: Guardians signature

Evaluation team statement (to be filled by international coordinator):

International coordinator recommends the mobility for the applicant: Yes / No

Date . 20

Signature

Decision

Application

Accepted

Rejected

Date

20

Educational Manager signature

Application handed to the International coordinator

