VSB INTERNATIONAL EDUCATION
Vancouver School Board

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STUDENT EXCHANGE PROGRAM 2026

STUDENT APPLICATION

Date: _____

1. School Name/Group Name	
2. Student Name	_____ (Last Name) (First Name)
3. Date of Birth / Gender	/ / ◯ Female ◯ Male (Day/Month/Year) (Please check)
4. Nationality	
5. Home Address	_____ (Street Address) _____ (City) (Province) (Postal Code)
6. Telephone Number	( ) (Area Code) (Number)
7. Health Concerns: *** Allergies** *** Medications**	
8. Any special need for classroom study?	
9. What are your hobbies and interests?	