



ABINGDON

HOST FAMILY INFORMATION FORM

Please complete this form electronically by clicking on the grey boxes or using the tab key

Exchange Trip:

French

German

Spanish

Name and Address of Pupil:

Please detail below the requested information for all supervising adults (in most cases this will be parents or guardians) who will be resident at the address where the exchange student is to stay at the time of the exchange. The information provided will assist in the process of obtaining a criminal record check at enhanced level through the Disclosure and Barring Service (DBS).

Family Member / Occupant 1:	Full Name:	
	Former Surname (if applicable):	
	Email Address:	
	Contact Tel No:	
	Has this person been resident overseas for a period of 3 months or more? If Yes, please state country of residence and dates of residency:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Family Member / Occupant 2:	Full Name:	
	Former Surname (if applicable):	
	Email Address:	
	Contact Tel No:	
	Has this person been resident overseas for a period of 3 months or more? If Yes, please state country of residence and dates of residency:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Family Member / Occupant 3:	Full Name:	
	Former Surname (if applicable):	
	Email Address:	
	Contact Tel No:	
	Has this person been resident overseas for a period of 3 months or more? If Yes, please state country of residence and dates of residency:	<input type="checkbox"/> Yes <input type="checkbox"/> No

DATA PROTECTION ACT

The School is registered under the Act and will only seek information from you that is relevant to the exchange visit and we will only hold such information for as long as is necessary.

DECLARATION

I confirm that the above named persons are those expected to be resident at the time of the exchange visit.

Signature:

Date:

Print Name:

Please return this form to:

Email: heather.campbell@abingdon.org.uk

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