



PROJETO ERASMUS + Student application form

1. Identification

Name: _____ Class: _____ Nº _____

Mobile phone _____ Email _____

Parent Mobile phone _____ Email _____

problems / diseases _____ medicines I can't take _____

medicines I regularly take _____ I'm allergic to ... _____

2. My interests and hobbies

Music	<input type="checkbox"/>	Reading	<input type="checkbox"/>
Sports	<input type="checkbox"/>	Computers	<input type="checkbox"/>
TV / Netflix ...	<input type="checkbox"/>	Cinema	<input type="checkbox"/>
Others	_____ _____ _____		

3. Project in which you want to enroll (choose at least 2 options)

1st Option	<i>Let's do It - Romania</i>	<input type="checkbox"/>
2nd Option	Let's do It – Italy	<input type="checkbox"/>
3rd Option	Let's do It – Poland	<input type="checkbox"/>

