

Erasmus Project
2020-1-IT02-KA229-079201
Digital and Virtual music tools to Become an
Experimental School
DigiVibes
Mobility in Turkey – 6th - 9th March 2023

Matching for the exchange - Personal Information Questionnaire

Family Info:

Name: boy/girl

Age:

Date of Birth:

Town where you live:

my picture



Brothers: (name, age)

Sisters: (name, age)

Mother: (name, age, profession)

Father: (name, age, profession)

Pets: (name, age, type of animal)

Favourites

Subjects in school	
Sports to watch	
Sports to play/do	
Types of music	
Films	
Genre of books	
Magazines	
Foods	
Internet site	
Hobby/Leisure time activities	

Least Favourites

Subject in school	
Sports to do/play	
Types of music	
Food	
Animal	
Hobby/Leisure time activity	

Additional Information:
(e.g. allergies, drug allergies, food intolerance, etc.)

My e-mail address:

My parents' e-mail address:

Please save this document as:

- **WORD or PDF-document**
- **name it 'Matching form +YOUR NAME'**
- **share it with your teacher**