

Complete the form with information about yourself.

Title Dr. Mr. Mrs. Ms.

First Name Middle Initial Family Name

Date of Birth dd/mm/yyyy / /

Address

City

Region

Country

Home Phone E-mail

Mobile Phone

Father's Full Name

Hobbies

Sports

Car Make Car Model

Teacher's Names

Complete the form with information about another student.

Title Dr. Mr. Mrs. Ms.

First Name Middle Initial Family Name

Date of Birth dd/mm/yyyy / /

Address

City

Region

Country

Home Phone E-mail

Mobile Phone

Father's Full Name

Hobbies

Sports

Car Make Car Model

Teacher's Names

NB Although the activities practise reading and writing, pair work asking and answering could be added.

The following questions would be practised:

What is your first name?

Do you have a middle initial? What is it?

What is your family name?

What is your full name?

How do you spell that?

When were you born?

What is your date of birth?

How old are you?

Where do you live?

Where are you from?

What is your address?

What is your home phone number?

Do you have a mobile phone? What is your number?

Do you have an email address? What is it?

What is your email address?

What is your father's full name?

What are your hobbies?

Do you like sports?

What sports do you like?

What sports do you play?

Do you have a car? What make is it? What model is it?

What are your teacher's names?