

has been submitted.

HOMESTAY APLICATION FOR HOST FAMILY

		Date:					
Applicant's	Name(s): A	Cellphone:Cellphone:					
	Spouse: B						
Address:	(physical)						
	(mailing) _						
Po	ostal Code:	Telephone: (home)					
Email addre	ss:						
	t Information						
A Position			Employer		Business Phone		
В.							
Position		Employer			Business Phone		
-	_		ion. It will help us				
2. List peop	ole who live in y	our home					
Full Name		Age Relationship		School & Gra Occupation	School & Grade or Occupation		
						me after this applica	





3.	Have you ever had a foreign student stay in your home? If yes, what nationality, how long and when did he/she stay?							
	a) Yes/No b) Length of stay							
	c) Nationality							
4.	Do you have other homestay students? Yes/No							
If `	YES, please note their Nationality, Gender, and Age:							
De	escribe the room where the student(s) will sleep.							
Lo	ocation							
Fu	rnishings							
5.	Does any family member smoke? Do you allow smoking in your home?							
6.	Do you have firearms in your home? if yes, are they secured							
7.	. What kind of activities would you include the student in, and how often?							
8.	List your household pets							
9.	Are you willing to help with transportation in emergencies and on special occasions?							
10	. Are there dietary restrictions in your home? allergies							
	. Please list any hobbies, interests, or other activities that your family enjoys which may be shared with							
	your student (i.e. cultural, sports, religious):							
14	. Do you attend religious services? Religious affiliation							
15	. What is the activities schedule of family members?							
16	. Write anything else that you feel is important for students(s) to know about your household (food, laundry, family rules, etc.)							
17	. Would you prefer a short term student (4 weeks) long term (3 or more months)							

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January 24, 2025