

Homestay Application Form

| Student Name | | | | | | | |
|---|------------------------|----------------|---|--|--|--|--|
| Mr. □ Mrs□. Ms.□ | | | | | | | |
| First Mide | dle Last | English Name | _ | | | | |
| Student Gender | | | | | | | |
| Male□ Female□ | | | | | | | |
| Date of Birth (MM/DD/YYYY) | Age | | | | | | |
| Nationality | Native Language | | | | | | |
| Phone Number | | | | | | | |
| Email | | | | | | | |
| School in the USA | | | | | | | |
| School Address | | | | | | | |
| Are you applying th | rough an agency? | | | | | | |
| Yes □ No□ | | | | | | | |
| Agency Name | Contact Person | | | | | | |
| Agency Address | | | | | | | |
| Agency Country | Agency Phone Number | | | | | | |
| Agency Email | Agency Fax | | | | | | |
| Student Permanent Address | | | | | | | |
| Address 1 | | | | | | | |
| Address 2 | | | | | | | |
| City | | State/Province | | | | | |
| Zip Code | Country | | | | | | |
| Student Mailing Address (If different than the permanent address) | | | | | | | |
| Address 1 | | | | | | | |
| Address 2 | | | | | | | |
| City | | State/Province | | | | | |
| Zip Code | | Country | | | | | |



| Family Members | | | | | | | | |
|---|--------------|------|----------|-----|------------|--|--|--|
| Name | Relationship | | | Age | Occupation | | | |
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| Questionnaire | | | | | | | | |
| Do you have any mental, medical, physical requirements or special needs? Yes \Box No \Box | | | | | | | | |
| If yes, please explain: | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Are you taking any medicine? Yes \square No \square | | | | | | | | |
| Are you taking any medicine? Yes No If yes, please explain: | | | | | | | | |
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| | | | | | | | | |
| Do you have allerg | ies? | | | | | | | |
| Food | No□ | Yes□ | Explain: | | | | | |
| Animals | No□ | Yes□ | Explain: | | | | | |
| Medical | No□ | Yes□ | Explain: | | | | | |
| Other | No□ | Yes□ | Explain: | | | | | |
| Do you smoke? Yes No None of our students is allowed to smoke | | | | | | | | |
| Do you prefer children? Yes □ No □ No preference □ If yes, please indicate range of age: | | | | | | | | |
| Do you prefer pets? Yes \square No \square No preference \square If yes, please indicate which one(dog, cat, etc.): | | | | | | | | |
| How long do you plan to stay in USA? | | | | | | | | |
| How long do you plan to stay with Host family? | | | | | | | | |
| Previous Travel abroad | | | | | | | | |



| Do you have any friends or relatives living in the U.S. or Canada? Yes \square No \square (if yes, specify the details below) | | | | | | |
|---|--|-----------------------|--|--|--|--|
| Name | Relation | Phone | Address | | | |
| ivairie | Relation | FIIOTIE | Address | | | |
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| | lease introduce yours ı may have. Remembo | | ut yourself, any special interest, such as shoto of yourself and possibly a photo of | | | |
| A Letter to Your Host | Family | | | | | |
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| What is your personality (shy/independent/social/outgoing/open-minded/talkative) and what is your level of English? | | | | | | |
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| What are your hobbie | es and interest? What | are your future goals | /plans/career interests? | | | |
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| What can you share with your host family about your culture? | | |
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| What is your expectation or priority with the host family? (Would you like lots of interaction, spend time with family or do you want to be independent with moderate interaction?) | | |
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| Airport Pick Up | | |
| Do you need airport pick up? Yes ☐ No ☐ | | |