

Host Family Application

Family Name		Phone:		Cell Phone:		
E-Mail:						
			_ Mother's First Name:			
Age: Date of Birth:			Age: Date of Birth:			
Child's Name						
Who else resides in the			-			
Name:				_ Age:	Gender: _	
Name:				_ Age:	Gender: _	
Total no. of people livi	ng in the hoi	me:	Do you	rent	own? How I	_ong?
Address:			City		State	Zip Code
Husband's Occupation:			Wife's Occupation:			
Please tell me what typ						
Please check all that ap Private bedroom		_	_			King bed
Do you speak a foreign	language?	Yes	No If yes	s, please li	st:	
Main language spoken	in the home	·?				
Do you have any pets o	or animals?	Yes	No If yes,	please lis	t:	
What interests or hobb						
Please share any other	information	concernin	g your fan	nily or you	r home that wo	uld be helpful
for the Homestay Coor						
How did you hear abou						