HOMESTAY FAMILY APPLICATION

Last Name:			First Name:	F	Relationship:		
Last Name:			First Name:	Relationship:			
Address:				City:	State:		
Zip Code: Phone			Phone:		E-mail:		
Fax: Mobile P		ile Ph	hone 1st: Mo		Phone 2nd:		
First Adult's Occupation:			n:	Business Phone:			
Second Adult's Occupation: Business Phone:						s Phone:	
First Adult's Birthdate: Second Adult's Birthdate:							
Please list all children living at home, and any other persons or family members living in the household:							
	Name	Sex	Age	Relationship	Interest	Profession or School	
1							
2							
3							
3 4 5							
5							
6 7							
/ 8							
% E		•	•	ivate bedroom		ith whom?	
Will student be sharing a bathroom? Yes: No: If yes, with whom?							
How long would you be able to host a student?							
Wo	ould the stude	nt's be	edroon	n have a desk (o	r table)? Yes:_	_ No:	
Do	you have inte	ernet a	ccess f	For a student? Ye	es: No: If y	yes, what kind?	
Do	es students n	eed to	bring 1	their own comp	uter to access t	the Internet? Yes: No:	
Any	y other comm	ients o	n acco	mmodations / f	acilities?		

Will you permit smoking? Y	es: Outside only: No:_	<u> </u>
Will you permit alcohol in y	our home? Yes: No:	
If your family has pets, plea	se specify type and number	:
Preferences regarding stude	ent; Male: Female: No	Preference:
Nationality:		
What transportation option	s (please specify if it is a bu	s line)?
How long would it take a stransportation?:		
What time do you usually go	o to bed and get up?	
International travel experie	nce:	
Foreign languages spoken, i	f any:	
What is your family's religion	on?	
How did you hear about our	homestay program?	
Please give the names and p	ohone numbers of 3 local re	ferences
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
*This section is the most in family and the student. Plea international student, and a any other information that prospective student.	se tell us why you want to b my comments regarding fan	oe a host family for an nily interests or hobbies or
We (OvECS) will make ev we cannot guarantee a perfe	-	nt with your family. However
By signing your name below accurate to the best of your	-	ormation above is true and
Signature:		Date: