

Host Family Application: Homestay Program

Student's name: Student number:

WISE beginning date: # of weeks/days: WISE ending date:
MONTH DAY YEAR MONTH DAY YEAR

Split days: Host family name: Husband's name/age:

Wife's name/age: Street address: City:

State/zip: Home phone: Husband's occupation:

Business phone: Email: Fax:

Wife's occupation: Business phone: Email: Fax:

CHILDREN AT HOME

Child's name: Age: Sex: Interests:

Child's name: Age: Sex: Interests:

Child's name: Age: Sex: Interests:

ADDITIONAL INFORMATION

Any other adults living in the home? YES NO If "yes", please specify:

Will your student share a bedroom? YES NO If "yes", please specify with whom:

Religious preference: How often do you attend church?

Does anyone in your home smoke? YES NO Will you allow smoking? YES NO

Any dietary restrictions?

Are there any pets in the house? YES NO If "yes", please specify:

Sex preference for international student: MALE FEMALE NO PREFERENCE

Interests or activities engaged in as a family:

International travel or experience?

REFERENCES

Name: Address: City:

State: Zip: Phone:

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