

# Eagle School Host Family Application

Host Father Name: \_\_\_\_\_ Profession: \_\_\_\_\_  
Host Father's Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell # \_\_\_\_\_  
Host Mother's Name \_\_\_\_\_ Profession: \_\_\_\_\_  
Host Father's Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell # \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP \_\_\_\_\_  
E-mail(s) \_\_\_\_\_ Fax \_\_\_\_\_

## Family Information

Children (name)	(Age)	M/F	Living at Home?	Hobbies/Occupation
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Will the student have his or her own room?    Yes    No

If no, who will the student room with? \_\_\_\_\_

Do you have family pets?    Yes    No    If yes, please list: \_\_\_\_\_

Does anyone in your household smoke?    Yes    No

Do you expect your exchange student to attend church with you?    Yes    No

Are any second languages spoken in your home?    Yes    No  
If yes, what family member(s) and what language(s) \_\_\_\_\_

Placement Information

Have you ever hosted an international exchange student before?    Yes    No  
If yes, when and from where? \_\_\_\_\_

Are all members of your family interested in hosting?    Yes    No

What is your student preference?    Male    Female

Homestay Length:    Year    Spring Semester    Fall Semester    No preference

If the student is unable to stay with you due to an unforeseen circumstance,  
where would he/she stay? \_\_\_\_\_

Would your family consider hosting two students?    Yes    No

Describe your home/family activities and interests.

Please briefly explain why you would like to host an exchange student.

Describe a typical week day in your home.

What special activities, if any, do you do on the weekends?

What household responsibilities would be expected of your student?

What are your family guidelines and expectations?

Curfew? Weekdays \_\_\_\_\_ Weekends \_\_\_\_\_

References

Please list two references who have known your family at *least* three years and whom we may contact.

Name: \_\_\_\_\_  
Address \_\_\_\_\_  
City: \_\_\_\_\_  
State & ZIP: \_\_\_\_\_  
Telephone ( ) \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State & ZIP: \_\_\_\_\_  
Telephone ( ) \_\_\_\_\_

Emergency Contact

Who may we contact in an emergency if we are unable to reach a family member?

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone, Day: \_\_\_\_\_

Relationship: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Telephone, Evening: \_\_\_\_\_

We understand that by hosting an international student for the duration of his/her exchange, we will be providing a home away from home and we will treat him/her as a member of our family. We realize that we are responsible for providing our student with meals, access to the refrigerator/kitchen, laundry facilities, and assistance with transportation arrangements.

Signature(s) of Applicants:

Father: \_\_\_\_\_  
Mother: \_\_\_\_\_

Date: \_\_\_\_\_  
Date: \_\_\_\_\_