

Application for host family housing

First Name		Birth date / /
Last Name		Male or Female
Phone		Cell Phone
Address		
Email Address		Do you smoke cigarettes? Yes / No
How long are you going to stay at the Home stay?	arrival	Departure
Can you live with dog? Cat? Smoker?		
Do you want to include Meals? Without Meals? Allergic to any Food?	Include: No meals:	Allergies for
Hobbies, Sports?		
Can you live with small children ?		
Can you live with another student?		
Do you need any Airport Pick-Up?	Yes / No	Flight info
In Case of Emergency,	Father's cell	Mother's cell