



HOMESTAY APPLICATION

PERSONAL INFORMATION

FAMILY NAMES (S): _____ GIVEN NAMES(S): _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

E-MAIL: _____

DATE OF BIRTH: _____ AGE: _____ Male Female Single Married
 Year / Month / Day

Nationality: _____	Languages Spoken: _____
School/Occupation: _____	
English Level: <input type="radio"/> Very good <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor	

HOMESTAY PERIOD

Start Date: _____ / _____ / _____ Year Month Day	End Date: _____ / _____ / _____ Year Month Day
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ARRIVAL INFORMATION

Do you need AIRPORT PICK-UP? <input type="radio"/> Yes <input type="radio"/> No	Arrival Date: _____ / _____ / _____ Year Month Day
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Airline Name: _____	Flight Number: _____	Arrival Time: _____
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HOMESTAY INFORMATION

Do you prefer to stay with a host family that has:

Young children <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Does not matter	Dogs <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Does not matter
Teenagers <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Does not matter	Cats <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Does not matter
No children <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Does not matter	Birds <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Does not matter

Do you have any allergies to animals? <input type="radio"/> Yes <input type="radio"/> No	What kind?
Do you have any allergies to food? <input type="radio"/> Yes <input type="radio"/> No	What kind?
Do you have any medical problems? <input type="radio"/> Yes <input type="radio"/> No	What kind?
Do you have any medical insurance? <input type="radio"/> Yes <input type="radio"/> No	When will you purchase it?
Have you traveled before? <input type="radio"/> Yes <input type="radio"/> No	When?
Have you lived in Homestay before? <input type="radio"/> Yes <input type="radio"/> No	When?
Do you smoke? <input type="radio"/> Yes <input type="radio"/> No	
Do you object to smoke (from other family members)? <input type="radio"/> Yes <input type="radio"/> No	
Do you have any food dislikes or restrictions?	
Your hobbies, interests and any other comments:	