

Host Family Information/Summit Academy

Host Parent #1	Last Name	First Name	Middle Initial	Occupation	Employer
	Primary Email*		Work Phone	Mobile Phone	
Host Parent #2	Last Name	First Name	Middle Initial	Occupation	Employer
	Email		Work Phone	Mobile Phone	
	Home Address (mail address required for home delivery)	City	State	Zip Code	
	Home Phone				

Is the residence part of a functioning business (daycare, farm, etc)? yes no
 If yes, please explain.

HOST FAMILY COMPOSITION: Please list ALL household members, including host parents, children, and any person 14 years of age or older who will be staying in the home for a **total of ten days or more** during the participant's program. Children away at school who will be returning home on weekends/holidays should be listed as living at home part-time (PT).

First Name, Initial, Last Name	Relationship	Living at Home?	If PT:	Birthdate		
			Approx # Days	Month	Day	Year
		FT <input type="checkbox"/> PT <input type="checkbox"/> No <input type="checkbox"/>		Month	Day	Year
		FT <input type="checkbox"/> PT <input type="checkbox"/> No <input type="checkbox"/>		Month	Day	Year
		FT <input type="checkbox"/> PT <input type="checkbox"/> No <input type="checkbox"/>		Month	Day	Year
		FT <input type="checkbox"/> PT <input type="checkbox"/> No <input type="checkbox"/>		Month	Day	Year
		FT <input type="checkbox"/> PT <input type="checkbox"/> No <input type="checkbox"/>		Month	Day	Year
		FT <input type="checkbox"/> PT <input type="checkbox"/> No <input type="checkbox"/>		Month	Day	Year

PLACEMENT INFORMATION:

Our family would like to host a male female either

How many students are you interested in hosting? 1 2 3

Participant must have a bed of his/her own. Will the participant share a bedroom? (must be with the same gender) yes no
 If yes, with whom and what is his/her age?

Would your family be willing to host someone with dietary restrictions? yes prefer not strongly object
 Does anyone in your family follow any dietary restrictions, including for medical, religious, or self-imposed reasons? yes no
 If yes, please explain.

Do you expect the student to follow any dietary restrictions? yes no If yes, please explain.

Are alcoholic beverages consumed in the home? yes no If yes, please describe any rules you have on consumption of alcohol:

Does anyone in the family smoke? yes no Inside the house? yes no

Do you have any pets? yes no indoor outdoor If yes, what kind?

What language is spoken in the home? What other languages are known by family members?

Have you hosted foreign student? yes no If yes, with what organization (name of organization)?
 Which year(s)? Country(ies)?

Is a member of your family an Exchange Program Returnee? yes no Which year(s)? Name Country

How did your family become interested in hosting? school previous hosting other