for International Students



Host families are carefully chosen by the school based upon the ability to provide a safe, comfortable home and a positive cultural experience. Families host for many reasons: to make friends with a young person from abroad, to encourage the exchange of ideas, to share their culture and to learn about each other. You also become a missionary to share the love of Jesus Christ in your own home.

Please answer the following questions to help us in matching you with the suitable student(s). While we will make every effort to accommodate you with appropriate student(s), please be aware that we will not always be able to meet all of your needs.

Basic Information				
First Name	Last Nam	Last Name		
Home Phone	Cell Phon	e		
A 1 1	C'I- CI-I	0 7: - C - 1 -		
Address	City, State	e & Zip Code		
Emergency Contact	Emergeno	ry Contact Phone		
Zinergency Contact	Zmergene	y Contact Phone		
Years at Current Address	Are you a	U.S. citizen? If not, what	is your legal status?	
			, 0	
Marital Status		spoken in house other th	nan English	
MarriedWidowedDivorced [Single			
Ethnic Background			_	
☐White/Caucasian ☐Native-American	KoreanHispanicAfr	ican-AmericanAsian [Other	
Other Information				
Other Information	been arrested or Yes			
Have you or any of your family members been arrested or convicted of or pleaded no contest to a felony?				
If yes, explain	ony:			
п усо, схриш				
Does anyone in your household have or h	and alcohol or Yes			
drug related problem?	□No			
Has anyone in your household been accus	sed of sexual Yes			
misconduct or racism?				
Describe your neighborhood condition.				
References		T	1	
Name	Relationship	Phone Number	Town	
1	1			

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Add a host home letter here describing your family, interests, home, etc. This letter will be kept on file and sent to the student.

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Hosting and Residence Information	and Prefere	nces					
Number of students you can host		How long or what month(s) can you host?					
Gender or grade / age preferences			Will student be sharing room with your child?				
How many bedrooms are there in your house?			Are there any pets? If so, what kind?				
How far is your house from school by car?			Can you provide transportation to and from school? How?				
Do you have a car? What kind?			Is there someone home all the time?				
What floor is the room located?			Type of bed				
Check any furniture / features in roo	m or house						
Item	In Room	In House	Item		In	Room	In House
Bed			Stereo				
Linen / Blanket			Internet*				
Desk / Chair			Book Shelf				
Computer			Bathroom				
Phone			Air-Condition	ner			
TV			Heating				
Other:			Other:				
*Wireless internet is a requirement of host hor Household Members			ing their own lapto	op from home.			
Name	Relationshi	p	Age/Grade	Gender	Occupation/S	School	Name
Employment Information	г 1 -	т	T	D '''		1/	
Name Yourself	Employer N	iame		Position		Years	in Job

Spouse Cother House Member Cother House Member

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Name of Host Family					
Have you or anyone residing in your home ever been arrested, found guilty, entered a plea of nolo contendre (no contest), or had adjudication withheld in a criminal offense other than a minor traffic violation (DUI is NOT a minor traffic violation); or are there any criminal charges now pending against you? Yes No					
Agreement					
I certify under penalty of perjury according to the law of the State of Florida that the information on this application is true and correct. Host Parents for foreign exchange students are classified by HCA as a volunteer. A background check needs to be performed for each person over 18 who reside in the same residence with the student. Background check applications may be obtained from the HCA office. It is the responsibility of the volunteer to complete the application, submit the application for processing (2-3 weeks), pay any associated cost, and be approved before serving as a host family. Host families will receive \$600 per month to help offset the cost of food, housing, and transportation. It is the responsibility of the family to check with their tax consultant and pay any taxes associated with receiving these funds.					
Signature of EACH family member over 18 that resides in the home.					
Signature: Date:					
Signature: Date:					
Signature: Date:					
Signature: Date:					
Financial Reimbursement (please check one)					
I do not wish to receive the \$600 per month.					
Please deposit the \$600 into my child's school account and apply towards tuition and / or lunch account.					
Please make check payable to and send to the following address:					
For Office Use Only					
Application Complete					
Background Check Complete					
House Visit Completed					
References Checked					
Student Assigned:					