Cascade Christian Schools
International Program Host Family Application

Name(s) of International Student(s): _____

_____

HOST FAMILY INFORMATION

FATHER	MOTHER
Name: _____	Name: _____
Address (if different): _____	Address (if different): _____
City/Zip:_____	City/Zip:_____
Home Phone (if different): _____	Home Phone (if different): _____
Cell Phone: _____	Cell Phone: _____
Place of Employment: _____	Place of Employment: _____
Position: _____ Dept.: _____	Position: _____ Dept.: _____
Hours: _____ Work Phone: _____	Hours: _____ Work Phone: _____
Email: _____	Email: _____

List other individuals living in the home:

Name	Age	Birth Date (mm/dd/yyyy)	Relationship	
_____	_____	_____	_____	❑ Male ❑ Female
_____	_____	_____	_____	❑ Male ❑ Female
_____	_____	_____	_____	❑ Male ❑ Female

STUDENT MATCHING INFORMATION

1. Gender Request: ❑ Boy   ❑ Girl   ❑ Either

2. Age/Grade Preference: ❑ Elementary   ❑ Junior High   ❑ High School

3. Will the student have his/her own bedroom? ❑ Yes   ❑ No

   If no, with whom will the student share a room? Name:_____ Age:_____

   The student may share a bedroom with one of the same sex and within a reasonable age difference.

4. Does anyone in your household smoke? ❑ Yes   ❑ No

5. Please list some of your family's hobbies and interests: _____

   _____

6. Would you be interested in joining a carpool to transport students to class? ❑ Yes ❑ No

7. Are you going to be hosting another exchange student at the same time? ❑ Yes ❑ No

8. Does anyone in your home play competitive sports? ❑ Yes ❑ No

9. Does any member of your family have a serious chronic illness/disability? ❑ Yes ❑ No

   If yes, please explain: _____

10. Do you have any family pets? ❑ Yes ❑ No

    If yes, what kind(s): _____

    If yes, how many are "indoor" pets? _____   How many are "outdoor" pets? _____

11. What do you live in? ❑ House   ❑ Condo   ❑ Apartment   ❑ Other _____

12. How many bedrooms do you have? _____

13. What church do you attend? _____

14. Would you expect your student to attend services with your family? ❑ Yes ❑ No

15. Would you provide transportation to a student's religious services if different than yours? ❑ Yes ❑ No

16. Internet Access- Configuration (check all that apply) ❑ Wireless Router ❑ Modem ❑ Broadband (Cable) ❑ DSL (dial-up) ❑ Standard (dial-up)

17. Is English your primary language? ❑ Yes ❑ No

18. Has anyone in your family visited a foreign country before? ❑ Yes ❑ No

    If so, who, where, and for how long? _____

19. Have you hosted a foreign student before? ❑ Yes ❑ No

    If yes, from which country, for how long, and through what organization? _____

    _____

20. List two personal references in the local area other than those listed above.

    Name _____   Name_____

    Address _____   Address_____

    City/Zip _____   City/Zip_____

    Phone _____   Phone_____

21. Would you be interested in hosting a student during a long term stay? ❑ Yes ❑ No

    If yes, how long? ❑ 1-3 months   ❑ 4-6 months   ❑ Academic Year

We appreciate your willingness to open your home to exchange/international students. You play a vital role in furthering international understanding and appreciation.

_____   _____
Host Father's Signature   Date   Host Mother's Signature   Date