



# 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<br>(mm/dd/yyyy) | Relationship | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
|-------|-------|----------------------------|--------------|-------------------------------|---------------------------------|
| _____ | _____ | _____                      | _____        | <input type="checkbox"/>      | <input type="checkbox"/>        |
| _____ | _____ | _____                      | _____        | <input type="checkbox"/>      | <input type="checkbox"/>        |
| _____ | _____ | _____                      | _____        | <input type="checkbox"/>      | <input type="checkbox"/>        |

## STUDENT MATCHING INFORMATION

- Gender Request:  Boy  Girl  Either
- Age/Grade Preference:  Elementary  Junior High  High School
- 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.

- Does anyone in your household smoke?  Yes  No
- 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