



Happy Homestay USA

STUDENT HOMESTAY APPLICATION

Student's Name _____	Date of Birth: _____
E-mail address: _____	Nationality: _____
School attending: _____	Gender (male / female)
Start date: _____	Ending date: _____
Please provide the following information if the student is under age 18:	
Mother's name: _____	Father's name: _____
Emergency Phone: _____	E-mail address: _____

STUDENT INFORMATION

Please answer the following questions using a scale of 1 to 10, with 1 being the least desired outcome, and 10 being the most desired outcome. Enter the number on the line to the right of the question.

1 2 3 4 5 6 7 8 9 10
 not okay somewhat okay okay very much okay

- (1-10) Do you like living with young children? _____
- (1-10) How do you feel about attending a Christian church? _____
 Do you have a religious preference? (Yes or no) If yes, which? _____
- (1-10) How do you feel about sharing a room? _____
- (1-10) How do you feel about living with an older single adult? _____
- (1-10) How do you feel about living with a young single adult? _____
- (1-10) How do you feel about living with pets? _____
- Are you allergic to any pets? (Yes or no) If yes, list? _____
- Do you smoke? (Yes or no) _____
- (1-10) Do you like to cook for yourself sometimes? _____
- (1-10) Would you like to attend family activities? _____
- Do you have any allergies? (Yes or no) If yes, please list allergies and medications: _____

- Do you have any medical/psychological conditions? (Yes or no) If yes, list conditions and any medications you take: _____
