



Wisconsin Valley

LUTHERAN HIGH SCHOOL

601 Maple Ridge Road

Mosinee, WI 54455

PHONE: 715-693-2693

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HOST FAMILY APPLICATION FORM

Host Family Information

Last name: _____

Host father first name: _____ Host mother first name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone() _____ - _____ Father work() _____ - _____ Mother work() _____ - _____

Father's cell() _____ - _____ Mother's cell() _____ - _____

Host father's occupation: _____ Host mother's occupation: _____

Host father's email: _____ Host mother's email: _____

FAX Number: _____

Church membership: _____ City: _____

Pastor(s): _____

Church phone: _____ Pastor email: _____

Emergency contact outside of household: _____

Day phone:() _____ - _____ Evening phone:() _____ - _____

Hospital of choice: _____

Please list all family members at home:

Name	Relationship	Age	Sex	School/Grade

Pets:# of dogs _____ Indoor _____ Outdoor _____
of cats _____ Indoor _____ Outdoor _____
Other _____ Indoor _____ Outdoor _____

What hobbies or recreational activities does your family enjoy?: _____

Expectations

What are your expectations of this student? (e.g. household responsibilities, family activities, rules, curfew, grades, etc.) _____

Our family would prefer: _____ Male student _____ Female student

Does anyone in your household smoke? No___ Yes___ Indoors___ Outdoors___

Do you have a separate bed, quality internet access, and a quiet place to study? ___yes ___no

Are there any health conditions (physical or otherwise) among family members that might affect the student's home stay experience? If so, explain: _____

Do you or any of your family members:

Have an arrest or conviction record? _____yes___no

Have a complaint filed with an agency concerning child neglect or abuse _____yes___no

Currently use illegal substances or have an alcohol or other addiction problem _____yes___no

If yes to any of these, please attach another page explaining the situation.

Transportation

How far do you live from WI Valley Lutheran High School? _____ Please describe your neighborhood: (e.g. rural, suburban, etc.) _____

How would special accommodations for co-curricular activities after school or in the evening or on weekends be arranged? _____

How will the student get to WI Valley Lutheran High School? _____

List names and driver's license numbers of any family members who might be transporting the student: _____

Are you interested in hosting a social event for international students during your student's stay?

Yes___ No___ If yes, what type of activity? _____

Do you know of other families who might be interested in serving as a host family to one of WI Valley Lutheran High School's international students? If so, please list: _____

YOUR SIGNATURE BELOW verifies that all information provided in this application is accurate and true.

Host father's signature: _____ Date: _____

Host mother's signature: _____ Date: _____

**Please note that the completion of this application does not confirm the placement of a student into your home.*