

THIS SECTION OFFICE USE ONLY
Assigned Host Family:

STUDENT PROFILE

PLEASE SUBMIT A COPY OF YOUR PASSPORT (Picture Page) with your application!

First Name:	Last Name:					
Passport Number:	Type of US Visa:					
Date of Birth: month:/ day:	/ year:	Age:	Gender: F	М		
Nationality:	/ E-mail:					
Cell Phone Number: country code:	city code:	number:	:			
Home address:						
City:	_ State/Province:	Country	:			
Home Phone Number: country code: _	city code:	number: _				
Father's Information:						
First Name:	Last Name	:				
E-mail:						
Cell Phone Number: country code:						
Mother's Information:						
First Name:	Last Name	:				
E-mail:						
Call Phone Number: country code:	city codo:	number				



In case of emergency, no	otify: MOTHER	2	FATHER		
OR SOMEBODY ELSE: (Leave blank if	you check	ed Mother or Fath	er above)	
First Name:			Last Naı	me:	
Relationship to the stude	ent:				
E-mail:					
Cell Phone Number: cou	untry code:		city code:	number:	
ARRIVAL DATE: mon	th:	_/ day:	/ year:		
DEPARTURE DATE: mor	nth:	_/ day:	/ year:		
FLIGHT INFORMATION	N:				
Airline:				Airline Code:	
Date of arrival month: _	/ da	y:	/ year:	Flight Number:	
Precedent From: City Na	ıme:			Aiport Code:	
Need Airport Pick-up?:	YES	NO			
Notes about arrival (if an	ıy):				
SCHOOL INFORMATIO	DN:				
Name of School you wil	I be attending	in the U.S:			
Type of Program you wil	I be attending:				
School contact: Name:				E-mail:	
HOUSING ARRANGEM	IENTS PREFER	ENCES:			
Private Room	Shared Roon	า			
In case of Shared Room	,	cify his/he	r name:		



Are animals in	the homestay accept	able? *Please note	e: Most Home	estays have at least one animal.	
YES	NO				
Are children un	nder 8 years old accept	able in the homesta	ay? YES	NO	
PERSONAL INI	FORMATION:				
Your English Ab	pility is:				
Excellent	Good	Fair	Poor		
Other Language	es you can speak:				
Will you rent a	car in the U.S: YES	NO			
Please list your	main hobbies and inte	erests:			
Major of Study	(if applicable):				
Do you have ar	ny medical concerns?:`	YES NO)		
If so, please exp	olain:				
Are you taking	any medication?: YES	NO			
If so, please list	:				
Do you have ar	ny allergies?: YES	NO			
If so, please list	:				



Is there any type of food that you do not eat?: YES NO
If so, please list:
Do you smoke cigarettes?: YES NO
If so, do you agree not to smoke in or around your Host Family home if you are placed in a non-smokers home?:
YES NO
Describe your family life including information about your parents and siblings:
Have you traveled to the US before? Where have you traveled in the world? Please tell us about your experience (s):
By checking here , I confirm that my typed name below serves as my electronic signature:
Student's Signature:
Date: month: / day: / year: