Niagara Education and Business Consulting

尼亚加拉教育商务咨询公司

**Host Family Application Form**

**Primary Contact**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name |  | Last Name |  |
| Occupation |  | | |
| Email Address |  | | |
| Home Phone Number |  | Cell Phone Number |  |
| Work Phone Number |  | | |

**Home Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Address |  | | |
| City |  | Province |  |
| Postal Code |  | Country |  |
| What are the closest Public and Catholic High Schools to your home? | | | |
| Catholic School |  | | |
| Public School |  | | |

**Secondary Contact**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name |  | Last Name |  |
| Occupation |  | | |
| Email Address |  | | |
| Home Phone Number |  | Cell Phone Number |  |
| Work Phone Number |  | | |

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**Other Family Members Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Family Member 1** | | | |
| First Name |  | Last Name |  |
| Relationship |  | Date of Birth |  |
| **Family Member 2** | | | |
| First Name |  | Last Name |  |
| Relationship |  | Date of Birth |  |
| **Family Member 3** | | | |
| First Name |  | Last Name |  |
| Relationship |  | Date of Birth |  |

**Additional Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Do you have Pets? | * Yes * No | If Yes, please describe: |  |
| Do you Smoke? | * Yes * No | Do you accept smokers? | * Yes * No |
| Gender Preference? | * Male * Female * Either | Home Stay Experience  (in years) |  |
| Availability | * One Year * Academic Year | Languages spoken  at home |  |
| Hobbies: |  |  |  |

Host Family’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_