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 spokenat home |  |
| Hobbies: |  |  |  |

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