



STUDENT HOMESTAY APPLICATION

Please type or print this application. Applications must be completed in English and signed by student and by parent or guardian if student is under 18 years of age. Please attach a recent photo.

Student Name: _____

Home Address: _____

Country: _____

Telephone: _____ Date of Birth: _____

E-mail Address: _____ Gender: Male Female

Language(s) Spoken: _____

Father's Name Occupation Telephone

Mother's Name Occupation Telephone

Brothers and Sisters (Please list names and ages)

Do you smoke cigarettes? No Yes If yes, would you stop during your homestay? No Yes

Would you accept a family who smokes? No Yes

Would you share a bedroom with another GLI student or homestay brother/sister (same gender only)?
 No Yes No Preference

Do you have any special dietary needs? No Yes If yes, please describe. _____

Do you have allergies? No Yes If yes, please list all allergies below, including allergies to medication and pets.

Do you have a serious illness or chronic condition? No Yes If yes, please describe.

Do you take medication regularly? No Yes If yes, please explain. Indicate name of medication and frequency taken. (Be sure to bring a copy of your prescription.)

Do you have a religious preference? No Yes Religion _____

**Please tell us more about yourself so we can share it with your homestay family!
Attach a separate sheet of paper if needed.**

Tell us about your family. _____

How would your friends describe you? _____

What would your teachers say about you? _____

What is your favorite food? _____

Do you play a musical instrument? No Yes If yes, what instrument(s)? _____

What are your favorite sporting activities, hobbies, or special interests? _____

What are your future plans after attending GLI? _____

What do you want to tell your new GLI homestay family? _____

In case of emergency, whom should we contact?

NAME	RELATIONSHIP	TELEPHONE
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HEALTH RELEASE STATEMENT

In case of illness and/or injury, permission is granted to any appropriate medical center to examine or treat me and make any referral deemed necessary. Permission is also granted to release medical information to other appropriate individuals. (Parent signature is required if student is under 18)

Student's Signature	Parent or Guardian Signature	Date
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Form completed by: Student Parent/Guardian Referral Agency Friend