CALVIN
CHRISTIAN SCHOOL

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International Student Home-Stay Information Sheet

Student Information

Name _____ , _____ , _____ , _____
Family Name (last) *Given Name (First)* *Middle Name (if any)* *American Name (if desired)*

Grade _____ Sex (circle one) Male Female Birthdate _____
(Month/Day/Year)

Do you like children? _____ Do you like pets? _____ , if so what kind of pets? _____

How do you like spending your leisure time? (hobbies, etc.)_____

_____

Please list any allergies you may have. _____

Are there any foods you are unable to eat? _____ If so, Please list _____

_____

Student's Family Information (required)

Father's Name _____ Occupation _____

Telephone _____ Fax _____ E-Mail _____

Mother's Name _____ Occupation _____

Telephone _____ Fax _____ E-Mail _____

Brother(s): Name: _____ Age: _____

Name: _____ Age: _____

Sister(s): Name: _____ Age: _____

Name: _____ Age: _____

Other

Please give any pertinent information that would help us regarding your home-stay placement.

_____

_____

Please enclose a short **letter of introduction** and a recent **photo** of you and your family.