



A Non-profit Corporation for Student Exchange

Host Family Application

Education Travel & Culture, Inc.

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CC Name: _____

Student Name: _____

HUSBAND: First Name _____ Last Name _____ Age _____

WIFE: First Name _____ Last Name _____ Age _____

HOME ADDRESS:

Street _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

E-mail _____ Fax _____

CHILDREN AT HOME:

<i>Name</i>	<i>M/F</i>	<i>age</i>	<i>School</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER PERSONS LIVING AT YOUR HOME:

<i>Name</i>	<i>M/F</i>	<i>age</i>	<i>Relationship to you</i>
_____	_____	_____	_____
_____	_____	_____	_____

HUSBAND'S EMPLOYER: _____

Street _____

City, State, Zip _____

Phone _____

Occupation _____

WIFE'S EMPLOYER: _____

Street _____

City, State, Zip _____

Phone _____

Occupation _____

ABOUT YOUR FAMILY:

Family religious affiliation (optional) _____

Will you accept a student who practices a different religion? Yes No

Will you require your student to go to religious services? Regularly Sometimes Optional

Does anyone in the family smoke? Yes No Where? _____

(Please note that ETC students are not allowed to smoke while on the ETC Program.)

Do you have pets? Yes No What kind? _____ Kept where? _____

ABOUT YOUR FAMILY (CONT.):

What foreign languages do you speak? _____

List activities and interests of family members: _____

Do your children have a curfew? Yes No Weeknight _____ Weekends _____

Does any member of the family have a serious illness, disability, nervous or mental disorder? Yes No
If yes, please explain _____

Has any family member been convicted of a felony? Yes No
If yes, please explain _____

Does your family follow a special diet? Yes No
If yes, please explain _____

Please describe, briefly and frankly, your family environment (easygoing, serious, quiet, strict, communicative, liberal, individual or family oriented, etc.) _____

ABOUT YOUR HOME:

Do you live in a house or apartment? House Apartment

If you rent, has your landlord approved of an additional person living with you? Yes No

Will the student have their own bedroom or share and with whom? _____
(ETC students are allowed to share a room with one sibling of the same sex and similar age.)

Briefly describe your home and neighborhood: _____

Briefly describe the activities in the neighborhood and the community that are available for teenagers:

THE EXCHANGE STUDENT:

Have you ever hosted a foreign student before? Yes No With whom? _____

What country and how long? _____

Why do you want to host an exchange student? _____

What household duties would you expect of your exchange student? _____

HIGH SCHOOL:

Name _____ Distance from home _____

Address _____ Method of transportation _____

City _____ State _____ Zip _____ First day of school _____

Phone _____ Last day of school _____

REFERENCES:

Please list the names and phone numbers of three (3) personal references (NOT family members):

1. _____

2. _____

3. _____

AGREEMENT:

Host Family agrees to abide by decisions of ETC including but not limited to student behavior, school expectations and travel planning as outlined in the handbook. ETC will conduct a background check for all persons 18 and older living in the home. Prior to the search, each person will need to sign an authorization form, consenting to the background check.

Host Mother's Signature: _____ Date: _____

Host Father's Signature: _____ Date: _____

I have interviewed the host family in their home,

Community Coordinator Signature: _____ Date: _____

ACADEMIC HIGH SCHOOL PROGRAM

FAMILY PHOTOS

Please place labeled photos below. It is important for your future student (and his/her family) to get a visual idea of the people and places the student will be involved with during the program. Please include photos of your entire family, your home, and the room your student will sleep in. *Photos can also be directly emailed to info@edutrav.org.*