



HOMESTAY SERVICES INTERNATIONAL

Please complete and fax this form to: 619.660.9857

HOMESTAY SERVICES INTERNATIONAL HOST FAMILY PLACEMENT APPLICATION

Please print clearly

Your Name _____ Date _____

Country _____ Sex: M () F () Age _____

Address in Home Country _____

Arrival Information: Airline _____ Flight # _____ Date _____ Time _____

(Unless otherwise notified, we will pick you up at the airport!!)

Which school will you attend, if any? _____

Do you smoke? Yes () No () (please check one) If "yes", can you smoke outside? Yes () No ()

Will you live with a family that has a dog or cat? Yes () No ()

Who do you want food provided by? Your host family () Yourself ()

Which date will be your first day of the Homestay? _____ Your final day? _____

What form of transportation will you use? Car () Public Transportation () Other ()

Other necessary information (Please let us know if you have any special requests):

Homestay Services International

P.O. Box 402, Spring Valley, CA, USA 91976 * Ph: 619.461.4764 * Fx: 619.660.9857