

APPLICATION FOR HOST FAMILY

Please check New Application ____ Update ____

Please answer carefully. This information will be provided to your student to help them know something about your family before their arrival. Please attach a recent photo of your family and a photo of the outside of your house.

Return Application to:

ANC Consulting, 707 S. Grady Way, Suite 600, Renton, WA 98057 USA
Tel: 425. 207. 7606 Fax: 425. 207. 7401 Email: info@anc-edu.us Web:
www.ancesco.com

YOU AND YOUR FAMILY

Applicant's Information:

Family Name: _____ First Name: _____
Age: _____ Gender: ☐ Male ☐ Female
Primary language used in the house: ☐ English ☐ Others: _____
Home Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Mobile: _____
Work Phone: _____ E-mail: _____
Occupation: _____ Company: _____

Partner's Information:

Family Name: _____ First Name: _____
Age: _____ Gender: ☐ Male ☐ Female
Home Phone: _____ Mobile: _____
Work Phone: _____ E-mail: _____
Occupation: _____ Company: _____

DETAILS OF CHILDREN / OTHER FAMILY MEMBERS

Name: _____ Age: _____ Gender: _____ Relationship: _____

Name: _____ Age: _____ Gender: _____ Relationship: _____

Name: _____ Age: _____ Gender: _____ Relationship: _____

Name: _____ Age: _____ Gender: _____ Relationship: _____

Name: _____ Age: _____ Gender: _____ Relationship: _____

OTHER DETAILS

Please give details of any domestic pets: _____

Does anybody at your house smoke? ☐ Yes ☐ No

Is your family vegetarian? ☐ Yes ☐ No

Are there any unusual family circumstance or medical problems? _____

YOUR HOME

Total number of bedroom: _____ Do you have dining area: ☐ Yes ☐ No

Total number of Bathroom: _____ Do you have a sitting room: ☐ Yes ☐ No

Do you have central heating: ☐ Yes ☐ No

STUDENTS' ROOM

ROOM 1 ☐ Twin Bed ☐ King Bed ☐ Closet ☐ Book Shelf
☐ Desk ☐ Chair ☐ Lamp/Light ☐ Wi-Fi

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FACILITIES AVAILABLE TO STUDENT(S)

Do students have exclusive use of the bathroom, shower and toilet? ☐ Yes ☐ No

Regular laundry service? _____ Provision of key: ☐ Yes ☐ No

Any other facilities available for students: _____

SCHOOL INFORMATION

Public High School: _____

Public Middle School: _____

Community College: _____

TRAVEL INFORMATION

School bus to and from your house ☐ Yes ☐ No

What is the approximate journey time to the school by bus: _____

How far is your house from the nearest bus stop: _____ minutes

HOSTING PREFERENCES

Number of students: _____ Age: _____

Gender: ☐ Girls only ☐ Boys only ☐ Mixed gender

Any restrictions: _____

REFERENCES

Name: _____ Telephone: _____ Relationship: _____

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☐ Please check here if you agree to take and pay the criminal record check for all persons who are at least 18 years old and are living in your house. Please note that this is very important for students' welfare and it may affect our decision to lodge students with you.

I confirm the details above are true. I have read and agree to the terms.

Signed: _____ Print Name: _____

Date: _____