



**International Student Program
Host Family Application**

1101 Wesley Ave, Xenia, OH 45385

Phone: 937-352-1640 Fax: 937-352-1641

HOST FAMILY APPLICATION

Please type or print legibly in black ink

THIS SECTION OFFICE USE ONLY

Assigned Student: _____ Date: _____

HOST FAMILY PROFILE

Father's Full Name: _____ Age: _____ Date of Birth: _____

Mother's Full Name: _____ Age: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Father's Email: _____

Mother's Email: _____

Father's Cell Phone: _____ Mother's Cell Phone: _____

Father's Occupation: _____

Name of Employer: _____ Number of Years: _____

Business Address: _____

City: _____ State: _____ Zip: _____ Work Phone: _____

Education: _____ High School _____ Some College _____ A.A. _____ B.A or B.S. _____ Masters _____ PH.D.

Mother's Occupation: _____

Name of Employer: _____ Number of Years: _____

Business Address: _____

City: _____ State: _____ Zip: _____ Work Phone: _____

Education: _____ High School _____ Some College _____ A.A. _____ B.A or B.S. _____ Masters _____ PH.D.

Children:

Name	Living at Home	Gender	Age	Date of Birth

Name	Living at Home	Gender	Age	Date of Birth

Others living in the home:

Name	Relationship	Gender	Age	Date of Birth

COMMUNITY PROFILE

How long have you lived at your present address? _____ Do you _____ Own or _____ Rent?

Does your family live in a _____ House _____ Condo _____ Apartment _____ Mobile Home?

Would you describe the area of your home as _____ City _____ Suburban _____ Rural _____ Farm or Ranch?

Describe some points of interest in your surrounding community (museums, amusement parks, historic sites, monuments, natural resources, etc.).

List some activities or recreational facilities available in your neighborhood/community for a teenager.

LIFESTYLE QUESTIONNAIRE

Describe your family's lifestyle and outlook

Describe typical weekdays and weekends in your home

What opportunities will the student have for association with American teenagers?

Please check some of your family's favorite activities and feel free to add additional activities not listed.

- | | | | |
|--------------------------------------|--------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Sports | <input type="checkbox"/> Baseball | <input type="checkbox"/> Car Shows | <input type="checkbox"/> Golf |
| <input type="checkbox"/> Volleyball | <input type="checkbox"/> Swimming | <input type="checkbox"/> Soccer | <input type="checkbox"/> Water Sports |
| <input type="checkbox"/> Camping | <input type="checkbox"/> Fishing | <input type="checkbox"/> Ice Skating | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Museums | <input type="checkbox"/> Ballet | <input type="checkbox"/> Arts | <input type="checkbox"/> Decorating |
| <input type="checkbox"/> Watching TV | <input type="checkbox"/> Traveling | <input type="checkbox"/> Opera | <input type="checkbox"/> Movies |
| <input type="checkbox"/> Football | <input type="checkbox"/> Music | <input type="checkbox"/> Playing Cards | <input type="checkbox"/> Bowling |
| <input type="checkbox"/> Skating | <input type="checkbox"/> Basketball | <input type="checkbox"/> Bicycling | <input type="checkbox"/> Animals / 4H |
| <input type="checkbox"/> Hunting | <input type="checkbox"/> Tennis | <input type="checkbox"/> Martial Arts | _____ |
| <input type="checkbox"/> Theater | <input type="checkbox"/> Snow Sports | <input type="checkbox"/> Painting | _____ |
| <input type="checkbox"/> Video Games | <input type="checkbox"/> Singing | <input type="checkbox"/> Crafts | _____ |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Eating Out | <input type="checkbox"/> Sports Events | _____ |

HOST FAMILY INFORMATION

What is your church name? _____

Church denomination? _____

How often do you attend your church's services? _____ Twice a Week _____ Weekly _____ Occasionally

Are you supportive of expecting your international student to attend church activities with your family?

_____ Yes _____ No. If no, please explain.

Describe family meal times.

Have you hosted an international exchange student in the past? _____ Yes _____ No

If yes, please complete:

Name	When?		Gender	Home Country
	From (Year)	To (Year)		

Does any member of your family speak a second language? _____ Yes _____ No

If so, who, and what language(s)?

Are all members of your family in agreement about hosting an international student? _____ Yes _____ No

The international student may share a bedroom, but he/she must have a bed of his/her own.

Will your student share a bedroom? _____ Yes _____ No

If yes, with whom? _____

Does anyone in your household smoke? _____ Yes _____ No

Is smoking allowed inside of the home? _____ Yes _____ No

Is smoking allowed inside of vehicles used to transport students? _____ Yes _____ No

Are there any pets in your household? Yes No

Type of Pet	Is the pet allowed...	Comments
	<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	
	<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	
	<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	

List any musical instruments in your home which the international student might use:

How would you best describe your family unit? Please check as many as apply:

- | | | | |
|--|------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Warm | <input type="checkbox"/> Demanding | <input type="checkbox"/> Sports-Minded | <input type="checkbox"/> Protective |
| <input type="checkbox"/> Formal | <input type="checkbox"/> Orderly | <input type="checkbox"/> Christian Values | <input type="checkbox"/> Disorganized |
| <input type="checkbox"/> Serious | <input type="checkbox"/> Tolerant | <input type="checkbox"/> Lovely | <input type="checkbox"/> Supportive |
| <input type="checkbox"/> Argumentative | <input type="checkbox"/> Ethical | <input type="checkbox"/> Perfectionists | <input type="checkbox"/> Flexible |
| <input type="checkbox"/> Reserved | <input type="checkbox"/> Quiet | <input type="checkbox"/> Disciplined | <input type="checkbox"/> Active |
| <input type="checkbox"/> Strict | <input type="checkbox"/> United | <input type="checkbox"/> Open-minded | <input type="checkbox"/> Conservative |
| <input type="checkbox"/> Indifferent | <input type="checkbox"/> Relaxed | <input type="checkbox"/> Understanding | <input type="checkbox"/> Respectful |
| <input type="checkbox"/> Outgoing | <input type="checkbox"/> Funny | <input type="checkbox"/> Critical | <input type="checkbox"/> Optimistic |

PREFERENCES

Would you prefer to host a: Boy Girl No Preference

Legacy Christian Academy has international students from grades 8 through 12. Do you have an age preference?

What personality traits would you prefer in your exchange student and why?

Would you be able to host a student for the entire academic year (usually August through May)?

_____ Yes _____ No. If no, explain.

EXPECTATIONS

Why does your family wish to host an international exchange student?

What does your family expect to gain from this experience?

Do you have any concerns regarding the hosting of an international exchange student? Please explain:

What household and additional responsibilities do you expect from your exchange student?

What would be your international student's curfew?

Weekdays: _____ Weekends: _____

HOST FAMILY BACKGROUND

Has anyone in your family ever been arrested or convicted for any offense other than a minor traffic violation?

_____ Yes _____ No

If yes, please explain:

Do any family members have a psychological or physical disability? ____ Yes ____ No

If yes, please explain:

Describe any health, allergy, or dietary needs/conditions in your family:

EMERGENCY CONTACT

Please provide Legacy Christian Academy with an emergency contact outside of your home:

Name: _____ Relationship: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Cell Phone: _____ Email: _____

REFERENCES

Please provide complete information for the following three references whom Legacy Christian Academy may contact. Your application cannot be finalized without these three references. All information that we receive on the reference forms is kept confidential.

PERSONAL (not a relative)

Name: _____ Years acquainted: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____

PROFESSIONAL

Name: _____ Years acquainted: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____

CLERGY/OTHER

Name: _____ Years acquainted: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____

AGREEMENT

We, the undersigned, certify that...

- The information given on the pages of the “Host Family Application” is accurate and true and was completed to the best of my/our knowledge.
- None of our family members have a history of criminal activity, drug/alcohol/substance/sexual abuse, or any other habitual behaviors that may endanger or jeopardize the international student’s experience.
- We authorized Legacy Christian Academy or affiliated international student agencies to perform a criminal background check and to check the references provided by us.

We understand that...

- Our family will be personally interviewed by a Legacy Christian Academy Representative, and possible representatives from international student agencies. This may include a home visit.
- In exchange for mutually agreed upon compensation, our family will freely and willingly provide room and board to the international student.
- Our family agrees to provide the international student with a comfortable, nurturing and loving family environment.
- Our family agrees to ensure the international student attends weekly church services.
- Our family will be proud to share the American lifestyle and language with the international student.
- Our family will accept our international student as a member of the family and share family responsibilities.
- Our family’s reason for hosting an international student is solely based on our desire for cultural learning, understanding and sharing.
- When necessary, our family will seek immediate medical attention for our international student.
- Any medical expenses will be paid by the international student or his/her insurance.
- The international student must adhere to the Legacy Christian Academy International Program rules and regulations at all times, and are willing to help enforce those rules and regulations.
- Any, and all decisions made by Legacy Christian Academy and the students agency, concerning the international student, are final, including possible removal or transfer of the student.

Host Father Signature: _____ Date: _____

Host Mother Signature: _____ Date: _____

This application does not commit you to becoming a host family, nor does it confirm placement of a student in your home. Placement of a student in your home will also be contingent on approval of enrollment by Legacy Christian Academy. Feel free to contact us with any questions at any time.