



Consultants for International Education

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Student Homestay Application

If you require homestay services, please fill out this application.
Otherwise, skip to the next page.

PERSONAL REFERENCE INFORMATION

Personality (Choose the top 5 that best describes you):

- | | | | | | | | | | |
|-------------|--------------------------|--------------|--------------------------|------------|--------------------------|-----------|--------------------------|-----------|--------------------------|
| Adventurous | <input type="checkbox"/> | Affectionate | <input type="checkbox"/> | Cheerful | <input type="checkbox"/> | Curious | <input type="checkbox"/> | Energetic | <input type="checkbox"/> |
| Independent | <input type="checkbox"/> | Modest | <input type="checkbox"/> | Optimistic | <input type="checkbox"/> | Outgoing | <input type="checkbox"/> | Quiet | <input type="checkbox"/> |
| Serious | <input type="checkbox"/> | Shy | <input type="checkbox"/> | Sociable | <input type="checkbox"/> | Talkative | <input type="checkbox"/> | Tidy | <input type="checkbox"/> |

Interests/Hobbies/Sports: _____ Can you swim? _____

Previous trips abroad (where/when): _____

Do you smoke? _____ Drink alcohol _____ Daily: Sometimes: Rarely: Never:

Is it acceptable for the family to have children?	_____	What ages do you prefer?	_____
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Is it acceptable for the family to have pets (CHECK IF YES):	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other (Specify): _____
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Will you have a car in the U.S.? _____

What do you hope to learn from your homestay? _____

Please write an introduction about yourself:

Do you take any medications regularly (if so, what and how often):

Please list any allergies (food, animal, plant, etc.), health problems or dietary restrictions:

Please state any other special considerations not already listed:

EMERGENCY CONTACT
INFORMATION: HIROMI SHIMAMURA
c/o EDUABROAD
450 B STREET, SUITE 720
SAN DIEGO, CA 92101
(619) 823-1599

If you prefer another local contact, please list here:

Name: _____

Relationship to student: _____

Street address: _____

City/State/Zip: _____

Phone: _____

Any other preferred from of contact: _____

Any other information you would like us to know: _____

My name printed below hereby authorizes the lawful release of all academic records, test scores, and other materials required for the admissions process.

Signature of applicant Date (MM/DD/YYYY)

Signature of parent (IF APPLICANT IS UNDER AGE 18) Date (MM/DD/YYYY)