

# Center for Cultural Interchange Host Family Information Form



The Center for Cultural Interchange Welcomes Participants and Hosts of Every Race, Nationality, Creed and Religion  
**Family** (Please provide full, legal names)

Wife's First Name(s) \_\_\_\_\_ Wife's Middle Name(s) \_\_\_\_\_ Wife's Last (Family) Name(s) \_\_\_\_\_

Wife's Birth Date \_\_\_\_\_ Wife's Occupation \_\_\_\_\_ Wife's Interests \_\_\_\_\_

Husband's First Name(s) \_\_\_\_\_ Husband's Middle Name(s) \_\_\_\_\_ Husband's Last (Family) Name(s) \_\_\_\_\_

Husband's Birth Date \_\_\_\_\_ Husband's Occupation \_\_\_\_\_ Husband's Interests \_\_\_\_\_

Home Address \_\_\_\_\_  
(Number and Street) (City) (State) (Zip Code)

Home Phone: \_\_\_\_\_ E-mail \_\_\_\_\_ Wife's Work Phone \_\_\_\_\_ Husband's Work Phone \_\_\_\_\_

Children: (Full Names) \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_ Living at Home? \_\_\_\_\_ Interests \_\_\_\_\_

\_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_ Living at Home? \_\_\_\_\_ Interests \_\_\_\_\_

\_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_ Living at Home? \_\_\_\_\_ Interests \_\_\_\_\_

\_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_ Living at Home? \_\_\_\_\_ Interests \_\_\_\_\_

Others who will live in the home \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship to Family \_\_\_\_\_ Interests \_\_\_\_\_

\_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship to Family \_\_\_\_\_ Interests \_\_\_\_\_

\_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship to Family \_\_\_\_\_ Interests \_\_\_\_\_

What is your family's religious affiliation (if any?) \_\_\_\_\_

- How often do you attend religious services as a family?  Never  A few times a year  
 Weekly  More than once a week  
 Would you prefer that your exchange student join you?  Yes  Only if he/she wishes to

Does anyone in your family smoke?  Yes  No

Does anyone in your family family drink alcoholic beverages?  Yes ( regularly  sometimes  seldom)  No

Does anyone in your family have a serious or chronic illness?  Yes  No Explain:

Does anyone in your family have a disability or a nervous or mental disorder?  Yes  No Explain:

Do you have family pets?  Yes  No Describe \_\_\_\_\_ Where are the pets kept?  Indoors  Outdoors

Has anyone in your family ever been charged with a crime?  Yes  No Explain:

(Please note that a criminal background check will be conducted. Ask your representative for clarification.)

Student \_\_\_\_\_ I.D. Nbr. \_\_\_\_\_ Country \_\_\_\_\_ Area Representative \_\_\_\_\_

Describe your family, its individual members and how they relate to each other.

Describe any special circumstances (e.g., parents who travel often or work unusual hours, illness of grandparents, etc.) to which the exchange student will need to adapt.

Describe a typical weekday in your home.

Describe a typical weekend in your home.

When you do something special on a weekend, what might you do?

What are some of your family's rules?

## Home

Do you live in:  apartment or condo  2+ family house  single family house  farm

Briefly describe your home (number of rooms, bedrooms, yard, etc.) and your neighborhood

Is your household:  quiet  moderately active  active

Do you have:  piano  computer

Will student have his or her own bedroom?  Yes  No

If not, who will share room? \_\_\_\_\_ (Student must have own bed.)

Is your home in a:  city  suburb  town  village  rural area

## The Exchange Experience

Why does your family want to host an exchange student?

What is your family hoping to learn from hosting a student from another country? What aspects of American life and culture can you share with your exchange student?

Describe any special activities planned during the school year by your family or by a school or community group that the student might elect to join that would involve extra expense for the student. Include estimated cost and dates, so that the student and natural family can discuss them prior to departure.

## School Student Will Attend

Name of School \_\_\_\_\_ Telephone \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of School:  Public  Private  Other: \_\_\_\_\_

Does School have a Religious Affiliation?  No  Yes (which one) \_\_\_\_\_

Distance from home to school: Miles \_\_\_\_\_ Minutes \_\_\_\_\_

Method of travel:  Foot  Car  School Bus  Public Transportation  Other: \_\_\_\_\_

Family member(s) who will attend this school next year: \_\_\_\_\_

### Student Body

Number of Students \_\_\_\_\_ Grades Included \_\_\_\_\_  Male  Female  Both

Average Class Size \_\_\_\_\_ Daily Classes Begin at \_\_\_\_\_ a.m. Classes End at \_\_\_\_\_ p.m.

Number of Class Periods-per day \_\_\_\_\_ Schedule:  Semester  Trimester  Block  Other: \_\_\_\_\_

Date School Year Begins \_\_\_\_\_ Date School Year Ends \_\_\_\_\_

### Extra Curricular Activities Offered by the School

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Baseball              | <input type="checkbox"/> Band                 | <b>Clubs</b>   | <input type="checkbox"/> Scholastic Bowl<br>(Academic Competition) |
| <input type="checkbox"/> Basketball            | <input type="checkbox"/> Cheerleading         | <input type="checkbox"/> Chess                           | <input type="checkbox"/> Students Against<br>Drunk Driving         |
| <input type="checkbox"/> Cross-country running | <input type="checkbox"/> Choir                | <input type="checkbox"/> French                          | <b>Other</b><br>_____  |
| <input type="checkbox"/> Field Hockey          | <input type="checkbox"/> Chorus               | <input type="checkbox"/> Spanish                         | _____  |
| <input type="checkbox"/> Football              | <input type="checkbox"/> Dance Team/Pompoms   | <input type="checkbox"/> German                          | <b>Foreign Language COURSES Offered</b><br>_____                   |
| <input type="checkbox"/> Golf                  | <input type="checkbox"/> Debate               | <input type="checkbox"/> International                   | _____  |
| <input type="checkbox"/> Gymnastics            | <input type="checkbox"/> Drama                | <input type="checkbox"/> Future farmers                  | _____  |
| <input type="checkbox"/> Ice Hockey            | <input type="checkbox"/> Drill Team           | <input type="checkbox"/> Future health care workers      | _____  |
| <input type="checkbox"/> Soccer                | <input type="checkbox"/> Model United Nations | <input type="checkbox"/> Future teachers                 | _____  |
| <input type="checkbox"/> Swimming              | <input type="checkbox"/> Newspaper            | <input type="checkbox"/> Key Club<br>(Community Service) | _____  |
| <input type="checkbox"/> Tennis                | <input type="checkbox"/> Orchestra            | <input type="checkbox"/> National Honor Society          | _____  |
| <input type="checkbox"/> Volleyball            | <input type="checkbox"/> Yearbook             |  |  |

### Please indicate amount(s) students are charged for:

Registration Fees \_\_\_\_\_ Books \_\_\_\_\_ Athletics \_\_\_\_\_

School Website <http://> \_\_\_\_\_

### Community Profile:

City \_\_\_\_\_ State \_\_\_\_\_ Population \_\_\_\_\_ Region of U.S. \_\_\_\_\_

Nearest Major City \_\_\_\_\_ Distance from City \_\_\_\_\_ Population of City \_\_\_\_\_

Brief description of the community, including history, topography, elevation, landscape, etc. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Places and Events of Interest \_\_\_\_\_  
\_\_\_\_\_

Commitment: The members of our family agree that this is a worthwhile experience and that we wish to host a CCI student.

Date: \_\_\_\_\_

Parent Signatures: \_\_\_\_\_

Other Family Member Signatures: \_\_\_\_\_  
\_\_\_\_\_