

Host Application

Applicant: _____

First Name

Last Name

Applicant's Spouse: _____

First Name

Last Name

Home Address: _____

Street Address

Home Phone:(____)_____

City

State

Zip

Applicant's Cell Phone:(____)_____ Spouse's Cell Phone:(____)_____

Applicant's Email:_____ Spouse's Email:_____

Applicant's Work:_____ Work Phone:(____)_____

Occupation

Employer

Spouse's Work:_____ Work Phone:(____)_____

Occupation

Employer

Provide the following information for other family members or other persons living in your home:

1. Adult:_____ M or F

First Name

Last Name

Work:_____ Work Phone:(____)_____

Occupation

Employer

Relationship to Host Family Applicant:_____ DOB:_____

2. Adult:_____ M or F

First Name

Last Name

Work:_____ Work Phone:(____)_____

Occupation

Employer

Relationship to Host Family Applicant:_____ DOB:_____

3. Child:_____ Age:_____ Grade:_____ M or F

First Name

Last Name

4. Child:_____ Age:_____ Grade:_____ M or F

First Name

Last Name

5. Child:_____ Age:_____ Grade:_____ M or F

First Name

Last Name

Schools they attend:_____

Father Lopez Catholic High School, Inc.
International Student Program

Do you have any pets? Y or N If yes, please provide the following information:

1. Type: _____ Name: _____ Kept: inside outside both

2. Type: _____ Name: _____ Kept: inside outside both

Does anyone in your home smoke? Y or N

Please briefly explain why you would like to host an international student.

Do you know someone else who might be interested in hosting? Y or N

Please provide the following property information:

Please select: House Apartment Condo / Owned or Leased

Homeowner's Insurance Company: _____

Do you have the following requirements to host a student:

Wireless: Y or N Private Bedroom: Y or N Bathroom: Y or N

How many students can you accommodate: 1 2 3

I prefer: Male student Female student No Preference

Please describe your family's interests:

I verify that the information in this form is true and correct to the best of my knowledge.

Signature: _____ **Print Name:** _____

Date: _____

FLCHS Check List

Home Visit Date: _____ **Accepted** _____

Background check approved for all adults in home _____