



# DCIS HOST FAMILY APPLICATION FORM

Please Print (press hard) or Type

PROGRAM TYPE:

Month \_\_\_\_\_ Year \_\_\_\_\_

Office use only

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

Family Name \_\_\_\_\_  
Last Name First Name

Family Home Address (Physical) \_\_\_\_\_  
Number and Street

City, State/Prov, Zip/Postal Code: \_\_\_\_\_

Home Telephone: ( \_\_\_\_\_ ) ( \_\_\_\_\_ )

E-mail Address: \_\_\_\_\_

Mobile/Cell Phone(s): ( \_\_\_\_\_ ) ( \_\_\_\_\_ )

Other Family Members living at home?

<u>Name</u>	<u>Age</u>
_____	_____
_____	_____
_____	_____
_____	_____

DCIS Students):

<u>Name</u>	<u>Grade</u>
_____	_____
_____	_____
_____	_____
_____	_____

I would be interested in hosting a student for: Please Check all that apply:

2-6 Days  1-3 Months  1 Semester  1 Academic Year

Emergency contact not living at home? \_\_\_\_\_

Do you have pets? Yes  No  If yes what kind of pet? \_\_\_\_\_

Do you have any dietary restrictions? Yes  No  If yes please explain. \_\_\_\_\_

Would you accommodate someone with dietary restrictions, i.e, No pork, Vegetarian, Vegan, Gluten Free? Yes  No

Would student share a room? Shared room  Own room

Special interests of your family or family members that would help us place students? \_\_\_\_\_

\_\_\_\_\_  
Host Parent Signature

\_\_\_\_\_  
Host Parent Signature