

HOMESTAY FACILITY

NAME (First, Last)

DATE:

Street Address:

Development:

City, State, Zip:

Home phone number: ()

Work: ()

Cell number: ()

Other: ()

E-mail:

ABOUT YOU AND YOUR FAMILY

Your date of birth:

Your occupation and location at your work:

Your spouse's name:

Your spouse's date of birth:

Spouse occupation and location at their work:

Are there any other family members in the home?

If yes, please give their name, age, and relationship to you.

- 1.
- 2.
- 3.

What is your faith? (i.e, Christian, Catholic, Muslim, Jewish)

What Languages are spoken in the home?

What are the interests and hobbies of the family members?

What kind of leisure activity can you offer to the student(s)?

Do you have any dietary practices or restrictions?

YES

NO

If yes, please explain:

Do you have any pets ?

YES

NO

If yes, what kind and how many?

Are there any smokers in your home?

YES

NO

ABOUT YOUR HOUSE

Please briefly describe your home (number of bedrooms, bathrooms, levels, etc.)

Please check all that apply to the student staying your house.

Smoke detectors__ Computer__ DVD__ Private Bathroom__
Fire extinguisher__ High Speed Internet____ Wireless internet____ Television__
Washer and Dryer__ Private Phone __ Access to Kitchen__ Rice Cooker__

Would you be able to provide transportations to the student(s) if necessary? YES NO
Families must provide transportation if the home stay is more than one mile from the ELI Building at 189 W. Main Street.

If student uses the public bus, the home stay family is required to pay these fees.

What is the distance from your house to the ELI? _____miles
Minutes walking_____ Minutes by car _____ Minutes by bike_____

HOMESTAY ACCOMODATION

What kind of accommodation are you able to provide? Please check

___**TRADITIONAL**, providing breakfast food and hot dinners on weekdays, and all three meals on weekends or non-school days.

___**BED and BREAKFAST**, providing breakfast food all week, and the student(s) have full access to you kitchen to prepare their meals. Required: One sit down meal per week with the student, provided by you.

___**INDEPENDENT LIVING**, providing no meals and the student(s) has full access to the kitchen to prepare their meals. Required: one sit down meal per week with your student, provided by you.

Have you ever been abroad or have contact with international students before? Y N
If yes please describe your experience;

Have you have Home Stay students before? Y N
If yes, please indicate the home stay program

STUDENT PREFERENT: (circle)

Male Female No Preference
Smoker Non-smoker No Preference
NATIONALITY: _____ No Preference

Would you prefer a student who is independent or someone who enjoys spending time in activities with you and your family?

Can you house more than one student in private bedrooms? Y N
If yes, how many? Circle 2 3 4

Please complete and send to:
Nancy Purcell
175 Mercer Mill Rd
Landenberg, PA 19350

Or FAX to 1.484.508.8243

THANK YOU !