EASTERN MENNONITE SCHOOL



801 Parkwood Drive • Harrisonburg, VA 22802 • (540) 236-6000 • (540) 236-6028 (FAX) • easternmennoniteschool.org

HOST FAMILY APPLICATION

To apply to become a host family for an international student at Eastern Mennonite School, please complete this form and return it to Barbara Byer.

Name:			
Residential address:			
Postal address (if different from above):			
Telephone:(work)	(home)	(cell)	
Email:	Fax:		
Best telephone number to use in emergency:			
Whose number is this?			

	Name:	Occupation:
Parent #1		
Parent #2		
	Name:	Age/Grade:
Children		

Medical information:

Does any member of the family have an existing medical condition that an international student should be made aware of? (*E.g. asthma, epilepsy, etc.*)

Yes / No

If yes, please state which family member and the medical condition:

Family information Do you attend church regularly? Church: Do you follow any special diet? (*E.g. vegetarian, don't eat chicken or pork, etc*) Besides English, what languages are spoken in the home by family members? Are there any possible risks to the health and safety of the international student in the accommodation? Total number of bedrooms: Number of spare bedrooms: Number of students you would like to Wireless Internet?

International student arrangements:

have:

How would your international student get to school in the morning?

How would your international student return home after school?

Why do you want to host an international student?
What can your family offer an international student?

Please list 2 personal references that we may contact. **Reference #1**

Name:	Relationship:
Phone:	Email:
Reference #2	
Name:	Relationship:
Phone:	Email:

I declare that this information is true and complete to the best of my knowledge.

Name

Date