

ELI Student Application for Home-Stay

About Applicant

Student's Name: _____ SEVIS Number (If applicable): _____
Birth Day: ____/____/____ Gender: ___Female ___Male
Contact phone number: _____ E-mail address: _____
Parent's or Guardian's Name: _____ Phone: _____
Permanent Address (EX. parent's address): _____
Emergency Contact in the U.S. _____
How long have you been in the U.S.? _____
When do you need to start the home-stay? ___Immediately ___Later (Specify the date: _____)
Level of school wishing to enter after the completion of the course at ELI.
___Elementary ___Middle ___High ___Other (College, Vocational school...) ___None

What Would You Like in Your Home-Stay

Type of Residence: ___House ___Duplex/Town Home ___APT/Condo ___Doesn't matter
___I must have my own room ___I do not mind sharing a room with other
___I must have my own bathroom ___I do not mind sharing a room with other(s)
I prefer not to have any children around. ___Yes ___No ___Doesn't matter
I prefer not to have any pet(s) around ___Yes ___No ___Doesn't matter
I must have internet connection at the Home-stay place. ___Yes ___No ___Doesn't matter
What are your five favorite foods? 1)_____ 2)_____ 3)_____ 4)_____
5)_____ What are your three favorite things to do? 1)_____
2)_____ 3)_____

Medical History

Specify any illness you have had that the home-stay care provider should be aware of.

Currently are you taking any medication? ___Yes ___No

If yes, Name of medication _____

Are you allergic to any foods? ___Yes ___No

If yes, to which food(s)? _____

Fees

What is your maximum fee you like to pay for your home-stay per month?

\$ _____ Own room with own bathroom

\$ _____ Own room without won bathroom

\$ _____ Shared room with other

Parent's or Guardian's Signature: _____ Date: ____/____/____

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