



**TERRE DES LANGUES**

Please, Print this Form, Complete the Fields and send it to us by mail or email

**HOST FAMILY INFORMATION**

**Host Family's Last Name:**

Student (Main companion) last name: \_\_\_\_\_ Student (Main companion) first name: \_\_\_\_\_  
 Student (Main companion) age: \_\_\_\_\_ Student (Main companion) Email address: \_\_\_\_\_  
 Student's French Teacher and School: \_\_\_\_\_  
 Father's first name: \_\_\_\_\_ Mother's first name: \_\_\_\_\_  
 Please indicate if Married, Divorced, Separated, Widowed or Single: \_\_\_\_\_  
 Mailing Address (No PO Box, please): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_  
 Email address 1: \_\_\_\_\_ Email address 2: \_\_\_\_\_  
 Father's age: \_\_\_\_\_ Father's work phone: \_\_\_\_\_ Father's occupation: \_\_\_\_\_  
 Mother's age: \_\_\_\_\_ Mother's work phone: \_\_\_\_\_ Mother's occupation: \_\_\_\_\_  
 Main companion's interests: \_\_\_\_\_ Family's interests: \_\_\_\_\_  
 Brothers' names and age: \_\_\_\_\_ Sisters' names and age: \_\_\_\_\_

**ADDITIONAL INFORMATION**

Religious Affiliation: \_\_\_\_\_ Is it important the student attend with you? \_\_\_\_\_  
 Do you have any pets? \_\_\_\_\_ If so, what kind? \_\_\_\_\_ Are they indoors or outdoors? \_\_\_\_\_  
 Has your family hosted before? \_\_\_\_\_ If yes, for what period of time? \_\_\_\_\_  
 Does anyone in your family converse in another language? \_\_\_\_\_ If so, what language? \_\_\_\_\_  
 Will the student have his/her own room? (*Sharing room is fine, but student must have his/her own bed*): \_\_\_\_\_

**REFERENCES**

Our coordinator may contact this person for reference check

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_