



Northland Lutheran High School

2107 Tower Road Kronenwetter, WI 54455
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HOST FAMILY APPLICATION FORM

Host Family Information

Last name: _____
Host father first name: _____ Host mother first name: _____
Address _____
City: _____ State: _____ ZIP: _____
Home ph: () _____ - _____ Father work ph: () _____ - _____ Mother work ph: () _____ - _____
Cell ph. (if want to be called on it): _____
Host father's occupation: _____ Host mother's occupation _____
E-mail address to be used for regular correspondence: _____
FAX number: () _____ - _____

Church membership: _____ City: _____
Pastor(s): _____ Pastor Ph: () _____ - _____
Pastor e-mail: _____
Pastor e-mail: _____

Emergency contact outside of household. Name: _____
Day ph: () _____ - _____ Evening ph: () _____ - _____
Nearest hospital: _____

Please list all family members at home:

<u>Name</u>	<u>Relationship</u>	<u>Age</u>	<u>Sex</u>	<u>School/Grade</u>

Pets: # of dogs _____ Indoor _____ Outdoor _____
of cats _____ Indoor _____ Outdoor _____
Other _____ Indoor _____ Outdoor _____

What hobbies or recreational activities does your family enjoy?: _____

Expectations

What are your expectations of this student? (e.g. household responsibilities, family activities, rules, curfew, grades, etc.) _____

Our family would prefer: _____ Male student _____ Female student

Does anyone in your household smoke? No _____ Yes _____ Indoors _____ Outdoors _____

Do you have a separate bedroom, bed, quality internet access, and a quiet place to study? Yes _____ No _____

Are there any health conditions (physical or otherwise) among family members that might affect the student's home stay experience? If so, explain: _____

Do you or any of your family members:

A) Have an arrest or conviction record No _____ Yes _____

B) Have a complaint filed with an agency concerning child neglect or abuse No _____ Yes _____

C) Currently use illegal substances or have an alcohol or other addiction problem No _____ Yes _____

If yes to any of these, please attach another page explaining the situation.

Transportation

How far do you live from Northland Lutheran H.S.? _____ Please describe your neighborhood: (e.g. rural, suburban, etc.) _____

How would special accommodations for cocurricular activities after school or in the evenings be arranged? _____

How will the student get to Northland Lutheran H.S.? _____

List names and driver's license numbers of any family members who might be transporting the student: _____

Are you interested in hosting a social event for international students during your student's stay? Yes _____ No _____
If yes, what type of activity? _____

Do you know of other families who might be interested in serving as a host family to one of Northland Lutheran H.S.'s international students? If so, please list: _____

YOUR SIGNATURE BELOW verifies that all information provided in this application is accurate and true.

Host father's signature: _____ Date: _____

Host mother's signature: _____ Date: _____

Please note that the completion of this application does not confirm the placement of a student into your home.