



**HEALTH:** (Please specify)

Allergies \_\_\_\_\_

Past Illnesses / operations \_\_\_\_\_

Any other chronic conditions, e.g., asthma \_\_\_\_\_

Special medication being taken \_\_\_\_\_

Smoker                                  Non-Smoker           

**PREFERRED CHARACTERISTICS OF HOMESTAY FAMILY:**

- No children                       Young children                       Same age children                       Retired couple
- Pets                                       No pets                                       No preference
- Other: \_\_\_\_\_

**RECREATION AND HOBBIES:** ( Please specify)

Sports \_\_\_\_\_

Listening to music \_\_\_\_\_

Playing a musical instrument \_\_\_\_\_

Games \_\_\_\_\_

Other e.g., reading \_\_\_\_\_

**EMERGENCY:**

In case of emergency please contact / notify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

\_\_\_\_\_ Fax No.: \_\_\_\_\_

\_\_\_\_\_

**REMARKS:**

\_\_\_\_\_

\_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

Student

Parent