

HEALTH: (Please specify & attach doctor's certificate for serious medical condition)

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

Legal Parent/Guardian