

Calvin Christian School

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International Student Home-Stay Information Sheet

Student Information

Name _____, _____, _____, _____
Family Name (last) Given Name (First) Middle Name (if any) American Name (if desired)

Grade _____ Sex (circle one) Male Female Birthdate _____
(Month/Day/Year)

Do you like children? _____ Do you like pets? _____, if so what kind of pets? _____

How do you like spending your leisure time? (hobbies, etc.) _____

Please list any allergies you may have. _____

Are there any foods you are unable to eat? _____ If so, Please list _____

Student's Family Information

Father's Name _____ Occupation _____

Telephone _____ Fax _____ E-Mail _____

Mother's Name _____ Occupation _____

Telephone _____ Fax _____ E-Mail _____

Brother(s): Name: _____ Age: _____

Name: _____ Age: _____

Sister(s): Name: _____ Age: _____

Name: _____ Age: _____

Other

Please give any pertinent information that would help us regarding your home-stay placement.

Please enclose a short **letter of introduction** and a recent **photo** of you and your family.