



Homestay Application

Family Name: _____ First Name: _____

Sex: Male Female Date of Birth: _____ Age: _____
Month Day Year

Homestay Start Date: _____ Check Out Date: _____

Flight Information

Arrival Date: _____ Flight Number _____ Arrival Time: _____

Departure Date: _____ Flight Number _____ Departure Time: _____

Do you need airport pick-up? (Highly recommended for Arrival)

Arrival Only Departure Only Arrival & Departure No, Thank You

Are you a smoker? Yes No

Do you have any allergies? Yes No

If yes, what allergies do you have? _____

Do you have any health conditions? Yes No

If yes, what health conditions do you have? _____

Are you taking any medication? Yes No

If yes, what medication are you taking? _____

What is your occupation? _____ or Are you a student? _____

What are your hobbies? _____

Is a family with children okay? Yes No

Is a family with pets OK?

Yes, inside or outside the house Yes, outside the house only

I don't want a family that has _____ (type of pet(s): ex. cats, big dogs, etc)

No, I don't want a family with pets at all

What is your English level? Beginner Intermediate Advanced

Do you have any special needs?

Signature: _____ Date: _____

Signature of Parent or Guardian if You Are Under 18 Years Old:

Signature

Date

Printed Name

Relationship

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