



COLUMBIA SCHOOL OF ENGLISH

Application for Home-Stay

This form should be submitted with the \$150-home-stay application fee to request CSE to make a home-stay arrangement for you.

Name: Last First Middle Initial Age Gender Male Female

Phone numbers: Home Cell First language:

Emergency Contact Person: Name Phone Relationship

What date do you hope to arrive or move into your home-stay?

How long would you like to live in your home-stay? 1 month 3 months (1 term) 6 months (2 terms) More than 6 months Other:

What are your preferences for your host? Single person(s) Family with young children Family with teenage children Young couple Older couple Host who can use my first language to communicate Host who cannot use my first language

Other: What are some of your favorite activities?

Do you prefer to do activities alone or with other people?

Will you need transportation provided for you? Yes No Do you drink alcohol? Yes No Sometimes

Are you willing to ride the bus to get to school? Yes No Do you like to stay out late at night? Yes No Sometimes

Do you like to study in a quiet place? Yes No Do you smoke? Yes No Sometimes

Will you want to cook some of your own meals? Yes No What time do you usually go to bed?

Is there anything else you want us to know when seeking a host for you?

This form is complete and accurate (please check this box and sign below)

Student Signature Date

Parent or Guardian Signature (for applicants under 18) Date