

SUMMIT CHRISTIAN ACADEMY - HOST FAMILY INFORMATION

HOST FATHER

Name: _____

Address: _____

City: _____

Home Phone: _____

Cell Phone: _____

Employer: _____

Position: _____

Hours: _____

Work Phone: _____

Email: _____

HOST MOTHER

Name: _____

Address: _____

City: _____

Home Phone: _____

Cell Phone: _____

Employer: _____

Position: _____

Hours: _____

Work Phone: _____

Email: _____

List other individuals living in the home:

Name: _____ Age: _____ Relationship _____ Male ___ Female ___ Grade ___

Name: _____ Age: _____ Relationship _____ Male ___ Female ___ Grade ___

Name: _____ Age: _____ Relationship _____ Male ___ Female ___ Grade ___

STUDENT MATCHING INFORMATION

1. Gender Request: Boy ___ Girl ___

2. Grade Preference: 9__ 10__ 11__ 12__

3. Will the student have their own bedroom? Yes ___ No ___

If no, with whom will the student share a room? Name _____ Age _____ Grade ___

4. Does anyone in your household smoke? Yes ___ No ___

5. Please list some of your family's hobbies and interests:

6. Will you be hosting other international students at the same time? Yes ___ No ___

If yes, what ages and gender: _____

7. What is your denomination? _____

Church Attendance: weekly___ occasionally___

8. Do you have any family pets? Yes ___ No ___

If yes, what kind(s):_____

If yes, how many are "indoor" pets? _____ How many are "outdoor" pets? _____

9. What do you live in? House ___ Apartment ___ Other ___ 10 How many bedrooms? _____

11. Is English your primary language? Yes ___ No ___

If not, what language do you speak at home _____

12. Has anyone in your family visited a foreign country before? Yes ___ No ___

If so, who, where, and for how long? _____

13. Have you hosted a foreign student before? Yes ___ No ___

If yes, from which country? _____

If yes, for how long? _____

If yes, through what organization? _____

Each member in the host family over 18 years of age needs to fill out a Washington State Background Check Form.

We appreciate your willingness to open your home to an international student.

Host Father's Signature

Date

Host Mother's Signature

Date

Please mail completed form to: SCA 4224 E 4th Ave | Spokane, Washington | 99202

For office use: Date Received: _____ WA background check complete? _____

Name(s) of International students placed with this family: _____

Dates of stay: _____