



Host Family Application

LSHS Student Name (if applicable) _____ Grade _____

Home Address _____

Parents/Guardians' Name(s) _____

Home Phone _____ Cell Phone _____

Email (list all that apply) _____

**Emails are sent frequently with updates and information. Please ensure that any email address listed is checked on a regular basis. If you do not use email, please notify Mrs. Bross at 586.285.8909.*

Have you hosted an exchange student before? Yes No (circle one)

Preferred gender of exchange student? Male Female Either (circle one)

If needed, would you be willing/able to take more than one exchange student? Yes No

As a host family, we will: (please initial each line)

_____ make certain that our child and exchange student arrive to school/activities on time

_____ participate in program activities that are required

_____ refrain from smoking in the presence of exchange student

_____ refrain from drinking alcoholic beverages while exchange student is in our care

_____ provide adult supervision to exchange student at all times

_____ provide the exchange student with their own sleeping arrangement

_____ notify appropriate school personnel if exchange student becomes ill

_____ surrender to a background check before approval to host an exchange student

I understand and acknowledge the responsibilities of hosting a German exchange student. I agree to the terms set forth in this agreement and will contact Lake Shore Public Schools personnel if a problem arises.

Parent Signature

Student Signature (if LSHS student)

Please provide the following information for everyone currently residing in your house:

Name	Birth Date	Occupation

All members of the family who are over the age of 18 are subject to a Criminal Background Check