



Student's Name

San Diego Coastal Homestays, Inc.
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HOST FAMILY APPLICATION

Family Name _____ Husband _____ Wife _____

Address _____ City _____ State _____ Zip _____

E-mail (Print clearly) _____

Home Phone(____) _____ Cell Phone (Can you receive text?) (____) _____

Husband's Occupation _____ Wife's Occupation _____

Phone(____) _____ Phone(____) _____

Children:

Name: _____ Sex: ___ Age: ___ Birthdate: ___/___/___ Interests: _____

Name: _____ Sex: ___ Age: ___ Birthdate: ___/___/___ Interests: _____

Name: _____ Sex: ___ Age: ___ Birthdate: ___/___/___ Interests: _____

Name: _____ Sex: ___ Age: ___ Birthdate: ___/___/___ Interests: _____

Other persons living with family: _____

Has anyone in your home been convicted of a felony or sex crime? _____

Special diet? _____ Foods not eaten? _____

Does anyone smoke? _____ Do you allow smoking inside? _____ Outside? _____

List any indoor pets: _____ Outdoor pets: _____

Do you consider your home active, average, or quiet? _____

Do you attend church regularly? _____ What denomination? _____

List any special family interests: _____

Languages other than English spoken in home _____

Do you prefer male or female? _____

Have you hosted before? _____ What nationalities? _____

Will the student share a room? _____ With whom? _____

Local References:

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Please give directions to your home from the nearest major road _____

Host Family Signature _____ Date _____

SDCH Representative _____ Date _____