



THE GATEWAY TO SUCCESS

PRINCETON EDUCATIONAL SERVICES
(T) USA 609.416.1316 CHINA 950.4041.8009 • (F) 206.202.2943
101 College Road East, Princeton, NJ 08540, U.S.A.
info@pedus.org • www.pedus.org

Host Family Application Form

Basic Information:

First Host Parent: _____ □M □F Date of Birth: _____
Social Security Number: _____ (for background check only) Citizenship: _____
Race: □White □African American □Hispanic □Asian/Pacific Island Other: _____
Occupation/Title/Employer: _____
Business conducted at home? □Yes □No
Phone: _____ Email: _____

Second Host Parent: _____ □M □F Date of Birth: _____
Social Security Number: _____ (for background check only) Citizenship: _____
Race: □White □African American □Hispanic □Asian/Pacific Island Other: _____
Occupation/Title/Employer: _____
Business conducted at home? □Yes □No
Phone: _____ Email: _____

Home Address: _____

Mailing Address (if different than above):

How many bedrooms are available for student(s)? _____

Emergency Contact:

Host Family's Children (also indicate those not living at home):

Table with 5 columns: Name, Age, Gender, School/Occupation, Living at Home? (Yes/No). Includes four rows for data entry.

Other Person(s) Living in Home (please include permanent or occasional):

Table with 5 columns: Name, Age, Gender, School/Occupation, Relationship. Includes two rows for data entry.

Pets: _____



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Does anyone smoke inside the home? Yes No

Education:

First Host Parent's Degrees: _____

Second Host Parent's Degrees: _____

Culture:

Religion: _____

How do you feel about accepting a student who holds religious beliefs different than yours, practices different religious customs or not religious at all?

Language(s) spoken at home: _____

What household chores would you expect your exchange student to perform regularly?

Health:

Are all family members in good physical and mental health? Yes No

If no, please explain: _____

Does your family have any special dietary habits (vegetarian, kosher, etc.)?

Yes No If yes, please explain:

Do you expect student to follow a special diet? Yes No

Would your family provide student 3 meals per day (except lunch during school days)?

Yes No

Personal:

Have you or any member of your household ever been charged for or convicted of a crime?

Yes No If yes, please explain:



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Household Average Annual Income: *(Note: The income data collected will be used solely for the purposes of ensuring that the basic needs of the student can be met, including quality meals and transportation for school activities.)*

- Below \$25,000 \$25,000-\$50,000 Above \$50,000

Activities:

Will you provide transportation for school and extracurricular activities? If yes, please specify:

Activities that your family usually engages (recreational, social, cultural, religious, etc.):

Nearest public transportation (if applicable) and distance:

Can you provide a quiet study area? Yes No If yes, Where?

Facility:

- A furnished single bedroom
 Desk, chair and lights for study
 Wi-Fi Internet
 Laundry

House type:

- Single Family House Duplex Townhouse Apartment/Condo
 Other _____

Signature:

First Host Parent

Second Host Parent

Date