

Family Last Name:

Developed by the Association of Christian Schools International (ACSI) for Christian Schools

If you have any questions relating to this form, please refer them to the Admissions Office. You will need to provide personal references (pages 6 and 7) that should be turned in directly by your reference in a sealed envelope or e-mailed directly to the admissions office. Your application does not necessarily mean that an international student will be placed in your home. Likewise, it does not commit you to accept a student until you have received further information.

Host

1. Parents						
Home address				Home nhone		
Father's name						
Cell						
E-mail						
Employer						
Position						
Work phone						
Referred by		Relation	nship with fa	mily		
Do you have regular homeowner's inst			me?	res O No		
We acknowledge that all costs related incurring such costs. Yes	to hosting a student No	may not be co	overed by th	e homestay stipen	d, and we are o	comfortable
First name		Age	M F	School Grade	Employed	At home
			\bigcirc	Level	Yes No	Yes No
			- 0 0		- 0 0	
						
					\bigcirc	\bigcirc
			\bigcirc		\bigcirc	\bigcirc \bigcirc
					\bigcirc	\bigcirc
3. Additional residents in the ho			-			
5. Additional residents in the no	JIIIE					
First name	Age M F		, ,	school Employed		f yes,



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-	members who have chronic illnesses, disabilities, or disorders Description of condition
Name	Description of condition
Name	Description of condition
6. Transp If an intern	ortation to and from school ational student is placed in our family, he/she will get to and from school by ol bus Family transportation Walking/biking Other (please explain)
Approxima	te distance to school
7. Tell us	more about your family. How would you describe your pace of life, interests, and adaptability?

8. Student preferences We would prefer a male student remale student no preference. We would prefer a student in grade 9 10 11 12 nono preference preference



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Give other information that you think would be helpful in selecting a student for your family. What activities do you

hope he or she would enjoy with your family?

9. Motivation for hosting

Please explain why you would like to host an international student.

10. What is your experience in hosting international students? OR CHANGE TO:

Have you had any experience interacting with young people from another country? If so, please describe.





11. Faith commitment Father, please describe your spiritual journey.
Mother, please describe your spiritual journey.
What church does your family attend? Describe your involvement in the church.
How will you nurture the spiritual growth of an international student placed in your home?



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12. Background check authorization, release, and acknowledgement

The safety and security of students is extremely important to us (hereafter school). Therefore, it is the school's policy to run background checks on all host families, volunteers, and employees who will be involved in the international student program (ISP). This practice is endorsed by the U.S. Department of State, the Association of Christian Schools International, and the Council on Standards for International Educational Travel (CSIET).

Please provide the following information for each individual residing in your household who is 18 years or older. If you have more individuals than what space is provided for, please print an additional page for their information. Use each person's full legal name.

Name (full legal name)			
First	Middle	Last	
Social Security number		Date of birth	
		MONTH/DAY/YEAR	
Driver's license number		State of issue	
Name (full legal name)			
First	Middle	Last	
Social Security number		Date of birth	
		MONTH/DAY/YEAR	
Driver's license number		State of issue	
Name (full legal name)			
First	Middle	Last	
Social Security number		Date of birth	
		MONTH/DAY/YEAR	
Driver's license number		State of issue	
Name (full legal name)			
First	Middle	Last	
Social Security number		Date of birth	
		MONTH/DAY/YEAR	
Driver's license number		State of issue	
Name (full legal name)			
First	Middle	Last	
Social Security number		Date of birth	
,		MONTH/DAY/YEAR	
Driver's license number		State of issue	

	Host family last name Host Family Application Whereas my/our family is considering participation in the ISP by serving as a host family, on behalf of the undersigned,
I/we agree a	
-	nowledge and affirm that neither the host parents, children, or anyone else living in our household has been:

- reported to a social service agency, law enforcement authority, child abuse registry, or similar organization regarding abuse or misconduct involving children;
- dismissed from employment following an allegation of sexual misconduct, sexual harassment, or other immoral or inappropriate behavior or conduct; or
- the subject of an investigation, allegation of sexual misconduct, sexual harassment, or other immoral behavior or conduct involving adults or children.
- 2. I/We do hereby authorize the school, as it deems necessary, to conduct a background check regarding me/us and any of my/our minor children living in our household for the purposes of determining eligibility to be a host family and meeting the background check requirement. I/we understand that this background check may include contacting previous employers, educational institutions, churches, and other organizations with which I/we or such children, if any, may have been involved, as well as a check of records of criminal arrests and convictions, abuse, and neglect registry records, and civil judgments involving sexual assault, child abuse, child molestation, sexual harassment, incidents of violence, and other unlawful conduct. I/We understand that this information will be kept confidential and I/we will assist the school with conducting a background check in the event the school requests my/our assistance.
- 3. I/We release the school and its directors, officers, employees, agents, and representatives of and from any damage or liability to me/ us or my/our children resulting from or arising out of such background checks.
- 4. I/We acknowledge that all information presented in this application is true to the best of my/our knowledge.

My/Our signature(s) indicate(s) my/our agreement with all statements above.

All adults 18 years of age and older living in the household must sign.

Name (please print)	Signature	Date
Name (please print)	Signature	Date
Name (please print)	Signature	Date
Name (please print)	Signature	Date
Name (please print)	Signature	Date

13. Personal recommendations — Please print page 7 & 8 together and 9 & 10 together and give, as directed, to the applicable Reference. If they plan to return the form via mail, it would be helpful to provide them with a stamped, self-addressed envelope addressed to the name/address listed at the bottom of the Reference page.



Host family last name _____

Host Family Application PASTORAL REFERENCE (2 pages)

To be completed by someone in spiritual authority over the family.

The above-named family has offered to host an international student in their home for a school year. Please help us find the best

placement for our students by responding to the questions below with complete honesty. Your frankness is greatly appreciated, and we will treat your reply confidentially. Please <u>return this completed form directly to the person and the address or the e-mail address provided below. Thank you!</u>
How long, how intimately, and under what circumstances have you known this family?
Please describe this family's Christian faith.
Do you think that this family will nurture the spiritual growth of a student placed in their home? Please explain your answer.
Please comment on why you think this family should or should not serve as a host family.
Are there any ongoing circumstances in the family that the school should know about before placing a student in the family's home if yes, please explain.



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Do you have any additional comments about this family?

Name (please print)				
Signature	Date			
Address:				
Street	City	State	Zip	
Phone (preferred #)	E-mail			

Please return this form in a **sealed envelope** to the International Student Program (ISP) Coordinator listed below, or send it electronically:

Admissions Office 43065 Joy Road Canton, MI 48187 admissions@plymouthchristian.org 734-459-3505, ext. 3190

PERSONAL REFERENCE (2 pages)

To be completed by a friend of the family who does not work for the school.

The above-named family has offered to host an international student in their home for a school year. Please help us find the best placement for our students by responding to the questions below with complete honesty. Your frankness is greatly appreciated, and we will treat your reply confidentially. Please <u>return this form directly to the address or the e-mail address provided below.</u> Thank you!

How long, how intimately, and under what circumstances have you known this family?



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Would you feel comfortable placing your own child in this family's home? Please explain your answer.

What are this family's strengths and weaknesses?
Please comment on why you think this family should or should not serve as a host family.
Are there any ongoing circumstances in the family that the school should know about before placing a student in the family's home? If yes, please explain.
Do you have any additional comments about this family?





Name (please print)					
Signature	Date				
Address:					
Street	City	State	Zip		
Phone (preferred #)	E-mail				

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Admissions@plymouthchristian.org

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