



## **STUDENT ACCOMODATIONS INFORMATION**

Name: \_\_\_\_\_  
Family/Surname First Name

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Date of Arrival: \_\_\_\_\_ Passport # \_\_\_\_\_ Country: \_\_\_\_\_

Country of Permanent Residence: \_\_\_\_\_

Your Permanent Address: \_\_\_\_\_

Your Telephone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

Parents Name(s): \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

What is your English level? High \_\_\_\_\_ Medium \_\_\_\_\_ Low \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Do you have any food restrictions? If yes, please specify: \_\_\_\_\_

\_\_\_\_\_

Do you like children and like to have them in your host family? \_\_\_\_\_

Are you allergic/afraid of animals? \_\_\_\_\_ yes \_\_\_\_\_ no  
If yes, please indicate which: \_\_\_\_\_

If you have special needs from a host family please write below: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe hobbies or interests (examples: cooking, sports, etc)\_\_\_\_\_

\_\_\_\_\_

Have you traveled aboard before? If so, list place and duration:\_\_\_\_\_

\_\_\_\_\_

Please describe your family:\_\_\_\_\_

\_\_\_\_\_

Please write a greeting to your hosts:\_\_\_\_\_

\_\_\_\_\_

**Medical Information**

The following information must be completed by the parent if the applicant is under 18 years of age.

Please describe any current medical problems including emotional difficulties and serious allergies (animal, food, medication) and any physical limitations. It is important to be honest particularly if the student has been under care of a counselor or psychiatrist.\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list all medications that are currently prescribed. Failure to list medication accurately can effect homestay placement.

Medication:\_\_\_\_\_ Frequency:\_\_\_\_\_

Medication:\_\_\_\_\_ Frequency:\_\_\_\_\_

Medication:\_\_\_\_\_ Frequency:\_\_\_\_\_

Medication:\_\_\_\_\_ Frequency:\_\_\_\_\_

I verify that the information on this form is true and correct to the best of my knowledge. I authorize the host family and/or RSA to act as my representative to authorize emergency medical/dental treatment for my son/daughter. I understand RSA assigned host family is not assuming legal guardianship of my son/daughter.

**Student**

**Parent**

**Signature:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Print Date:** \_\_\_\_\_

**Print Date:** \_\_\_\_\_

**Notary**

**Notary Seal**

**Name:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_