

2007 “Our Dreams Take Flight” Exchange Student Home Stay Information Sheet

Name						Photo
Gender	Male / Female					
Birth Date	____ / ____ / 19____ (month/day/year)					
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Address						
Phone number						
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E-mail address						
Family Members	Relation	Age	Name	Relation	Age	Name
Favorite Activities/ Hobbies						
Food you like....						
Food you dislike....						
Pets						
Health Information (Allergies, etc.)	Please give specific details to inform home stay parents					
	Non-smoking required for health reasons? YES NO					
Our household is:	Smoking		Non-Smoking			
Prior Experience Abroad						
Messages / Questions						

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