



2008 CSCA Student Cultural Exchange Program Home-Stay Program Host Family Application

Please type or print answers to the following questions and return this form to the
Public Information Office, City of Carson, 701 East Carson Street, Carson, CA 90745.

Please apply by Thursday, June 19, 2008

Name of Family: _____

Address: _____

Phone: _____

Emergency number (s): _____

Cell phone number (s): _____

Mother: _____ Occupation: _____

Father: _____ Occupation: _____

Additional household members:

First Name _____ Last Name _____ Age _____

School/Occupation _____

First Name _____ Last Name _____ Age _____

School/Occupation _____

First Name _____ Last Name _____ Age _____

School/Occupation _____

First Name _____ Last Name _____ Age _____

School/Occupation _____

First Name _____ Last Name _____ Age _____

School/Occupation _____

Household pets:

Dog(s):

Cat(s):

Other(s):

Our family's special interest: (list those hobbies or activities in which family members take part in, such as a favorite sport, leisure time activities and special areas of interest)

We wish to host a: _____ male _____ female _____ either

We can host: _____ July 20-July 27 _____ July 27-August 3 _____ both periods

(*the arrival date is July 20)

We can host: _____ 1 _____ 2 _____ 3 Students

Foreign Language Ability:

Family Member	Language	Fluent	Speaks Slowly	With Difficulty	None
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Any other information of value in placing a student in your home:

Date: _____ Signature: _____

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Supplemental Information

All adults (18 years and older) residing in the household are required to provide the following information (copies will be made of your driver license)

Name: _____ Driver License No. _____

State: _____

Signature: _____ Social Security No. _____

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Name: _____ Driver License No. _____

State: _____

Signature: _____ Social Security No. _____

Your signature gives authorization to conduct inquiries on the information provided to the city.

ALL INFORMATION IS STRICTLY CONFIDENTIAL.