

HOST FAMILY INFORMATION

NAME OF THE STUDENT:					
LOCAL CHAPTER:			DURATION OF HOSTING	12 Months 6 Months 3 Months Less Than 3 Months	
FAMILY NAME					
	CONTACT NUMBERS				
PHONE NUMBER	FAX NUMBER	₹ _			
FAMILY E-MAIL					
	HOME ADDRESS				
	POSTAL ADDRESS: (If different from	the	one above):		
NAME	PARENT INFORMATION	N_			
NAME:					
BIRTH DATE: OCCUPATION:					
EMPLOYER:					
BUSINESS PHONE:	MOBIL PHON				
E-MAIL:					
	PARENT INFORMATION	N			
NAME:					
BIRTH DATE:					
OCCUPATION:					
EMPLOYER:					
BUSINESS PHONE:	MOB PHOI				
E-MAIL:					

					Intercultural Programmes
ALL OTHER FAMILY MEMBERS				New Zealand Nga Herenga Tatai o AFS	
NAME	BIRTH DATE	RELATIONSHIP	OCCUPATION	LIVING AT HOME?	

GENERAL INFORMATION					
	GENERAL II				
Does the family have pets?		If yes, do the pets live inside or outside the house			
What kind of pets?					
Religion:		How ofter attend reli services?	igious Occasionally	r:	
Would you accept a student:	of a different religion? who is vegetarian? who drinks alcohol? who smokes?	Yes Yes Yes Yes	No No No		
If yes, what would be the restrictions?					
Will the student be sharing room?	ng a	Yes	No		
Is anyone living at home:	a smoker? a vegetarian?	Yes Yes	No No		
Does anyone living at home have a significant illness					
that requires special atte If yes, please detail:	ntion?	Yes	No		
Does anyone living at holanguage?	me speak another	Yes	No		
If yes, what language?					
Has any member of the family participated or is participating in AFS?		Yes	No		
Who and when?:					

Have the family hosted When and from where?	an AFS Student before? Yes: No:	Int Pre Ne Nga		
How did you decide to host with AFS?	School Flyer/ Newspaper AFS Contact Poster			
	Word of Mouth by AFS Staff Directly AFS Contacted			
Other: _				
I/We have applied to become a host family for an AFS student and declare that we do not know of any reason/s that would prohibit me/us from hosting.				
Signed:	Date:			