



MID-PACIFIC INSTITUTE

HOMESTAY PROGRAM

2445 Ka'ala St. Honolulu, Hawai'i 96822-2299
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HOMESTAY STUDENT INFORMATION

Name: Last, First: _____

Address: _____

Country: _____

Birthdate: _____ Age _____ Gender: Male Female

Home Telephone: (Include area code and/or country and city code) _____

Email: _____

Cellular: _____

Length and Beginning date of Homestay Requested: _____

English Ability: (circle one) Beginner Good Very Good

Languages(s) Spoken at Home: First _____ Other _____

Are you currently in the HomeStay program? _____

If yes, would you like to remain with your current family? _____

Questions:

[1] Why would you like to be part of Mid-Pacific Institutes Homestay Program? When would you like to begin?

[2] What size and kind of family would you like to stay with? Why?

[3] Do you have any special diet you must follow? If yes, explain. Please include any like and dislikes?

[4] What are some of your hobbies and interests? Include sports and arts.

[5] Do you have any allergies or other medical conditions we need to be aware of?

[6] Do you take medications? If yes, please explain.

[7] Do you have a problem with pets in the home? If yes, please explain.

Print Student Name: _____

Student Signature: Date: _____

Print Parent or Guardian Name: _____

Parent or Guardian Signature: Date: _____