

PERSONAL INFORMATION

HUSBAND		WIFE	
Social Security No.:		Social Security No.:	
Employer: _____		Employer: _____	
Work Address: _____ _____		Work address: _____	
Telephone: (_____) _____		Telephone: (_____) _____	
no. years ____ If less than 3 years, list previous employer...		no. years ____; if less than 3 years, list previous employer.	
Combined family annual income: <input type="checkbox"/> below \$30,000		<input type="checkbox"/> above \$30,000	
Military experience:		Military experience:	
Education:		Education:	
Clubs, hobbies, interests		Clubs, hobbies, interests	
Closest relative or friend <u>not</u> living with you		Closest relative or friend <u>not</u> living with you	
Name _____		Name: _____	
Address: _____		Address: _____ _____	
Telephone :(_____) _____		Telephone :(_____) _____	
Relationship: _____		Relationship: _____	
Does anyone (including family members) smoke in your home? <input type="checkbox"/> no <input type="checkbox"/> yes			
Has anyone in your family ever been involved in alcohol or other drug abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain below.		Does any family member have a serious or chronic illness, disability, nervous or mental disorder, or has there been major surgery for a condition that might recur? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain below.	

Religious Preferences

Religious Interest/Involvement

Husband _____

active little none

Wife _____

active little none

Children _____

active little none

Would you require your exchange student to attend religious services with you? Yes No

Describe your feelings about a student who holds different religious beliefs, customs, attendance practices, or one who has no religious ties.

List any children who will attend high school with the exchange student next year

Distance from home to school: _____ Method of transportation to school: _____

What kinds of duties/chores do your children perform?

What kinds of duties/chores will you expect from an exchange student?

List children's activities/interests

List artistic, musical, and sports interests of the family members

What do you and your children expect to learn from this exchange?

EXCHANGE STUDENT

Will your student share a room? yes no

Can you provide a quiet study area for your student? yes no

Will your student have a bed of his or her own? yes no ←--- **THIS IS AN AACE REQUIREMENT**

Would you host occasional parties for other AACE students? yes no

Do you feel you and your family can welcome your student as member of the family and not a guest? yes no

List some activities available in your neighborhood for a teenager?

How far is your home from public transportation?

Why do you want to host an exchange student?

I have read and understand the rules governing an AACE Exchange Student while in the United States. I shall ensure that these rules are followed during the student's stay in my home. To the best of my knowledge the information provided in this application is accurate. AACE has my permission to contact the personal references below.

Host Parent Signature: _____ Host Parent Signature: _____

Date: _____ Date: _____

PERSONAL REFERENCES (3)

Name			
Address			
City & State			
Zip Code			
Telephone	()	()	()