Homestay Application Form



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Email: info@bhistudy.com Web: http://bhistudy.com

Student Information

Name:		Gender: Male / Female	Date of Birth (MM/DD/YY	YY):/
Age: _	Citizenship:	Address in Japan:		
Phone	(Japan):	Phone (USA):		
Email:				
School	Name:	Program:		
School Address:		School Phone:		
Emerge	ency Contacts (two)			
1)	Name:	Relationship:	Phone:	
	Email:	Address:		
2)	Name:	Relationship:	Phone:	
	Email:	Address:		
Check-	in Date (MM/DD/YYYY):/_	/Check-out Dat	e (MM/DD/YYYY):/_	
School	Start Date (MM/DD/YYYY):	_// School En	d Date (MM/DD/YYYY):	_//_
Quest	ionnaire			
English Level: Beginner / Pre-Intermediate / Intermediate / Advance				
Do you have any mental, medical, physical requirements or special needs? Yes / No				
If yes, please explain				
Are you taking any medicine? Yes / No				
If yes, please explain				
Do you have allergies? Food () Animal () other ()				
Do you smoke? Yes / No Do you prefer children? Yes / No / No Preference				
Do you prefer pets? Yes / No / No Preference				
Hobbies / Interests:				
	t's Personality:			
	Requests:			
	•			
Signatı	ıre:	Date (MM/DD/YYY	Y):/	