

Hostfamily Information

Family Name			
Address			
E-mail			
Phone #		Cel	
Fax #	Work:		
****People who live in a house****			
	Name	Relationship	Age
	John	Self	50
			Work Place
			Fern Elementary School
			as of MM/DD/YYYY
****Hostfamily Info & House Rules****			
Preference	<input type="checkbox"/> Male <input type="checkbox"/> Female		
House Type	Total # of the bedroom = () <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Townhouse <input type="checkbox"/> Condominium		
Private Bedroom?	<input type="checkbox"/> No <input type="checkbox"/> Yes (How many private rooms are available?)		
Share Bathroom?	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Have a Pet?	<input type="checkbox"/> No <input type="checkbox"/> Yes (Type?)		
Speak Japanese?	<input type="checkbox"/> No <input type="checkbox"/> Yes (Who?)		
Meal Provided	<input checked="" type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input checked="" type="checkbox"/> Dinner		
Family Diet	<input type="checkbox"/> Vegetarian <input type="checkbox"/> No Restriction		
Religion	<input type="checkbox"/> No <input type="checkbox"/> Yes (What?)		
Houseware	<input type="checkbox"/> use anything anytime <input type="checkbox"/> ask me each time // <input type="checkbox"/> Washer & Dryer available in a hous <input type="checkbox"/> Laundry facility on sit (Washer:\$ Dryer:\$)		
Internet Connection	<input type="checkbox"/> Has Wireless. Bring your own lap top <input type="checkbox"/> Has house computer. OK to use this. <input type="checkbox"/> Not available		
Smoke in Family Member?	<input type="checkbox"/> No <input type="checkbox"/> Yes (Who?)		
Smoking Rule (Student)	<input type="checkbox"/> No Smoking <input type="checkbox"/> OK to smoke at certain area <input type="checkbox"/> Smoking is permitted		
Alcohol Rule (Student)	<input type="checkbox"/> No Drinking <input type="checkbox"/> OK to drink appropriate amou <input type="checkbox"/> Drinking is permitted		
Hobbies	<input type="checkbox"/> Dance <input type="checkbox"/> Computer <input type="checkbox"/> Cooking <input type="checkbox"/> TV <input type="checkbox"/> Movie <input type="checkbox"/> Reading <input type="checkbox"/> Travel <input type="checkbox"/> Jogging <input type="checkbox"/> Shopping <input type="checkbox"/> Tennis <input type="checkbox"/> Golf <input type="checkbox"/> Swimming <input type="checkbox"/> Basketball <input type="checkbox"/> Baseball <input type="checkbox"/> Gym <input type="checkbox"/> Art <input type="checkbox"/> Bicycling <input type="checkbox"/> Ohter ()		
Message/Comments/ Request	<p>*Please write your message, comment, request to the student.</p> <p>*Please explain your house rules on the arrival day (breakfast, dinner time, cleaning, doing dishes, bringing guest, curfew, shower time, the case the student does not need dinner...)</p>		

Picture