

 **MOSAIC INTERCULTURAL EXPERIENCES HOST FAMILY APPLICATION** 

Family Recommendation Forms:

Please have one teacher, a counselor OR the principal at your school, and a person other than a school official who is familiar with your family fill out a copy of this form and return it in the attached envelope.

Host student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address: \_\_\_\_\_

How long have you known this student? \_\_\_\_\_

In what capacity? \_\_\_\_\_

Do you know other members of the family? \_\_\_\_\_

What characteristics does this student and their family possess that would make them a good host family?

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Do you have any concerns about this student and their family hosting a foreign student in their home?

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Please be aware that all information you provide is confidential and the student and family have waived their right to see this.

Your phone number \_\_\_\_\_

Would you be willing to receive a phone call about this form? \_\_\_\_\_

Your signature \_\_\_\_\_ Date \_\_\_\_\_

Your Name (please print) \_\_\_\_\_

**By signing this form I release the above named person to give confidential information about my family. I waive my right to see this form after it has been completed by that person.**

Host Student \_\_\_\_\_ Date \_\_\_\_\_

Host Parent \_\_\_\_\_ Date \_\_\_\_\_