



Home-stay Application Form

Student

Family Name	_____	First Names	_____
Date of Birth (dd/mm/yy)	_____	Known as	_____
Nationality	_____	Gender (M/F)	_____
E-mail (1)	_____	Mobile	_____
E-mail (2)	_____	UK Mobile	_____
Passport Number	_____	Expiry Date	_____
Visa Number	_____	Expiry Date	_____
Home Address	_____		
Post Code	_____	Home Telephone	_____
Hobbies/interests	_____		

Parents

Father's full name	_____	Nationality	_____
Father's mobile	_____	Father's work telephone	_____
Father's profession	_____	Father's E-mail	_____
Father speaks English?	Yes [] No []	If yes standard of English	_____
Mother's full name	_____	Nationality	_____
Mother's mobile	_____	Mother's work telephone	_____
Mother's profession	_____	Father's E-mail	_____
Mother speaks English?	Yes [] No []	If yes standard of English	_____
Primary/Emergency contact	_____		_____

Medical Details

Does the student have any serious allergies? If yes please give details	Yes [] No [] _____
Has the student ever been hospitalised or had any serious illness? If yes please give details?	Yes [] No [] _____
Is the student currently taking any medication? If yes please give details?	Yes [] No [] _____
Does the student have any specific dietary requirements? If yes please give details?	Yes [] No [] _____

Educational Details

Does the student have any declared special educational or behaviour needs? If yes please give details?	Yes [] No [] _____
Level of study	
Subjects Taken	(1) _____ (2) _____ (3) _____
Is the student interested in undertaking any short courses or summer schools? If yes please state subject areas &/or specific courses.	Yes [] No [] _____ _____

DATE OF HOME-STAY

Please confirm the dates you would like to book home-stay for	From (date of arrival)
	To (date of departure)

Payment

On receipt of the completed application form we will send you an invoice for payment. Home-Stay will only be confirmed once the full payment has been received.

Declaration and Agreement

1. That this guardianship agreement shall be governed by the laws of England and Wales and that it shall be effective from the "Start Date" above assuming that Greenfinch Guardians have received cleared funds in accordance with the terms hereof.

We/I have read and understood the conditions above Yes [] No []

Application completed by First Name _____

Last Name

Signature _____