

## **HOMESTAY APPLICATION**

Please complete ALL sections of this application in English. If you are under 21 years of age, your parent or guardian must also sign the application.

Minimum age — 18 years of age.

1. <b>NAME</b> :				
Mr./Ms.	First Name		Family Name(s)	
2. <b>CONTAC</b>	CT INFORMATION: (Pe	ermanent addres	s in home countr	у)
Street Address	3			
City	Postal Code		Country	
Mobile Telepho	one Number	E-mail Ad	ldress	
3. <b>CONTAC</b>	CT INFORMATION IN	BOSTON: (if ap	plicable)	
Street Address	;			
City	Mobile Telephone	Number	E-mail Add	ress
4. <b>GENDE</b> I	<b>R</b> : MaleFema	le <b>BIRTHDAT</b> I	E:(day)	(month)(year)
NATIONA	LITY:	NATIVE	LANGUAGE:	
5. ARRIVA	AL INFORMATION to E	BOSTON:		
	ival:ails (Airline, flight numbe			
the host o If arrival	<b>FANT</b> : Please contact your hor of the arrival time for someone is during work hours, you mi DOpm, hotel arrangements are	e to be home to wel ght have to wait ur	come you. Arrival ho	urs are 8:00am - 10:00pm. e from work. If you arrive
I would lik	e to receive information	about <b>airport</b> p	ickup service:	YesNo



6. HOMESTAY DATES:					
Arrival Date to Homestay:					
Authorite Bace to Homestay:					
Departure Date from Homestay:					
7. PERSONAL INFORMATION:					
What is your English level?beginnerintermediate	advanced				
Please list any allergies, health problems or foods you cannot eat:					
Do you smoke?					
Cigarettes YesNoOccasionally					
E-Cigarettes YesNoOccasionally Vape YesNoOccasionally					
Marijuana YesNoOccasionally					
If you are a smoker, do you agree to smoke outside only? YesNo  Do you drink alcohol? YesNoOccasionally					
Are you fully vaccinated? YesNo					
Do you prefer to live in a homestay:					
Fully vaccinated hosts 18+  Not all hosts in the home are vaccinated Hosts not vaccinated Any of the above					
Tell us about yourself! What are your hobbies, special interests, favorite sports and/or activities?					
Have you ever lived in a homestay? If so, where and for how long?					



	nestay? 		
	?learning Englishvacationdoing research eother (please explain)		
	your daily destination (school name and address,		
8. PREFERENCES			
A home with children? A home with an indoor cat? A home with an indoor dog?	YesNoDoesn't matter YesNoAllergic YesNoAllergic		
9. INSURANCE			
stay in homestay in the event of a	pants are <b>required</b> to have valid medical insurance for the duration of an emergency. All applicants are responsible for arranging for their nto homestay and paying for any medical expenses if applicable during		
Do you have medical insurance?	YesNo		
Name of your insurance company	<i></i>		
10. EMERGENCY CONTACT IN	FORMATION:		
Name	Mobile Telephone Number		
Address (Street, City, County)			
E-mail	Best Method of Contact		



11. HOMESTAY OPTIONS:				
	<b>\$370 per week</b> repared by and with host) and continental self-served breakfast 7 days inutes to downtown Boston destinations			
	<b>ast Homestay</b> \$320 per week d continental breakfast 7 days per week (no access to cooking facilities), lowntown Boston destinations			
	<b>\$465 per week</b> e), dinner (prepared by and with host) and continental self-served time within 45 minutes to downtown Boston destinations			
Private room, private bath (if available	fast Homestay \$415 per week e), self-served continental breakfast 7 days per week (no access to nin 45 minutes to downtown Boston destinations			
destination, and host availability. All h	re will determine the best option for you based on preferences, daily nomestay options are within 10-15 minutes walking distance of public distance of public transportation.			
12. <b>POLICIES AND REFUND</b>	S:			
received 30 days or more prior to scl	on of homestay application. Notice of cancellation and/or postponement heduled move-in date will result in a full refund of the placement fee. thin 30 days results in a forfeiture of the fee.			
Preferences are considered when placing clients in homes but, given factors such as availability, extensive number of household pets in American homes and limited number of homes that permit smoking, these requests cannot always be guaranteed.				
	e do not discriminate against race, color or creed. Therefore, we cannot specific racial or ethnic background, of a specific religion, with a specific acteristic.			
Immersions, Inc., and the employee sickness or illness including but not	you waive and release any and all claims of liability against Global es of Global Immersions, Inc. for injury, loss, damage, accident, any limited to any and all related to COVID or expense resulting from ing this, you have read and agree to all of the Homestay policies.			
13. SIGNATURE OF APPLICA	ANT:			
Name	Date			
Parent/Guardian (if applicable)	Date			