

Monterey Bay Student Services

STUDENT INFORMATION AND QUESTIONNAIRE

First Name: _____ Last Name: _____

Gender: (please circle) Male or Female Birthdate: _____ Month _____ Day _____ Year _____

Email address: _____

Home mailing address: _____

Emergency Contact: _____ Relationship _____

Email: _____ Phone: _____

What is the name of your school? _____ Are you a student or teacher? _____

What year in school are you or what do you teach? _____

Have you taken English classes (please circle) Yes or No If yes, how many years? _____

How would you rate your English speaking skills? Very Good, Good, Fair, Poor, Very Little

Do you take public transportation to school? (please circle) Yes or No How long does it take? _____

1. Do you have any medical conditions or disabilities that you want us to be aware of?

2. Do you have any allergies? (please circle) Yes or No. If yes, what are you allergic to? (Example: animals, food, medication etc.) _____

3. Do you smoke (please circle)? Yes or No **There is no smoking in your host family's home**

4. Do you live at home with your family in your country? (please circle) Yes or No

5. What are your hobbies and interests? _____

- What do you like to do for Entertainment? Movies, TV, Music, Video Games, Outdoor Activities

- Do you exercise? Gym, running, bike riding, hiking, walking and swimming

- Do you like to cook, go shopping, be with friends, do tourist things, play a musical instrument?

6. Have you traveled out of your home country before? (Please circle) Yes or No.

Where: _____

When: _____

How long did you stay: _____

This questionnaire will assist us in placing you with a host family.
However, we cannot guarantee that we will be able to meet all of your requests.

7. Please list any specific request you have for a host family? We will try to accommodate your requests. _____

8. Would you prefer to be placed with a family with children? (Please circle) Yes or No

8. Please introduce yourself to your host family. Tell us about your background, how many people are in your family and what you like to do. What do hope to do while in California with your host family?

9. What are the dates of your program?

Arrive Month Day Year Depart Month Day Year

Waiver

I am entering into a homestay with an open mind and willingness to learn about American culture. I consider myself flexible and willing to adjust to a family's routine as much as possible. I will respect the privacy and property of my host family. I will notify Pacific Student Services immediately if any issue arises that are deemed harmful to me. I understand that Pacific Student Services is a placement service only. I understand that I am responsible for my own safety at all times and that it is up to me to be prepared for any situation. Pacific Student Services is not responsible for my actions and will not be held liable for those actions. I understand that to the best of Pacific Student Services' ability, families have been screened and interviewed, but I also understand that Pacific Student Services cannot predict or control events and I will not hold Pacific Student Services liable for those events.

I understand and agree to the above Waiver.

Signature of student: _____

Date signed: _____

Pacific Student Services
31 Asilomar Ave., Pacific Grove, CA 93850
831-747-5203
pgpeople@yahoo.com

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