

Name  
(in English and Foreign Language)



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**Exchange Student Biography Form**

**Family (Last) Name:**  
**Given (First) Name:**  
**Which CGS Language do you study?**  
**Age:**  
**Date of Birth (Month/Day/Year):**  
**Indicate:** Female / Male

**Address:**  
**Street:**  
**City/Town:**  
**State:**  
**Zip Code:**

**Telephone:**  
**E-mail:**

**Family Members Living in Your House:**

<u>Relation</u>	<u>Name</u>	<u>Age (Optional)</u>	<u>Profession</u>
Father			
Mother			
Siblings			
Pets			

**Do you have any allergies or require special medical treatment? If yes, please explain below.**

**Are you allergic to pets? If yes, please explain below.**

**Explain your feelings about living with a homestay family that smokes (choose one that applies to you and delete the others):**

- I don't mind if my host family smokes in the house.
- I don't mind if my host family smokes--but not inside the house.
- I don't want to be with a host family that smokes.

**Do you have any dietary restrictions (medical, religious, self-imposed) which you plan to continue abroad? If yes, please explain:**

**Are you willing to eat the following? (Answer yes or no to each food):**

- Rice
- Beef
- Poultry
- Pork
- Seafood
- Dairy

**Do you have any food you DO NOT like to eat? (List only those you DO NOT like; eliminate others):**

Rice	Seafood
Beef	Bread
Chicken	Vegetable
Pork	Eggs
Milk	Other:

**Are there any foods of the country to which you are traveling that you particularly like or dislike?**

**Like:**

**Dislike:**

**Favorite Breakfast:**

**Favorite Lunch:**

**Favorite Dinner:**

**Favorite school subject(s):**

**What activities do you and your family enjoy? How often?**

**What groups do you belong to or participate in (after school sports or clubs; outside clubs, sports, or organizations)?**

**What are your responsibilities at home?**

**What qualities do you value most in people?**

**Why do you wish to participate in the home stay program?**