

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 | Pork |
| Beef | Seafood |
| Poultry | 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?