

HOMESTAY HOUSING APPLICATION

Please complete the application and send it with your LADO application. Your homestay confirmation will be emailed to you 4 - 6 weeks before your arrival date.

GENERAL INFORMATION

Family Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: _____ / _____ / _____ Country of Birth: _____ City/Town of Birth: _____
Month Day Year

Citizenship: _____ Native Language: _____ Male Female Email: _____

Marital Status: Single Married Divorced

Permanent Home Address in your country:

Number and Street _____ Apartment or Unit # _____ City _____

State/Prefecture/Province _____ Country _____ Postal Code _____ Telephone Number _____

Emergency Contact Name in USA: _____ Relationship: _____

BACKGROUND INFORMATION

1. English Level : Beginner Intermediate Advanced

2. Languages spoken: _____

3. Occupation _____ Religion _____

4. Type of Visa: Visitor Student Other

5. Interests and Hobbies _____

6. How would you describe your personality? Please check all the boxes that describe you:

Quiet Organized Shy Private

Messy Talkative Open-minded Athletic

Outgoing Energetic Independent Noisy

Tidy Picky Eater Cautious Serious

Religious Nervous Cheerful Calm

Frugal Other: _____

7. Do you smoke? Yes No

8. Have you participated in a homestay? Yes No

9. Are you allergic to pets? No

If yes specify: Cats Dogs All Other _____

10. Have you ever been convicted of a crime? Yes No

If yes, explain: _____

11. What would you like to gain from your homestay experience?

12. How did you hear about our program? _____

13. Please write a brief note to your host family, describing what you would like them to know about you.

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HEALTH INFORMATION

Do you consider your health to be: Excellent Good Fair

Do you have any medical problems we should know about? Yes No

If yes, explain: _____

Do you have medical insurance? Yes No

If no, would you like to receive insurance information? Yes No

Do you have any food allergies or restrictions? Yes No

If yes, explain: _____

Do you have any other allergies? Yes No

If yes, explain: _____

Have you participated in therapy or counseling in the past two years? Yes No

If yes, explain: _____

HOUSING OPTIONS

How many months will you need housing? _____

What is the expected homestay begin date? _____

What is the expected homestay end date? _____

Standard Homestay Meal Plan: Bed&Breakfast Deluxe Supreme

Executive Homestay Meal Plan: Bed&Breakfast Deluxe Supreme

Indicate your family size preference: 1-3 members 4 or more No preference

Ca you live with children under age 10? Yes No

Can you live with a smoker? Yes No

Private Bath (\$60 Additional for Standard Homestay) Yes No

SCHOOL INFORMATION

Enrollment start date: _____ Enrollment end date: _____

Please choose a LADO school by checking one of the boxes below:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Washington, DC Center
2233 Wisconsin Avenue, NW
Washington, DC 20007
Phone 202-223-0023
Fax 202-337-1118 | <input type="checkbox"/> Silver Spring, MD Center
1400 Spring St. Suite #250
Silver Spring, MD 20910
Phone 301-565-5236
Fax 301-565-2360 | <input type="checkbox"/> Arlington, VA Center
1550 Wilson Blvd. Garden Level
Arlington, VA 22209
Phone 703-524-1100
Fax 703-524-7681 | <input type="checkbox"/> Baldwin Wallace University
66 Seminary St., Garden Level
Berea, OH 44017
Phone (440) 826-8191 |
|--|---|---|--|

Please send your application to info@lado.edu

TRAVEL INFORMATION

Arrival Date: _____ Arrival Time: _____ AM PM

Airport Name: BWI Reagan National Dulles International Cleveland Hopkins International Other _____

Flight Number: _____ Flight Origin: _____

Do you require airport pick-up? Yes No

Will you have use of an automobile? Yes No