

Family Name			
Address			
Bus Stop			
E-mail			
Phone #		Cell #	
Fax #		Work #	

Picture

****People who are staying at a house including a guest & a student****			
Name	Relationship	Date of Birth	Occupation

as of MM/DD/YYYY

******Host Family Info & House Rules******

Preference	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Either
House Type	<input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Townhouse <input type="checkbox"/> Condominium Total # of bedrooms =
Private Bedroom?	<input type="checkbox"/> No <input type="checkbox"/> Yes (How many private rooms are available?)
Share Bathroom?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Have a pet?	<input type="checkbox"/> No <input type="checkbox"/> Yes (Type?)
Speak Japanese?	<input type="checkbox"/> No <input type="checkbox"/> Yes (Who?)
Meal Provided	<input checked="" type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input checked="" type="checkbox"/> Dinner
Family Diet	<input type="checkbox"/> Vegetarian <input type="checkbox"/> No Restriction <input type="checkbox"/> Other (
Washer & Dryer	<input type="checkbox"/> Washer & Dryer available in the house <input type="checkbox"/> Laundry Facility on site (Washer:\$ Dryer:\$)
Internet Connection	<input type="checkbox"/> Wireless Available <input type="checkbox"/> Welcome to use house computer <input type="checkbox"/> No Connection
Smoke in Family Member?	<input type="checkbox"/> No <input type="checkbox"/> Yes (Who?)
Smoking Rule(Student)	<input type="checkbox"/> Non-Smoking <input type="checkbox"/> Smoking outside only <input type="checkbox"/> Smoking is permitted
Alcohol Rule(Student)	<input type="checkbox"/> Non-Drinking <input type="checkbox"/> OK to drink appropriate amount <input type="checkbox"/> Drinking is permitted
Hobbies	<input type="checkbox"/> Dance <input type="checkbox"/> Baseball <input type="checkbox"/> Cooking <input type="checkbox"/> Art <input type="checkbox"/> TV <input type="checkbox"/> Shopping <input type="checkbox"/> Tennis <input type="checkbox"/> Gym <input type="checkbox"/> Reading <input type="checkbox"/> Basketball <input type="checkbox"/> Music <input type="checkbox"/> Computer <input type="checkbox"/> Golf <input type="checkbox"/> Swimming <input type="checkbox"/> Travel <input type="checkbox"/> Cycling <input type="checkbox"/> Movie <input type="checkbox"/> Other(

Message/Comments / Request	<p>*Please write your message, comment, request to the student.</p> <p>*Please explain your house rules on their arrival day (breakfast, dinner time, cleaning, doing dishes, bringing guest , curfew, shower time...)</p>
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