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# Consortium for Advanced Studies Abroad in Chile

***\*\*\*Please fill out this form in Spanish\*\*\****

## Home Stay Application

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| --- | --- | --- | --- | --- |
| Student Name: |  |  |  |  |
|  | Last | First | M.I. |  |  |

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| --- | --- | --- | --- |
| Gender: |  | Date of Birth: |  |
| Country of Birth: |  | Citizenship: |  |

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| --- | --- | --- | --- |
| Concentration/Major: |  | Name of HomeUniversity: | Harvard University |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Permanent Phone Number: | |  | Email: |  | |
| Permanent Address: |  | | | |  |

*Street Address*

|  |  |  |
| --- | --- | --- |
|  |  |  |
| City | State | ZIP Code |

## Family Information

Parent 1/Guardian 1

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Relationship: |  |
| Home Phone: |  | Work Phone: |  |
| Email Address: |  | Occupation: |  |
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Parent 2/Guardian 2

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Relationship: |  |
| Home Phone: |  | Work Phone: |  |
| Email Address: |  | Occupation: |  |
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| Siblings Names and Ages: |  | | |
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## Emergency Contact Information

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Full Name: |  | | | Relationship: | |  |
| Address: |  | | | Home Phone: | |  |
| Email Address: |  | | | Work Phone: | |  |
|  | |  |  | |  | |
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## Personal Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Interests/Hobbies: | |  | | |
| Religion: |  | | How fluent are you in Spanish? |  |
| Do you speak other languages? If so, which ones? | |  | | |

Have you traveled within your country or abroad? If so, where?

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| Do you like pets? | |  | Do you have any allergies? |  |

List any dietary restrictions, physical limitations, or medications you take regularly

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| Do you smoke? |  | | Could you live with smokers? |  |
| Do you play any sports? If so, which ones? | |  | | |

In your own words, describe yourself (use adjectives: i.e. organized, extroverted, shy, etc.), your habits and your ideal housing situation.

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Additional comments:

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