

**INTERNATIONAL EXCHANGE PROGRAM  
HIGH SCHOOL STUDENT EXCHANGE 2015  
Parent hosting agreement**

**Parent/Guardian Information**

**Parent/Guardian Name** \_\_\_\_\_

**Occupation** \_\_\_\_\_

**Full Street Address Include Zip Code** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**E-mail print clearly** \_\_\_\_\_

**Second Parent/Guardian Name** \_\_\_\_\_

**Occupation** \_\_\_\_\_

**Full Street Address Include Zip Code** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**E-mail print clearly** \_\_\_\_\_



1. Have you ever hosted a foreign exchange student?  Yes  No If so, for how long? \_\_\_\_\_
2. Would you be willing to host students of the opposite gender than your child?  Yes  No
3. Will you (parents/guardians) be working during the time the Chinese students are living at your home?  
 Yes  No If yes, full-time or part-time? \_\_\_\_\_
4. If both parents will be working, what arrangements will you make to ensure that your Chinese student can get to field trips, group activities and local entertainment? \_\_\_\_\_
5. I/We, the parents/legal guardians of \_\_\_\_\_

Agree to:

- receive in my/our main place of residence, Chinese students, during the visit from January 27<sup>th</sup> to January 30<sup>th</sup>, 2016;
- be responsible for the lodging, maintenance (food, etc) and family activities of Chinese exchange student;
- be responsible for and treat our guest as one of my/our own children, and pay particular attention that he/she not be left alone;
- speak in English with our guest as much as possible and ask our family to do the same;
- try to make the Chinese students visit as beneficial, productive and enjoyable as possible.
- notify Min Kim at [min\\_kim@hcpss.org](mailto:min_kim@hcpss.org) in case of any problems or concerns.

I hereby certify that I am aware of and accept the International Exchange Student requirements for participation, and that the information provided in this application is correct to the extent of my knowledge.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

**Please email completed form to: [min\\_kim@hcpss.org](mailto:min_kim@hcpss.org)**