



# Trinity Christian School

## HOST FAMILY APPLICATION

Father's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ Mother's Occupation: \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Mother's Employer: \_\_\_\_\_

Father's Cell Number: \_\_\_\_\_ Mother's Cell Number: \_\_\_\_\_

### Children:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Interests: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Interests: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Interests: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Interests: \_\_\_\_\_

Briefly describe each person living in your home (include interests, responsibilities and relationships with other members.)

---

---

---

---

Family religious affiliation and local church: \_\_\_\_\_

*Please note that Trinity Christian students are expected to attend church with their host family at least one time during the week.*

### Pets:

Please list: \_\_\_\_\_

### Neighborhood:

Describe your neighborhood:

---

---

Urban, suburban, or rural? \_\_\_\_\_ Distance by car from TCHS: \_\_\_\_\_

### HOST FAMILY APPLICATION

### TRINITY CHRISTIAN HIGH SCHOOL

6701 University Ave Lubbock, Texas 79413 Ph. (806) 791-6583 Fax (806) 745-8641

**Family Life:**

Describe a typical week day in your home:

What are some weekend activities?

TCHS expects each of its ISP students to conform to family regulations and guidelines. Please indicate your family's important rules and expectations.

1. Homework:
2. Curfew:
3. Room neatness:
4. Household chores:
5. Special permission required for:
6. General behavior:
7. Other:

**International Student History:**

Is your family in agreement with this choice?

Have you ever hosted an international student?

If yes, please list students:

Name:	Gender:	Country:	Year(s):
Name:	Gender:	Country:	Year(s):
Name:	Gender:	Country:	Year(s):
Name:	Gender:	Country:	Year(s):

**Miscellaneous Information:**

Why are you interested in hosting an international student?

---

---

---

What expectations do you have regarding an international student's involvement in your home?

---

---

---

Describe living arrangement for the international student.

---

---

---

Do any members of your family:

Drink alcoholic beverages?	Yes	No	If yes, how often:
Smoke cigarettes?	Yes	No	If yes, how often:
Have a serious illness?	Yes	No	If yes, explain:

---

Speak a language other than English in the home?      Yes      No

If yes, explain:

---

Has your family traveled to a foreign country?      Yes      No

If yes, where and when?

Please use the space provided to write a note to the ISP family whose child you may host in your home:

---

---

---

---

---

---

---

**Host Family Commitment:**

1. We have read and agree with the Trinity Christian mission statement, statement of faith, purpose and philosophy.
2. We have read and commit to work toward establishing the relationship with our international student that is described in the Student/Host Relationship Profile.
3. We have read the Host Family Fact Sheet.
4. We have read and understand the parent commitment and the international student rules. (To be signed by the international student and parent.)
5. We will make every effort to involve our student in family worship at home and in our local church.

Father's signature \_\_\_\_\_

Date: \_\_\_\_\_

Mother's signature \_\_\_\_\_

Date: \_\_\_\_\_

*Please remember to complete the background check documents.*

**References:**

Please list three personal references who we may contact, including one who is your pastor, elder or home care group leader:

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ How long how you know this person? \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ How long how you know this person? \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ How long how you know this person? \_\_\_\_\_

If applicable, please list names of individuals who can serve as references to any prior international student hosting experiences you may have had:

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ How long how you know this person? \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ How long how you know this person? \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ How long how you know this person? \_\_\_\_\_

**HOST FAMILY APPLICATION  
TRINITY CHRISTIAN HIGH SCHOOL**

**Insert Family Photos Here:**

**HOST FAMILY APPLICATION  
TRINITY CHRISTIAN HIGH SCHOOL**