



# HOST FAMILY APPLICATION

**AACE**  
**P.O. Box 285**  
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PLEASE PRINT OR TYPE

HUSBAND		WIFE	
Name:		Name:	
Birth date:		Birth date:	
SS #:		SS #:	
Occupation:		Occupation:	
Present Home Address: _____			
City: _____			
State: _____ Zip: _____			
Home Telephone: (____) _____ Yrs. at this address: _____. If less than 3 years, list previous address above			
<b>CHILDREN (Note SS # required for all adults and children 18 or older living in home)</b>			
Name (and SS # if appropriate)	Age	Sex	Live at home?
			Yes No
			Yes No
			Yes No
Who else lives with you in your home?		Relationship?	
What animals/pets are in your home or on your property?			
High School the exchange student will attend: _____ Telephone: (____) _____			
School address: _____			
Guidance Counselor: _____ Principal: _____			
<b>AACE OFFICE USE ONLY</b>			
Student: _____ last first middle		State: _____ write out in full	
Nationality: _____		AACE Area Rep: _____	
Date of Birth: ____/____/____ mo. day yr.			
School Start Date: ____/____/____ mo. day yr.		End Date: ____/____/____ mo. day yr.	
		Airport Name: _____ Airport Code: _____	

**PERSONAL INFORMATION**

HUSBAND	WIFE
Social Security No.:	Social Security No.:
Employer: _____	Employer: _____
Work Address: _____ _____	Work address: _____ _____
Telephone: (_____) _____	Telephone: (_____) _____
no. years ____ If less than 3 years, list previous employer...	no. years ____; if less than 3 years, list previous employer.
Combined family annual income: <input type="checkbox"/> below \$30,000	<input type="checkbox"/> above \$30,000
Military experience:	Military experience:
Education:	Education:
Clubs, hobbies, interests	Clubs, hobbies, interests
Closest relative or friend <u>not</u> living with you	Closest relative or friend <u>not</u> living with you
Name _____	Name: _____
Address: _____	Address: _____ _____
Telephone :(_____) _____	Telephone :(_____) _____
Relationship: _____	Relationship: _____
Does anyone (including family members) smoke in your home? <input type="checkbox"/> no <input type="checkbox"/> yes	
Has anyone in your family ever been involved in alcohol or other drug abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain below.	Does any family member have a serious or chronic illness, disability, nervous or mental disorder, or has there been major surgery for a condition that might recur? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain below.
Religious Preferences	Religious Interest/Involvement
Husband _____	<input type="checkbox"/> active <input type="checkbox"/> little <input type="checkbox"/> none
Wife _____	<input type="checkbox"/> active <input type="checkbox"/> little <input type="checkbox"/> none
Children _____	<input type="checkbox"/> active <input type="checkbox"/> little <input type="checkbox"/> none

Would you require your exchange student to attend religious services with you?  Yes  No  
Describe your feelings about a student who holds different religious beliefs, customs, attendance practices, or one who has no religious ties.

List any children who will attend high school with the exchange student next year

Distance from home to school: \_\_\_\_\_ Method of transportation to school: \_\_\_\_\_  
What kinds of duties/chores do your children perform?

What kinds of duties/chores will you expect from an exchange student?

List children's activities/interests

List artistic, musical, and sports interests of the family members

What do you and your children expect to learn from this exchange?

**EXCHANGE STUDENT**

Will your student share a room?  yes  no

Can you provide a quiet study area for your student?  yes  no

Will your student have a bed of his or her own?  yes  no <--- THIS IS AN AACE REQUIREMENT

Would you host occasional parties for other AACE students?  yes  no

Do you feel you and your family can welcome your student as member of the family and not a guest?  yes  no

List some activities available in your neighborhood for a teenager?

How far is your home from public transportation?

Why do you want to host an exchange student?

I have read and understand the rules governing an AACE Exchange Student while in the United States. I shall ensure that these rules are followed during the student's stay in my home. To the best of my knowledge the information provided in this application is accurate. AACE has my permission to contact the personal references below.

Host Parent Signature: \_\_\_\_\_ Host Parent Signature: \_\_\_\_\_

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

**PERSONAL REFERENCES (3 Needed)**

Name			
Address			
City & State			
Zip Code			
Telephone	( )	( )	( )