

# Atlantic Christian School

391 Zion Road, Egg Harbor Township, NJ 08234 609-653-1199

## Student Housing Application

Host families are carefully chosen by school based upon the desire to host visiting students and ability to provide a safe, comfortable home and a positive cultural experience. Many families host for many reasons: to make friends with a young person from abroad, to encourage the exchange ideas, to share the culture and to learn about each other.

**Please answer the following questions to help us in matching you with suitable student(s).** While we will make every effort to accommodate you with appropriate student, please be aware that we will not always be able to meet all of your preferences or have a match student for you.

### Basic Information

First Name		Family Name	
Home Phone		E-mail	
Cell Phone		Cell Phone	
Emergency Person		Emergency Number	
Full Address			

1. Years you lived at current address?	
2. Are you a U.S. citizen? If not, what is your legal status?	
3. What is your religion?	
4. Marital status (Single, Married, Divorced, Single Parent)?	
5. Language spoken in house other than English?	
6. How would you describe your ethnic background?	
(Asian, African-American, Hispanic, Korean, Native-American, White/Caucasian)	

### Residence Information

1. How many bedrooms are there in your house?	
2. Is there any pets? If yes, what kind?	
3. How far is your house from school by car?	
4. Can you provide transportation to and from school? How?	
5. Do you have a car? What kind?	
6. Is there someone home all the time? If no, are there any advice?	

### Other Information

1. Have you or any of your family member been arrested or convicted of or pleaded no contest to a felony? Please explain	
2. Does anyone in your household had or have alcohol or drug related problem?	
3. Does anyone in your household have been accused of sexual misconduct or racism?	
4. Please describe your neighborhood condition?	

### Hosting Information and Preferences

1. How many students can you host?					
2. How long or what month(s) can you host?					
3. Any gender or grade/age preferences?					
4. Is student sharing room with your kid or stay by himself?					
5. What floor is the room located?					
6. What is the type of bed (single, Double, Bunk Bed, Air-Mattress, etc.					
7. Please tell us about the furnishment?					
Type	In Room	In House / Not Avail.	Type	In Room	In House / Not Avail.
Bed			Stereo		
Linen/Blanket			Internet Access		
Desk / Chair			Book Shelf		
Computer			Bathroom		
Phone			Air-Conditioner		
TV			Heating		
Others			Others		

### Household Members

Name and Relationship to You	Age / Grade	Gender	Occupation / School Name

### Employment Information

Name	Employer Name	Position	Years in Job
Yourself			
Spouse			
Other house member			

**References:** Atlantic Christian School seeks to ensure appropriate placements for our international students. We therefore ask that you provide names, telephone numbers and town they live in, who may be contacted as references.

Name	Relationship to You	Phone Number	Town

I certify that information contained in this application is true and complete, and I authorize the verification of any or all information stated above. I understand that false or inaccurate information either by intention or unintention may be grounds for not hiring or for immediate termination of cc

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Name of Applicant

Name of School

Date