MARSHFIELD INTERNATIONAL STUDENT EXCHANGE PROGRAM M.I.S.E.P. HOST FAMILY APPLICATION FORM

Applicant Information					
Parent Legal Name 1:	:				
Last		First		M.I	Maiden Name
Have you lived in any s If yes, please list state					
Parent Legal Name 2:	:				
Last		First		M.I	Maiden Name
Have you lived in any s If yes, please list state					
Address: City/State/Zip:					
(Parent 1): Phone:		and the second	Email:	-	
(Parent 2): Phone:		AAA	Email:		
	A		C BRIE	H	
Pare Parent 1 Work Phone	nt 1 Occu			Parent 1 Employe	r
	K.	AT A	Mart 1		
Pare Parent 2 Work Phone	nt 2 Occu :			Parent 2 Employe	r
Other Regular Membe	ers of the	Household		A second	
Name	Sex	Relationship	Birthdate	School/Occupa	ition
		KERP		CR3/	
		- Alton			

Emergency Contact	Phone

Family Profile

What activities or hobbies does your family enjoy?

Has your family ever hosted an international student before? If yes, please provide detail.

Does your family keep any pets? If yes, how many and what kind are they?

Does anyone in your household smoke? Do you allow smoking inside your house?

How do you typically spend your weekends (travel, entertainment, work, stay in town, etc.)?

Hosting Questions

Would your family prefer to host a male, a female, or no preference? Please indicate.

How will the student get to and from school and activities?

Do you have any special concerns about hosting? Please provide details.

Do you have any additional comments you would like to make?

By signing this application:

- I attest that I have read the information provided and understand my responsibilities as it relates to being a host family for an international student in my home.
- I authorize the School District of Marshfield and their agents to conduct a comprehensive review of the criminal/background records of all persons 18 years or older in the home. I understand the scope of the consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions. The district will accordingly deny the application for a homestay residence if such records indicate that it is in the best interest of the district and students to do so. I release all persons or corporations furnishing such information from liability and responsibility.
- I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's right under the FCRA will be provided to me.
- I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.



Public Liability Insurance

To safeguard your interests the school district wishes to advise you to check with your insurance company to ascertain whether public liability is included in your home/contents insurance policy. Public liability insurance covers damages sustained by any person who is injured while on your property. For this reason, the school district wishes to advise you to ensure that you do have such coverage if you wish to provide homestay accommodation to students enrolled in Marshfield International Student Exchange Program. You should also have coverage for any damage caused to your home by a student. It should be noted that the Unified School District of Marshfield has no obligation to accept liability for damage or injury.

Criminal Records and Background Check

All members of your family 16 years of age and older living in your household must have a Criminal Record check conducted prior to being granted approval to host an international student. If you are unwilling to have this criminal background check conducted, the school district will not be able to accept your application and you will not be able to host a student.

Forward your application to:

Johneen Schwab M.I.S.E.P Coordinator 1401 E Becker Rd Marshfield, WI 54449 Email to: schwabj@marshfieldschools.org