

International Host Family Application

Arizona Lutheran Academy

6036 South 27th Avenue
Phoenix, Arizona 85041 USA
Phone 602-268-8686 · Fax 602-243-1353
ALAcoyotes.org internationals@ALAcoyotes.org

Name of Host Family	
Home Congregation	
Pastor(s)	
Applying for School Year	
Preference of International Student:	
Male Female	
Grade 9 10 11 12	

Date application received by ALA		
Application Approved		
Student Placed		
Date Placed		



Application form should be filled out completely. Print clearly using black ink.

Home Address City State Zip Code Home Telephone Number Primary Email Address for Host Family Communication Home Congregation Pastor(s) Marrital Status: Single Married Divorced Remarried Widowed

	Host Father/N	Nother Information		
Father's First Name	Middle Initial	Last Name	Date of Birth	
Occupation/Job Title		Employer Name		
Work Address	City	State	Postal Code	
Work Telephone		Fax Number		
Father's Cell Phone		Father's Email Address		
Mother's First Name	Middle Initial	Last Name	Date of Birth	
Occupation/Job Title		Employer Name		
Work Address	City	State/Province	Country	Postal Code
Work Telephone		Fax Number		
Mother's Cell Phone		Mother's Email Addres	S	

Host Children and Others					
Do you have children?					
Yes, I have children, all or some living at home Yes, I have children but none living at home					
Please provide information for all children and anyone else	residing in your home, e	ven part-time or temporarily.			
Child/Person #1					
Full Name	Gender	Date of Birth			
Relationship to Host Parents	Resides in the home full time	?			
School or Employer Name					
Child/Person #2					
Full Name	Gender	Date of Birth			
Relationship to Host Parents	Resides in the home full time?	?			
School or Employer Name					
Child/Person #3					
Full Name	Gender	Date of Birth			
Relationship to Host Parents	Resides in the home full time	2			
Relationship to host ratents	Resides in the nome full time.	•			
School or Employer Name					
Child/Person #4					
Full Name	Gender	Date of Birth			
Relationship to Host Parents	Resides in the home full time	?			
School or Employer Name					

If additional space is needed for more family members, please copy this page and attach to the application form.

Home Information		
What types of activities does your family enjoy doing together? (Sports, entertainment, hobbies)		
Please describe your home life and schedule		
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2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
Do you have pets? (What kind/how many)		
Do you have an internet connection at home? You	es No	
Do you have homeowner's insurance? Yes No		
Does any member of your family smoke? Yes (c	ircle one: inside outside both) No	
Would your international student have his/her ov	wn room? Yes No	
If sharing a room, with whom?		
	cy Contact Information	
	reach the host parents, please provide information for an	
In case of an emergency where we are unable to r	reach the host parents, please provide information for an	
In case of an emergency where we are unable to remergency contact below.	reach the host parents, please provide information for an Relationship	
In case of an emergency where we are unable to remergency contact below. NameAddress	reach the host parents, please provide information for an Relationship	
In case of an emergency where we are unable to remergency contact below. NameAddress	reach the host parents, please provide information for an Relationship Mobile Phone	
In case of an emergency where we are unable to remergency contact below. Name Address Telephone Email address	reach the host parents, please provide information for an Relationship Mobile Phone	
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In case of an emergency where we are unable to remergency contact below. Name	reach the host parents, please provide information for an Relationship Mobile Phone are and Commitment of your family ever been charged with any crime (misdemeanor	
In case of an emergency where we are unable to remergency contact below. Name	Relationship Mobile Phone Ire and Commitment of your family ever been charged with any crime (misdemeanor Yes (please explain)	
In case of an emergency where we are unable to remergency contact below. Name	Relationship Mobile Phone More and Commitment of your family ever been charged with any crime (misdemeanor Yes (please explain)	
In case of an emergency where we are unable to remergency contact below. Name	Relationship Mobile Phone of your family ever been charged with any crime (misdemeanor Yes (please explain)) whe subject to background checks. Arizona Lutheran Academy, I agree to abide in Christian ations as outlined in the student handbook and other	

CONFIDENTIAL

PASTOR RECOMMENDATION

Families applying to host an Arizona Lutheran Academy international student are asked to have their pastor fill out this form.

Pastors should mail the form directly to ALA at:

International Student Program
Arizona Lutheran Academy
6036 South 27th Avenue
Phoenix, AZ 85041

Pastors, if you prefer to fill out an electronic version of this form, please email internationals@ALAcoyotes.org.

is applying to host an international student at Arizona Lutheran Academy. ALA would like your evaluation of this family or individual. Additional comments are welcome and valued.		
Comments		
ce		

List any factors in the home environment that influer	nce this applicant favorably or unfavorably.
To your knowledge, are there any factors that might a	affect this applicant's ability to be a host to an international student?
Other comments	
Recommendation:	
I recommend the applicant without rese	ervations.
I recommend the applicant, but with res	servations.
I do not recommend this applicant.	
Contact me. I would like to discuss this	applicant with you.
Signature of pastor	Date
Fmail Address	