

# Atlanta Homestays



## ATLANTA HOMESTAYS APPLICATION INFORMATION:

Full Homestay(breakfast & dinner)\_\_\_\_\_ B&B (breakfast)\_\_\_\_\_ Date:\_\_\_\_\_

Name\_\_\_\_\_ ( ) Male ( ) Female

Address\_\_\_\_\_

Postal Code\_\_\_\_\_ City\_\_\_\_\_ State\_\_\_\_\_ Country\_\_\_\_\_

Telephone: \_\_\_\_\_ Email:\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_  
Month / Day / Year

Nationality: \_\_\_\_\_ Native Language: \_\_\_\_\_

Level of English: Low \_\_\_\_\_ Intermediate \_\_\_\_\_ Advanced \_\_\_\_\_

Arrival Date:\_\_\_\_\_ Time:\_\_\_\_\_ Airline:\_\_\_\_\_ Flight No.\_\_\_\_\_

Will you need personal airport pick up service? ( ) Yes ( ) No

Length of stay in Homestay?: \_\_\_\_\_ Will you have a car:( )Yes ( ) No

While in Atlanta what School/Program will you attend?: \_\_\_\_\_

Profession/Student (course of study?): \_\_\_\_\_

Hobbies/Interests: \_\_\_\_\_

Circle or underline your preferences:

Family type:	Couple	Single	Family with children
Pets:	Dogs	Cats	No pets
Family with smoker:	Yes	No	No preference
Family that drinks alcohol:	Yes	No	No Preference

Do you smoke? Yes No

Do you drink alcohol? Yes No

Are you currently under the care of a doctor? Yes No

Do you have any special needs?\* Yes No

\*List needs as well as any allergies or any foods you cannot eat:

Emergency contact (include name/address/phone number and relationship to you)\_\_\_\_\_

I understand that neither the host nor Atlanta Homestays is responsible for my health or safety.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Atlanta Homestays  
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Atlanta, GA 30328

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