

Parental Consent Homestay Application

Student Information

Full Name

Date of Birth

Gender

Parent/Guardian Information

Parent/Guardian 1 Full Name

Relationship

Contact Number

Parent/Guardian 2 Full Name

Relationship

Contact Number

Host Family Preferences

Any preferences or requirements

Medical Information

Relevant medical conditions or allergies

Parental Consent

I hereby give consent for my child to participate in the homestay program.

Parent/Guardian Signature

Date