

Homestay Program Minor Consent Application

Student Information

Student Full Name

Date of Birth

Nationality

School/Institution

Homestay Address

Parent/Guardian Information

Parent/Guardian Name

Relationship to Student

Contact Number

Email Address

Home Address

Medical Information

Does the student have any allergies or medical conditions?

Medications (if any)

Emergency Contact (Name & Phone)

Consent & Agreement

I, the parent/guardian of the above-named student, give consent for participation in the Homestay Program and authorize the homestay host and program staff to act in case of emergency.

Parent/Guardian Signature

Date