Chinese Guest Teacher Program Host Family Information Form					
Date					
School Name	District name (i	if applicable) State			
	INFORMATION ABOUT	YOUR FAMILY			
Home Address					
City		State Zip Code			
Phone Number					
	HEADS OF YOUR H	OUSEHOLD			
Full Name		-ull Name			
Gender (M/F)		Gender (M/F)			
Date of Birth		Date of Birth			
Occupation		Occupation			
Work Number (with area code)		Work Number (with area code)			
Cell Number (with area code)		Cell Number (with area code)			
Email		Email			
YOUR CHILDREN AND/OR LIVE-IN GUESTS (if necessary, please list others on a separate sheet):					
Full Name	Gender Date of Birth	At Home School (if applicable) (Y/N)			

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OTHER INFORMATION ABOUT YOUR FAMILY				
Have you been a host family before?	Yes	No		
If yes, please specify:				
Please list all animals & pets, including whether indoor/outdoor:				
Is smoking allowed in your home?	Yes	Outdoor only No		
Does anyone in your family smoke?	Yes	☐ No		
Has anyone who stays in your home been convicted of a felony or driving while intoxicated?	Yes	☐ No		
If yes, state the charge and date of conviction:				
PLEASE PRO	OVIDE THREE REF	ERENCES WHO KNOW YOUR FA	MILY WELL	
Name	Relationship to your family	Phone Number	Email address	
	СО	NFIRMATION		
We intend to host the Chinese guest teacher for the following time:	CO From	NFIRMATION To		

Please submit this form to the school/district AND by email to guestteacher@collegeboard.org or fax to 347-649-2026.