Student Name:

Last		Middle	First	Nickname
Gender 🗌 M		ite of Birth	1/0000	School Applying
Citizenship				Language
Student Phone			Student	t E-mail
	TACT INFORMATI	ON		
Name		First		Relation to applicant
				E-mail
	fer a family with c o 🛛 🗆 No Prefer			
2. Would you be a		y with a family that ence	t smokes?	
3. Would you be a Ves N		y with a single pare ence	nt family that l	has children?
I. Do you mind to Ves N		with someone else? ence	2	
🗆 Yes 🛛 🗆 N	o 🛛 🗆 No Prefer	y with a family that ence		
🗆 Yes 🛛 🗆 N	-	ions?		
🗆 Yes 🗆 N	0	s, allergies, or dietai	-	
🗆 Yes 🗆 N	0	or emotional condi		
0. Do you play sp Ves N If yes, what spo	0			
0. What are your				
1. How would you	ı describe your pe	rsonality? Please che	eck all that app	ply.
🗆 Quiet 🛛	Talkative 🗌 🕻	Dutgoing 🗌 Shy	🗆 Open-m	ninded 🗌 Private 🗌 Organized 🗌 M
Easygoing	Energetic			□ Serious □ Picky eater □ Cheerful
Religious	□ Other, please I	ist:		
2. Any other speci	o			
lf ves, please ex	plain:			