



Michigan Lutheran High School

615 E. Marquette Woods Rd.
St. Joseph, MI 49085
www.michiganlutheran.org

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SHORT-TERM HOST FAMILY APPLICATION

APPLICANT INFORMATION

Host Mother's Full Name:		Host Father's Full Name:	
Host Mother's Occupation:		Host Father's Occupation:	
Current address:			
City:	State:	ZIP Code:	
Home Phone:	Work Phone:		
Host Father's Cell:	Host Mother's Cell:		
Email:			

CHURCH AFFILIATION

Name of Church:	City:
Pastor(s):	2 nd Pastor (if applicable):
Pastor's Phone:	2 nd Pastor's Phone:
Pastor's Email:	2 nd Pastor's Email:

EMERGENCY CONTACT

Name of a relative not residing with you:	
Relationship to you:	
Day Phone:	Evening Phone:
Nearest Hospital:	

HOUSEHOLD MEMBERS

Name	Relationship	Age	Sex	School/Grade

PETS

Please list all indoor pets:
Please list all outdoor pets:

FAMILY LIFE

What gender does your family prefer? <i>Please check blanks</i>	_____ males student	_____ female student
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What are your expectations of this student? (e.g. household responsibilities, family activities, rules, chores, curfew, etc.)				
Please list your families hobbies and recreational activities:				
Are there any health conditions (physical or otherwise) among family members that might affect the student's home stay experience? If so, please explain:				
Do any household members smoke?	No _____	Yes _____	Indoor _____	Outside _____
Do you have a separate bedroom, quality internet access, and a quiet place to study?			Yes _____	No _____
How far to you live from MLHS?		_____ miles	_____ minutes	
Please provide the name and driver's license number of any family members who might be transporting the student.				
Name:		License Number:		
Name:		License Number:		
Name:		License Number:		
Name:		License Number:		
CONFIDENTIAL DISCLOSURE				
Please check yes or no. Do you or any of your family members.....				
Have an arrest or conviction record?			Yes _____	No _____
Have a complaint filed with an agency concerning child neglect or abuse?			Yes _____	No _____
Currently use illegal substance or have an alcohol or other addiction problem?			Yes _____	No _____
If yes to any of these, please attach a separate page explaining the situations. (All information will remain confidential.)				
SIGNATURES				
Your signature below verifies that all information provided in this application is accurate and true.				
Host father's signature:			Date:	
Host mother's signature:			Date:	

Please note the completion of this form does not confirm the placement of a student into your home.

**Please return this form to Heidi Plocher at Michigan Lutheran High School
or
Email this form to Krista Byers at internationalassistant@michiganlutheran.org**

Thank You!

Michigan Lutheran High School provides students with Christ-centered learning for Christ-centered living.