

INSTRUCTIONS: All sections must be completed. Please type or print legibly.

STUDENT INFORMATION			
LAST NAME:		TODAY'S DATE:	
FIRST NAME:		SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH:
FOREIGN ADDRESS:			
CITY:		COUNTRY:	
POSTAL CODE:			
HOME PHONE:	()	FATHER'S NAME:	
WORK PHONE:	()	MOTHER'S NAME:	
CELL PHONE:	()	ADDRESS (IF DIFFERENT FROM ABOVE):	
FAX :	()		
EMAIL ADDRESS:			
EMERGENCY CONTACTS			
NAME, ADDRESS, PHONE NUMBERS, AND EMAIL ADDRESS OF AN EMERGENCY CONTACT IN THE U.S.A.:		NAME, ADDRESS, PHONE NUMBERS, AND EMAIL ADDRESS OF AN EMERGENCY CONTACT IN YOUR HOME COUNTRY:	
PREFERENCES/RESTRICTIONS			
PLEASE LIST ALL PREFERENCES/RESTRICTIONS YOU HAVE. DESCRIBE IN FULL DETAILS.			
Do you smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No		I wish to be placed with a <input type="checkbox"/> smoking <input type="checkbox"/> non-smoking family only.	
Dietary restrictions:			
Activity restrictions:			
Allergies (food/pet) or medical conditions:			
Special requests:			

DISCLAIMER

I understand that Creighton University does not represent or act as an agent for, and cannot control or be responsible for the acts or omissions, of any individual/family who may act as homestay hosts. I hereby release Creighton from any claims, obligations, causes of action, injury, loss, damages or expenses of any nature, arising out of any homestay in which I may participate.

Student's Signature

DATE