

HOST FAMILY APPLICATION FORM

Group name:	Group name:			Sundai Kofu Junior High School				
School name:			Endeavou	r Colle	ge			
Program dates:								
Endeavour College student:								
Endeavour College student Care Group:			p:					
Endeavour College student interests:								
Exchange Student Preference:			Male 🔲		Female 🔲	No preference		
Note: we cannot promise every family that applies will be matched with an exchange student. We will do out best to accommodate your preference for a male or female but are not able to make any guarantees.								
HOST FAMILY CA	AREGIV	ER DETAIL	.S:					
Surname:								
Home address:								
Email address:	h ha aliai	hla far a DC	CL / MANAGE ala		٠١			
Caregiver 1 (must	t be eligi	bie for a DC	SI / WWCC CIE	earanc	Mobile No:			
Occupation:					Work No:			
-	/ WWCC cleara	/WCC clearance in place?						
Caregiver 2 (must	t be eligi	ble for a DC	SI / WWCC cle	earanc	e)			
Name:					Mobile No:			
Occupation:					Work No:			
Does this person have a current DSCI / WWCC clearance in place? Yes No (If yes please provide a copy via email)								
						ring in the household):		
Name:	nily mem	Age:	Gender:		ily Connection:	CSI / WWCC clearance)		
ivanic.		Agc.	Gender.	Tann	ny connection.			

Will the exchange student have his	Yes 🗌	No 🗌						
If not, with whom will he/she share	2?							
Do any of your household member	Yes 🗌	No 🗌						
Do you have any family pets?		Yes 🗌	No 🗌					
If so, please provide details and indicate whether they are kept indoors or outdoors.								
Do all household members (over 18	Yes 🗌	No 🗌						
If YES , please email a copy of all cle	arances to Natasha Smith							
If NO , please contact Natasha Smit	• •							
	ee of charge, but can take up to 6 weeks to be p	rocessed).						
	deavour.sa.edu.au or 08 8368 3311							
	al requirements in your household, or anything y	ou would li	ke					
your exchange student to know about	Sut.							
Please return this form to:								
Due date:								

Many thanks