



# NISKAYUNA CENTRAL SCHOOL DISTRICT

Niskayuna High School  
1626 Balltown Road • Niskayuna, New York 12309

PH (518) 382-2511 Ext. 21722  
FAX (518) 382-2539

Edward Alston  
Director of Foreign Languages/ESL

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## HOST FAMILY APPLICATION

Student Name: \_\_\_\_\_ Country of Origin: \_\_\_\_\_

Dear Host Family,

Thank you for opening up your home to hosting an Exchange Student. Please complete this Host Family Application carefully and return to the exchange coordinator when done. If you have any questions along the way, feel free to call Edward Alston, Sr. at (518) 382-2511 ext 21722.

A few things to remember:

- ❖ Please print clearly.
- ❖ In your Host Family letter, please describe your family, why you want to host, and any pertinent information.
- ❖ Please provide at least four pictures of your family including pictures of the outside and inside of your home.
- ❖ Please remember to sign and date page four of the Host Family Application.
- ❖ Your student's family will receive this application.

First and Last Names:

Father: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mother: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(If PO Box is listed, please include the physical street address below)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ E-Mail (\_\_\_\_) \_\_\_\_\_

Host Father's Cell Phone: (\_\_\_\_) \_\_\_\_\_ Host Mother's Cell Phone: (\_\_\_\_) \_\_\_\_\_

Host Father's Cell Phone: (\_\_\_\_) \_\_\_\_\_ Host Mother's Cell Phone: (\_\_\_\_) \_\_\_\_\_

Additional Family Information – Please list names of children and others at home:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Relationship: \_\_\_\_\_

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Please check any and all activities/interests that your family has. Please list any activities/interests not included on the lines below.

<input type="checkbox"/> Art and Crafts	<input type="checkbox"/> Cooking	<input type="checkbox"/> Music	<input type="checkbox"/> Soccer
<input type="checkbox"/> Art and Painting	<input type="checkbox"/> Family Activities	<input type="checkbox"/> Photography	<input type="checkbox"/> Swimming
<input type="checkbox"/> Back Packing	<input type="checkbox"/> Fishing	<input type="checkbox"/> Picnics	<input type="checkbox"/> Table Games
<input type="checkbox"/> Baseball	<input type="checkbox"/> Golf	<input type="checkbox"/> Raising Animals	<input type="checkbox"/> Tennis
<input type="checkbox"/> Biking	<input type="checkbox"/> Hiking	<input type="checkbox"/> Reading	<input type="checkbox"/> Theatre
<input type="checkbox"/> Bowling	<input type="checkbox"/> History	<input type="checkbox"/> Riding Horses	<input type="checkbox"/> Visiting Relatives
<input type="checkbox"/> Camping	<input type="checkbox"/> Hunting	<input type="checkbox"/> Sailing/Boating	<input type="checkbox"/> Walking
<input type="checkbox"/> Church Activities	<input type="checkbox"/> Ice Hockey	<input type="checkbox"/> School Activities	<input type="checkbox"/> Watching TV
<input type="checkbox"/> Collecting	<input type="checkbox"/> Jogging	<input type="checkbox"/> Sewing	<input type="checkbox"/> Water Skiing
<input type="checkbox"/> Community Work	<input type="checkbox"/> Movies	<input type="checkbox"/> Shopping	<input type="checkbox"/> Wood Working
<input type="checkbox"/> Computers	<input type="checkbox"/> Museums	<input type="checkbox"/> Snow Sports	<input type="checkbox"/> Writing

Please list any other specific interests, hobbies, and activities and any awards or commendations: \_\_\_\_\_

Does anyone in your family play a musical instrument? If so, please describe: \_\_\_\_\_

Does anyone in your family play a competitive sport? If so, please describe: \_\_\_\_\_

Will the student share a bedroom? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, with whom? \_\_\_\_\_

Please note a student may share a bedroom with someone of the same sex and within a reasonable age difference. The student must always have his/her own bed.

Does anyone in your family smoke? Yes \_\_\_\_\_ No \_\_\_\_\_

Would you be willing to host a student who is allergic to animals? Yes \_\_\_\_\_ No \_\_\_\_\_

**Please list any pets:**

Type of animal	Indoors	Outdoors	In and Out



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# **HOST FAMILY PHOTO ALBUM**

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### HOST FAMILY LETTER

Please describe your family, interests, family personalities, lifestyle, and any other information you feel would be important for your student to know. Please print or type.



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## HOST FAMILY RULES

1. Curfew (school nights) \_\_\_\_\_  
Curfew (weekends) \_\_\_\_\_
2. Chores \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicants and their families understand and acknowledge that by signing below they are responsible for the student while the student resides in their home. We agree to treat the student as part of our family, to supply the student with two meals a day and uphold all the rules of the Niskayuna International Scholars Program. In the event of any problem between the student and the American host family, Niskayuna School District reserves the right to remove the student at any time to resolve the situation.

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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# RULES, AGREEMENT & RELEASE FORM

I, the exchange visitor, and my natural parents indicate by our signatures that we understand and agree to the following rules:

- 1 I will not drink alcoholic beverages including wine and beer during my stay in the U.S.
- 2 I will not acquire or take drugs or associate with anyone that takes illegal drugs. The penalty for breaking this rule is immediate return to their home country at their own family's expense.
- 3 I will not drive a car or motorcycle during my stay in the U.S.
- 4 I will attend school regularly and follow the rules of attendance and punctuality established by the school. I understand that I must do my best to succeed in all the classes I take and follow the rules of behavior set by Niskayuna High School. Unacceptable behavior can result in students being sent home at their family's expense.
- 5 Exchange visitors are not allowed to travel outside the local area by themselves or with other teenagers. If you are not sure what constitutes your local area, ask the local exchange coordinator for clarification. Overnight travel is allowed only with your host family or with a group approved by your exchange coordinator (for example, a school field trip). If you go on an overnight trip with your host family or a school organization or club, you must notify the exchange coordinator of your plans and receive permission.
- 6 Exchange visitors are not allowed to visit their home country during their time in the U.S. with the exception of a serious medical emergency within the immediate natural family. Permission for such a trip must be obtained by the local exchange coordinator.
- 7 If a student travels outside the U.S. with the host family, he/she must always check with U.S. Immigration officials to make sure that he/she will be allowed to re-enter the U.S.
- 8 I will not hitch-hike. This is an unsafe practice.
- 9 I will not seek a job while in the U.S.
- 10 I will not smoke while in the U.S. Students who smoke cigarettes are not allowed to take part in this exchange program.
- 11 I understand that it is my responsibility to inform my host family of my plans and whereabouts. The host family must know and approve where the exchange visitor is, with whom and when the student will return home.
- 12 I understand that if I violate any local, state or federal laws while in the U.S., I will be sent back to my home country at my natural family's expense.
- 13 I will return to my home country upon completion of the exchange program at the end of the school year. I may not remain in the U.S. after this time.
- 14 Natural parents are discouraged from visiting exchange students during their stay in the U.S. If natural parents do visit, they must come at the end of the student's stay in the U.S., and the exchange coordinator must be informed in advance of their visit. Exchange visitors are not allowed to have friends from their home country visit during their time in the U.S.
- 15 If an exchange visitor has close relatives in the U.S., they must keep their contact with those relatives at the same level and type of contact as their family back home. In addition, relatives should not be involved in any situation normally handled by the exchange coordinator.



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- 16 Finally, exchange visitors and natural parents must respect all decisions made by the exchange coordinator of the program. I understand that I am responsible to follow all the rules of the program, and that violating any of those rules my result in early return to my home country at my natural family's expense and without refund of program fees.

### (Con't) **RULES, AGREEMENT & RELEASE FORM**

In addition, the exchange visitor and the visitor's natural parents/guardians acknowledge the following and release the exchange school and the student's host family, as follows:

- 1 Student's personal property. The student's personal property is not the responsibility of the exchange school or the host family. Any lost or stolen property of the student that is not covered by an insurance policy is the responsibility of the student and the student's natural parents/guardians. Exchange students must establish a bank account that is separate from that of their host family.
- 2 Insurance. Any medical expenses or lost/stolen or damaged property not covered by the exchange student's insurance is the responsibility of the natural parents or legal guardians of the student.

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Signature of Student

Date



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## PERSONAL REFERENCES

Please list four (4) people who are not relatives and have visited with you in your home. All information received shall remain confidential.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_\_) \_\_\_\_\_

Can you suggest other possible host families?

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_\_) \_\_\_\_\_





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## Community Information

Describe the type of city/town you live in:

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Describe the weather throughout the year:

Snowy and cold winters \_\_\_\_\_ Rainy and mild winters \_\_\_\_\_ Hot Summers \_\_\_\_\_

Mild Summers \_\_\_\_\_ Dry Air \_\_\_\_\_

Please list any particular clothes, sports equipment, etc. that your student should bring:

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Describe any points of interests, available activities/opportunities for your student in your surrounding area:

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Nearest Major City? \_\_\_\_\_ Distance: \_\_\_\_\_



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## Criminal Background Check Authorization and Release

I, \_\_\_\_\_

_____	_____	_____
First Name	Last Name	Middle Name
_____	_____	_____
Date of Birth (MM/DD/YYYY)	Driver's License Number	Social Security Number
_____	_____	_____
Address	_____	
	Dates of Residence	
_____	_____	
Former Address	Dates of Residence	

Do hereby authorize verification of all information in my application for involvement with the Exchange Program from all necessary sources and additionally authorize any duly recognized agent of General Information Services, Inc. to obtain the said records and any such disclosures.

I understand that in connection with my application, a CBC is required for involvement. Unless my position involved handling money or having access to monies and/or other transferable monetary instruments, my Credit History will not be checked. As part of our background check, reports from several sources may be obtained. Reports include, but not be limited to, criminal history reports, Social Security verifications, adding history records will need to be review during a more comprehensive assessment, an additional authorization and release will be requested at that time. You have the right upon written request to complete and accurate disclosure of the nature and scope of the background check.

Information appearing on this Authorization will be used exclusively by General Information Services, Inc. for identification purposes from General Information Services, Inc. information about the nature and substance of all records on file about me at the time of my request. This may include the type of information requested as well as those who requested reports from General Information Services, Inc. within the two-year period preceding my request.

_____	_____	_____
Printed name	Applicant Signature	Date



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## Criminal Background Check Authorization and Release

I, \_\_\_\_\_

_____	_____	_____
First Name	Last Name	Middle Name
_____	_____	_____
Date of Birth (MM/DD/YYYY)	Driver's License Number	Social Security Number
_____	_____	_____
Address		Dates of Residence
_____		_____
Former Address		Dates of Residence
_____		_____

Do hereby authorize verification of all information in my application for involvement with the Exchange Program from all necessary sources and additionally authorize any duly recognized agent of General Information Services, Inc. to obtain the said records and any such disclosures.

I understand that in connection with my application, a CBC is required for involvement. Unless my position involved handling money or having access to monies and/or other transferable monetary instruments, my Credit History will not be checked. As part of our background check, reports from several sources may be obtained. Reports include, but not be limited to, criminal history reports, Social Security verifications, adding history records will need to be review during a more comprehensive assessment, an additional authorization and release will be requested at that time. You have the right upon written request to complete and accurate disclosure of the nature and scope of the background check.

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\_\_\_\_\_

_____	_____	_____
Printed name	Applicant Signature	Date



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## HOST FAMILY ORIENTATION SIGN-OFF

Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_ Home Country: \_\_\_\_\_

Host Family: \_\_\_\_\_ Area Representative: \_\_\_\_\_

US Organization: \_\_\_\_\_

I attended this orientation on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Date

By signing this form, you verify that the rules of the exchange program have been explained and you agree to comply with all policies, particularly:

- ❖ Independent travel is not permitted while on the exchange program.
- ❖ Overnight travel is only allowed with a host parent, school sanctioned chaperone or a tour guide approved by the exchange organization.
- ❖ Students are not allowed to operate motor vehicles.
- ❖ Program participants are not guaranteed diplomas.
- ❖ Students are expected to depart within five days after the last day of school.

In addition, this document serves as an acknowledgement that a designated representative of the exchange organization performed an in-home interview, that you have received a host family handbook. Your signature also confirms you have been provided the name and contact information of a supervising representative who will be available to objectively assist you and the student during the program.

Host Parent: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(signature) Date

\_\_\_\_\_  
(print name)

Host Parent: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(signature) Date

\_\_\_\_\_  
(print name)