



130 Woodward Avenue • Escondido • CA • 92025 • Office: 760-294-4490 • Fax: 760-294-4209 • www.balboaschool.com

**US Homestay Information**

Student's Name: \_\_\_\_\_ Gender: Female / Male

Student will be living with:      \_\_\_ Parents      \_\_\_ Host Family      \_\_\_ Guardian

\_\_\_ Family member, relationship: \_\_\_\_\_      \_\_\_ Other , explain: \_\_\_\_\_

**ADDRESS AND CONTACT INFORMATION**

Father/Host Father's Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Mother/ Host Mother's Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

**PERMISSION AND EMERGENCY INFORMATION**

Besides parents, host parents and agency, the following individuals have permission to pick up my student and may be notified in case of an emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

**All students, including students 18 years or older, leaving during school hours must be signed out by a person listed on this form.**

I have read and understand the school rules and policies of Balboa School.

Parent Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_