

Student Request for Host Family 2019-2020

Texas Academy of Mathematics and Science ♦ University of North Texas

To be completed by the academy student. This information will be released to my host family.

Student's name: _____ Male / Female Birth date _____
Father's name: _____ Mother's name: _____
Address/City/State/Zip: _____
Home Phone: _____ Dad Work: _____ Mom Work: _____

Non-Custodial Parent Information (if applicable):

Parent's name: _____ Spouse's name: _____
Address/City/State/Zip: _____
Home Phone: _____ Dad Work: _____ Mom Work: _____

The questions are in no way intended to discriminate on the basis of sex, religious preference, and/or ethnic background. **Answer only those questions you feel comfortable answering.**

1. **RELIGIOUS AFFILIATION:**

My religious affiliation is: _____.

I attend my place of worship: _____ regularly _____ sometimes _____ never

It is important to me that the host family to which I am assigned attend a similar place of worship as mine: _____ yes _____ not necessarily _____ no

2. **HOME ENVIRONMENT:**

How many brothers/sisters do you have? _____ Please list their names and ages: _____

I live in a: _____ metropolitan area _____ suburb _____ small town _____ rural area.

3. If you already know of a family in the DFW area who you might like as a host family, please give their name, address, and phone number. _____

4. If you already know the name of another academy student you would like as your partner in the host program, please give his/her name. _____

5. Do you have any dietary restrictions (i.e., diabetes, allergies, etc.)?
_____ no _____ yes Please specify _____

6. Do you have any medical conditions your host family should know about (i.e., diabetes, allergies, etc.)? _____

OVER

Parental Permission to Participate in Host Family Program

The Host Family Program is offered to academy students as a means of providing support outside the school community for students. Families who participate in this program provide a home away from home for academy students. Families may provide home-cooked meals, transportation, shopping, religious activities, or overnight stays as well as helping students adjust to living away from home for the first time. There may not be a host family for all students that make a request. You will be notified if your student cannot be placed with a host family.

I, _____, do hereby consent for my child or ward to participate
parent/guardian
in the Texas Academy of Mathematics and Science Host Family Program for the 2019-2020 school year. I, as parent or legal guardian of my child, understand that this program is not mandatory, nor based on enrollment at the school and is offered by the school for reasons stated above. I understand that my child participates at his/her own risk and that the university, the academy, and the host family assigned to my child assume no liability for activities related to the host family program.

Parent or Guardian Signature

Date

Print Parent or Guardian's Name

Please turn this form in to our office at Sage 320 or mail it to:

TAMS Student Life Office
1155 Union Circle #305309
Denton, Texas 76203-5017

OVER

Revised 5/19