Questions? Contact Us:
- http://www.pencol.edu/int
- Ph: +1-360-417-6491
- international@pencol.edu
- Facebook: Pc-Ambassadors

PENINSULA COLLEGE

STUDENT HOMESTAY DEPARTURE NOTIFICATION

CHANGE OF CONTACT INFORMATION FORM

New United States Mailing Address

Street: _____

City: _____ State: _____ Zip: _____

Effective Date: _____ / _____ / _____
month day year

New Phone and E-mail

Phone: _____ including area code

E-mail: _____
Example: username@domain.com

HOMESTAY DEPARTURE APPLICATION

Your Name: _____ **Homestay Host:** _____
family name, individual name

Your Phone: _____ **Your E-mail:** _____
include area code ex: username@domain.com

I would like to move to a new Homestay from: ❑ My current Homestay ❑ My apartment

Reason for Requesting a Different Homestay: _____

_____

I would like to move by this date:
_____ / _____ / _____
month day year

Your surroundings preferences

Will you accept placement with a family that has: ❑ Teenagers living at home ❑ Small children living at home
(Check as many items as apply.) ❑ Other international students ❑ Clean, tame family pets

Are there foods you cannot or will not eat, and/or do you have any allergies or medical conditions? ❑ Yes ❑ No

Please explain: _____

Do you have any religious requirements or preferences? ❑ No ❑ Yes, please explain: _____

Do you smoke? ***(Check one)*** ❑ Yes ❑ No ❑ Sometimes **Interests/Hobbies:** _____

Please list important things your host should know about you: _____

RELEASE AND WAIVER SIGNATURES

If you have never lived in a Homestay, please read and sign the waiver below.

The undersigned hereby gives to Peninsula College, its officers, employees, agents, and Homestay Host full authority and permission to take whatever action they feel is reasonably warranted under the circumstances, and to act as agent of the undersigned student and parent/guardian, regarding the named student's health and safety. This authority and permission includes, but is not necessarily limited to, the following: Rendering or ordering medical treatment; the giving of medication; and any examinations, X-rays, anesthetic, medical or surgical diagnosis or treatment or hospital care, if and as deemed necessary. The undersigned understands that a reasonable attempt will be made to contact the undersigned parent/guardian before any action is taken. The undersigned agrees to be financially responsible for all medical attention so authorized or ordered during the student's attendance at Peninsula College. The undersigned represents that the named student has no medical restriction that limits his/her full participation in the programs and activities of Peninsula College, except as disclosed in any writing attached to this document. Permission is given for the student to participate in all activities offered at Peninsula College, except as restricted in any attached writing. To the fullest extent permitted by law, the undersigned hereby releases Peninsula College, its officers, employees, agents, and host families from all liability, and waive and release all claims, related to or arising from such decisions or actions as may be taken under the authority of this document.

"I verify that to the best of my knowledge all of the statements on this form are true. I have read and agree to the published International Student Admission Policies."

Student's Name: _____ **Age:** _____ **Birth Date:** _____ / _____ / _____
(please print) month day year

Student's Signature*: _____ **Date:** _____ / _____ / _____
month day year

*My signature above authorizes PC to release academic records and immigration status information to my sponsor, educational agency, and/or parents.

❑ I decline to authorize release of my information.

Students under the age of 18 must also have a signature from a parent or guardian.

Parent/Guardian's Name: _____ **Date:** _____ / _____ / _____
(please print) month day year

Parent/Guardian's Signature*: _____

Please return this form to the International Student Advisor.