

**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**

**New Phone and E-mail**

Street: \_\_\_\_\_ Phone: \_\_\_\_\_ including area code

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Effective Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 month day year

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.**