

HOMESTAY QUESTIONNAIRE



Students' information

Full Name: *Surname* *First*

Surname First

Citizenship: *Country of Citizenship*

Gender: Male Female
☐ ☐

Date of Birth: *DD / MM / YYYY*

DD / MM / YYYY

Do you smoke?

YES NO
☐ ☐

Do you have allergies?
YES NO
☐ ☐

If yes, explain: _____

Do you have any special dietary needs?
YES NO
☐ ☐

If yes, explain: _____

1.

Any additional information? _____