



MINISTRY OF EDUCATION AND CULTURE
THE GOVERNMENT OF THE REPUBLIC OF INDONESIA
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HOMESTAY APPLICATION FORM

A. STUDENT PERSONAL INFORMATION

Family Name: _____

First Name: Mr/Mrs/Ms _____

Citizenship: _____

Religion: _____

Place and date of birth: _____

Passport Number: _____ Validity of _____

Mailing Address: _____

_____ (Home)/Cell-phone: _____

(Office): _____ Fax: _____ Email: _____

Marital status: ☐ Single ☐ Married (approved by copy of marriage certificate)

English ability: ☐ Low ☐ Good ☐ Excellent

B. MEDICAL INFORMATION

1. Do you have any medical condition? ☐ Yes ☐ No

If Yes, please explain: _____

2. Do you have any allergies? (i.e. animals, medication, etc.)? ☐ Yes ☐ No

If Yes, please specify: _____

affix photo here

4 X 6 cm

DARMASISWA HOMESTAY APPLICATION FORM

C. LIFESTYLE

1. Do you like outdoor activities? ☐ Yes ☐ No

If Yes, please list those that interest you: _____

2. Do you like sports? ☐ Yes ☐ No

If Yes, please list those that interest you: _____

3. Do you enjoy cooking? ☐ Yes ☐ No

Other hobbies/things you like: _____

4. What are your hobbies and interest? _____

5. Things you dislike: _____

6. What time do you usually go to bed? _____

7. Indicate the personality/character that the best describe you?

☐ shy and quiet ☐ friendly and social ☐ adaptable and flexible ☐ independent

other _____

8. What time do you usually go to bed? _____

9. Do you smoke? ☐ Yes ☐ No

10. Will you share a home with someone who smokes? ☐ Yes ☐ No

D. FOOD PREFERENCES

1. Are there any foods that you do not eat? ☐ Yes ☐ No

If Yes, please list describe: _____

3. Do you have any food preference? ☐ Yes ☐ No

If Yes, please specify (Vegetarian/No Pork/other): _____

4. Do you have any food allergies? ☐ Yes ☐ No

If Yes, please specify: _____

Signature of applicant

_____/_____/_____
Date

THIS FORM IS TO BE FILLED OUT COMPLETELY AND ACCURATELY.
WE REGRET INCOMPLETE APPLICATION WILL NOT BE CONSIDERED.