

VII. HOST FAMILY INFORMATION

Indicate all family members who will be living in the Wisconsin home during the hosting period. At least *one parent or guardian* is required to be living in the home during the entire hosting period (please print).

- | | |
|--|--|
| <input type="checkbox"/> Father | <input type="checkbox"/> Sisters' Names and ages _____ |
| <input type="checkbox"/> Mother | <input type="checkbox"/> Brothers' Names and ages _____ |
| <input type="checkbox"/> Step Parent | <input type="checkbox"/> Other Individuals' Names and relationship _____ |
| <input type="checkbox"/> Legal Guardian(s) | _____ |

Which best describes the location of your home?	Would you and your family accept an exchange with
<input type="checkbox"/> Urban	<input type="checkbox"/> Girl only
<input type="checkbox"/> Suburban	<input type="checkbox"/> Boy only
<input type="checkbox"/> Rural	<input type="checkbox"/> Either

I/WE APPROVE participation in the exchange and will endeavor to make the experience as successful as possible.

I/WE AGREE to accommodate the exchange student in our home and provide him/her with reasonable care and supervision during the exchange period.

I/WE WILL BE RESPONSIBLE for costs of all aspects of the program, as specified, including special return travel arrangements where an exchange is terminated by our choices, or by the Department of Public Instruction or the Hessen Ministry of Education on the basis of student behavior detrimental to the objectives of the program.

I/WE AGREE to authorize the Department of Public Instruction to conduct criminal background checks for all household members age 18 or older.

I/WE AGREE to cooperate fully with the Department of Public Instruction and the Hessen Ministry of Education in the administration of this program.

Parent/Guardian's Name <i>Please Print</i>	Parent/Guardian's Signature ➤	Date Signed
Parent/Guardian's Name <i>Please Print</i>	Parent/Guardian's Signature ➤	Date Signed

IX. SCHOOL COMMITMENT

I/WE HAVE READ a copy of the school district's responsibilities.

I/WE AGREE to waive tuition payment for the visiting student under this program.

I/WE AGREE to cooperate fully with the Wisconsin Department of Public Instruction and Germany's Hessen Ministry of Education in administering this program.

District Administrator's Name <i>Please Print</i>	District Administrator's Signature ➤	Date Signed
Principal's Name <i>Please Print</i>	Principal's Signature ➤	Date Signed
German Teacher's Name <i>Please Print</i>	German Teacher's Signature ➤	Date Signed