

Important Information



YOUR HOMESTAY FAMILY

NAMES: _____
ADDRESS: _____
PHONE NUMBER: _____
E MAIL: _____

YOUR HEALTH INSURANCE DETAILS

NAME OF HEALTH INSURANCE PROVIDER: _____
YOUR POLICY NUMBER: _____
EMERGENCY CONTACT NUMBERS: _____

EMERGENCY CONTACT IN YOUR HOME COUNTRY

NAME: _____
RELATIONSHIP: _____
PHONE NUMBER: _____
EMAIL ADDRESS: _____

YOUR PASSPORT INFORMATION

NAME: _____
DATE OF ISSUE: _____
CITY/COUNTRY OF ISSUE: _____
PASSPORT NUMBER: _____

IMPORTANT NOTES

