Grace Christian Academy
Host Family Application

Date of Application _____

Last Name: _____

Parent's name/s: _____ and _____

Number of years married: _____ Email Address: _____

Any other adults who live in the home? (Name and relation)

Name	Relation
_____	_____
_____	_____

Name(s) and age(s) of all children in the home?

Name	Age
_____	_____
_____	_____
_____	_____
_____	_____

Street address: _____

City: _____ State: _____ Zip: _____

Home Number: (____) _____

Father's Cell Number: (_____) _____

Father's Work Number: (_____) _____

Mother's Cell Number: (_____) _____

Mother's Work Number: (_____)_____

Have you ever hosted with GCA before? _____

If so, what are the names of the students you hosted.

_____

_____

_____

_____

_____

Please list the number and kinds of pets in your home

_____

_____

Church the family attends: _____

Church Address: _____

How many times per week do you attend church? _____

Pastor's Name: _____

Please describe your statement of faith.

_____

_____

_____

_____

_____

_____

_____

Why would you like to host an international student?

_____
_____
_____
_____
_____
_____
_____

Please describe how you conduct discipline in your home.

_____
_____
_____
_____
_____

What kind of accommodations can you provide for the student?

_____
_____
_____
_____
_____

Will your schedule accommodate after-school activities? _____

Do you have reliable transportation to get the student to and from school? _____

Do you have a computer in your home that can be used for homework or emails? _____

If you will be providing computer access to your host student, do you agree to allow computer use only in common areas and NOT in the student's bedroom? _____

Does anyone in your household smoke? _____

Does anyone in your household use drugs? _____

Has either parent ever been arrested? _____

If yes, please explain.

_____
_____
_____
_____

Has either parent ever been convicted of a felony offense? _____
If yes, please explain

_____
_____
_____
_____
_____
_____

What hobbies does your family enjoy?

_____
_____
_____
_____

What else would you like us to know about your home and the kind of family atmosphere you can provide?

_____
_____
_____
_____
_____
_____
_____

List of Host Parent Requirements

They following must be completed before placing a host student in your home.

- Host Application
- Background Check
- Ministry Safe Training
- Pastoral/Church reference
- Family Friend reference
- Home Study
- Host Family Orientation
- Application and requirements must be completed by all adults living in the home.

Signature_____ Date_____
Host Father

Signature_____ Date_____
Host Mother

Signature_____ Date_____
Housing Coordinator

"Do not forget to entertain strangers, for by so doing some have unwittingly entertained angels."
Hebrews 13:2

Grace Christian Academy
Background Check

GCA Houston, Inc. (Grace Christian Academy) is required by law (Texas Education Code 21.917) to obtain criminal history record information on:
- All employees and prospective employees
- All school volunteers
- All host family members over the age of 18

The information requested is necessary to conduct the background check. Employment, acceptance into the Volunteer Program, or acceptance into the International Housing Program is dependent upon the satisfactory completion of the Background check(s).

I, _____, understand the information I am providing about age and gender will be used solely for the purpose of obtaining criminal history record information.

I have read and understand the preceding. I hereby authorize Grace Christian Academy to have complete access to any and all criminal history record information pertaining to me and hereby grant permission to release all of said criminal history information to Grace Christian Academy.

AUTHORIZATION TO RELEASE INFORMATION

_____   _____   _____
Last Name   **First Name**   **Middle Name**

List Other Names You Have Used and Have Been Known By:

_____

_____   _____   _____
Date of Birth   **Gender**   **Social Security Number**

_____   _____   _____
E-mail   **Driver's License**   **State**

Current Address:

_____ _____ _____
Street   **City/State**   **Zip Code**

Addresses for the past seven years: (include street, city, state, and zip code)

_____ _____ _____
Street   **City/State**   **Zip Code**

_____ _____ _____
Street   **City/State**   **Zip Code**

_____ _____ _____
Street   **City/State**   **Zip Code**

_____ _____ _____
Street   **City/State**   **Zip Code**

_____ _____ _____
Street   **City/State**   **Zip Code**

By signing below, I certify all information listed in this document to be true and correct to the best of my knowledge.

_____ _____ _____
Printed Name   **Signature**   **Date**