



DOUBLE PLACEMENT – HOST FAMILY AGREEMENT FORM

Host family name(s):

Address:

Phone #:

I/we, the above, would like to host two students because:

The students I/we have selected are:

Student's name: _____ Country: _____

Student's name: _____ Country: _____

Our family feels both emotionally and financially able to accept the responsibility of hosting two students.

Signed : _____ Date: _____

Host parent(s) signature(s)

***Note:** If your application has already been accepted you will need to provide an additional photo that includes the bed for your second student to hosting@afs.org. If you are still preparing your application please upload this photo to the mandatory photos section.