

Culber City Sister City Committee

Student Information Sheet

Adult Information Sheet

Insert photo

Student's Name	
Adult/Parent/Guardian's Name	
Parent/Guardian's Name	
Primary residence Address:	
City, Zip	
Day phone	
Cell Phone	
Home phone	
Hobbies	Do you like animals?
Have you ever been to our Sister City? If yes, when?	What languages do you speak?
What are your favorite foods?	
Do you have any allergies ? <input type="checkbox"/> No <input type="checkbox"/> YES If yes, list: include food products, pets, insects, other:	
Do you have any chronic illness or disease, if so please list:	
Do you take any medications? If so, please list (name), amount (daily dosage), frequency (daily):	
What do you want to learn about the city you will be visiting?	
You may visit schools while visiting our sister city. What else are you also interested in seeing?	
Please write a message to your host family	
If you have any questions for your host family, please write them here:	

