**Host Family Form**

***Eurostronomia***

**Mallinckrodt-Gymnasium Dortmund 22-28 March 2020**

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| --- | --- |
| **Name of host family** |  |
| **Address** (street, , postcode, city ) |  |
| **Phone** (home) | +49 |
| **Parents‘ mobile number(s)** |  |
| **Pupil’s mobile number** |  |
| **e-Mail** (parents) |  |
| **e-Mail** (host partner/contact person at school) |  |
| **Host partner/contact person at Mallinckrodt-Gymnasium** (name, age, form) |  |
| **Who lives at home?**  (please give names, age and sex)\* |  |
| **Pets ?**  (please give details) |  |
| Are there **smokers** at home?  Yes No | We can host one girl two girls one girl or boy  one boy. two boys two girls or boys |
| **Languages** spoken |  |
| □ Our guest(s) will share a room with their exchange partner who is of the same sex and of a similar age .  □ Our guest will share with another Erasmus student who is of the same sex  □ Our guest(s) will have his/her own bedroom. | |
| We can cope with the following **nutrition/medical requirements** | vegetarian vegan lactose intolerance  asthma nut allergy other allergies |
| **Signature** |  |

**Please fill in clearly and send back to** [bullmann@mallinckrodt-gymnasium.de](mailto:bullmann@mallinckrodt-gymnasium.de). **THANK YOU!**