

Homestay Application Form

Please e-mail this form to cccl@cccl.ma

مركز تواصل الثقافات
CENTER FOR CROSS CULTURAL LEARNING
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PERSONAL INFORMATION:

Full name:

Gender:

Citizenship:

Permanent address:

Phone number:

Email:

Occupation:

Spoken languages:
(include level)

Dates of homestay:

HEALTH AND PREFERENCES:

Do you have any medical conditions you'd like to share?

with CCCL

with the family

Do you have any medical allergies?

Do you follow any particular dietary practices (e.g., vegetarian, kosher, vegan...)?

How flexible are you willing to be during the program regarding your diet?

(Be as specific as possible)

FAMILY LIFE:

Would you like to be in a:

Small family

Large family

No preference

Would you like to live in a:

House in the old Medina

Appartment in the new city

No preference

EMERGENCY CONTACT:

Name:

Relationship:

Phone number:

Address:

Email:

OTHER INFORMATION :

Signature

Date