Summit Academy DLI Host Family Application

Summit Academy thanks you for your interest in hosting a Dual Language Immersion (DLI) intern. We want to provide our interns with the best experience possible and would appreciate if you would provide the following information, that we may consider the best fit for both intern and host family.

Head of Household Name: ______ Phone: ______

Email:					
Do yo	u have a student who is	enrolled in DLI at Sumn	nit Academy? Yes	No	
	(If Yes) Student Name:			Grade:	
Please	e circle any of the follow	ving features that apply:			
	Private Bedroom Shared Bedroom	Private Bathroom Shared Bathroom			
Do an	y pets live in your home	e? None / Cat / Dog / Otl	ner	Indoor	Outdoor
	e mark any preferences et any/all preferences):	you may have regarding	an intern you wish	to host (We	cannot guarantee
	Male / Female	Long-Term (8-Month	ns) Short-Te	erm (6-Week	s)
Please	e explain why you wish	to host a DLI intern:			
Please	e list any other factors y	ou wish to be considere	d:		