



Family Visit Information— Scotland

As part of your introduction to living abroad, IFSA-Butler works with the Experiment in International Living (EIL) to arrange a brief stay (up to three days) in the home of a host family. This experience gives you the chance to see what life in your host country is really like.

EIL arranges the family visits using the information you provide on the attached form. If you have medical problems, dietary needs or religious preferences, please include that information on the form. EIL makes every attempt to find a suitable family that can meet your preferences.

Like families in the United States, host families come in all varieties, races and ethnicities. Some families may consist of both parents and children, some may be single parents with children and some may be childless couples. The family may be located anywhere in the host country. Host families are carefully screened for the purpose of hosting foreign students and are visited by EIL on a regular basis. In many cases students have maintained close relationships with their host families long after the study abroad experience has ended.

We are not notified of the host family addresses until orientation, when EIL organizers meet with the group and give out information about the locations of the visit. Groups of IFSA-Butler students travel to a certain area together where students will meet their host families. IFSA-Butler provides transportation to the host family and from the host family to the university.

The family visit usually lasts two nights and is an **mandatory** part of the IFSA-Butler program. IFSA-Butler will not issue refunds to students who elect not to participate.



Family Visit Form—Scotland

When making your family visit assignment, the Experiment in International Living (EIL) tries to find the best match possible using the information on this form. **The family visit is mandatory.** Make a copy of the completed form for your records and return this form to us within 10 days at the address at the bottom of the page.

Name: _____ Host University: _____

Home Address: _____

Date of Birth: _____ Place of Birth: _____

E-mail: _____ Circle one: Male Female

Emergency family contact: _____ Relationship: _____

Emergency contact phone: _____ Country of emergency contact: _____

Medical Information

Do you have any physical concerns or limitations that would require special consideration? If so, please specify. Yes No

Do you have any dietary restrictions? If so, please specify. Yes No

Do you smoke? Yes No

If no, would you object to being placed in a household with smokers? Yes No

If you do smoke, would you agree to stay with a non-smoking family? Yes No

Do you have any allergies? If yes, please specify. Yes No

Do you have a religious preference? If so, please specify (optional). Yes No

Are you willing to attend religious services with your hosts? Yes No

Do your religious preferences prevent you from participating in any activities (e.g., traveling)? If you have any special requirements, please specify. Yes No

