

NISKAYUNA CENTRAL SCHOOL DISTRICT
INTERNATIONAL SCHOLARS PROGRAM

Bryan Mattice
bmattice@niskyschools.org
Kelly Lehmann
klehmann@niskyschools.org



HOST FAMILY APPLICATION

Dear Host Family,

Thank you for opening up your home to hosting an international student. Please complete this Host Family Application carefully and return to the program coordinator when done. If you have any questions along the way, feel free to call Bryan Mattice (518) 221-6592 or Kelly Lehmann at (315) 264-6398.

A few things to remember:

- Please print clearly.
- In your Host Family letter, please describe your family, why you want to host, and any pertinent information.
- Please remember to sign and date the Host Family Application.
- Your student's family will receive this application.

Section 1: Family Information

First and Last Name:

Parent #1: _____ Date of Birth: _____

Is parent #1 living full-time or part-time in the home? _____

Parent #2: _____ Date of Birth: _____

Is parent #2 living full-time or part-time in the home? _____

Street Address: _____

(If PO Box is listed, please include the physical street address below)

City: _____ State: _____ Zip Code: _____

Home Phone: _____

Host Parent #1: Cell # _____ Email: _____

Host Parent #2: Cell # _____ Email: _____

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Parent #1 Employer Name: _____

Parent #1 Job Title: _____

Parent #1 Work Phone: _____ E-Mail: _____

Parent #2 Employer Name: _____

Parent #2 Job Title: _____

Parent #2 Work Phone: _____ E-Mail: _____

Additional Family Information — Please list names of children and others at home:

Full Name: _____ Relationship: _____ Date of Birth: _____
Is this family member living full-time or part-time in the home: _____

Full Name: _____ Relationship: _____ Date of Birth: _____
Is this family member living full-time or part-time in the home: _____

Full Name: _____ Relationship: _____ Date of Birth: _____
Is this family member living full-time or part-time in the home: _____

Full Name: _____ Relationship: _____ Date of Birth: _____
Is this family member living full-time or part-time in the home: _____

Additional Family Member Employment Information
(please skip if additional members are not employed)

Family Member Employer Name: _____

Family Member Job Title: _____

Family Member Work Phone: _____ E-Mail: _____

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Household Pets:

Would you be willing to host a student who is allergic to animals?

YES

NO

Please list any pets:

Type of Animal	Indoors	Outdoors	In and Out

Section 2: Financial Resources:

The income data collected will be used solely for the purposes of ensuring that the basic needs of the exchange students can be met, including three quality meals and transportation to and from school activities.

1. Average Annual Income Range (please circle)

Less than \$25,000 \$25,000-\$35,000 \$35,000-\$45,000
 \$45,000-\$55,000 \$55,000-\$65,000 \$65,000-\$75,000 \$75,000 and Above

2. Describe if anyone residing in the home receives any kind of public assistance (financial needs-based government subsidies for food or housing):

3. Identify those personal expenses expected to be covered by the student.

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Section 3: Diet

1. Does anyone in the family follow any dietary restrictions? YES NO

If yes, describe: _____

2. Do you expect the student to follow any dietary restrictions? YES NO

If yes, describe: _____

3. Would you feel comfortable hosting a student who follows a particular dietary restriction? (Vegetarian, Vegan, etc.) YES NO

4. Will your family provide the student three daily meals? YES NO

Section 4: High School Information

School Name and Address:

Niskayuna High School
1626 Balltown Road
Niskayuna, NY, 12309

Coordinator Contact Information:

Bryan Mattice, Coordinator
1626 Balltown Road
Niskayuna, NY, 12309
Phone: 518-382-2511
Email: bmattice@niskyschools.org

Approximate Size of the Student Body: 1,300 Students

Approximate Start Date of the School Year: September 14, 2020

Approximate Distance Between the School and Your Home: _____

How will the student get to school? (Bus, Carpool, Walk): _____

Will the family provide special transportation for extracurricular activities after school or in the evenings, if required? _____

Which, if any, of your family's children, presently attend the school in which the international student is enrolled? _____

If applicable, please list any sports, clubs, or activities, if any, your child(ren) participate(s) in at the school: _____

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Does any member of your household work for the high school in a coaching/teaching/or administrative capacity? YES NO

Has any member of your household had contact with a coach regarding the hosting of an international student with particular athletic ability? YES NO

If yes, please describe the contact and sport:



Section 5: Community Information

1. In what type of community do you live? (e.g., Urban, Suburban, Rural, Farm)
2. Approximate Population of the Community:
3. Nearest Major City (Distance and Population):
4. Nearest Airport (Distance):
5. City or Town Website:
6. Briefly describe your neighborhood and community:

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7. Please describe points of interests that near your area (parks, museums, historical sites):

8. Are there areas in or near your neighborhood that should be avoided?

Section 6: Home Information

1. Describe your type of home (e.g., single family home, condominium, duplex, apartment, mobile home) and include photographs of the host family home's exterior and grounds, kitchen, student's bedroom, student's bathroom, and family and living areas:

2. Describe primary rooms and bedrooms:

3. Number of bedrooms:

4. Will the exchange student share a bedroom? YES NO
If yes, with which household resident?

5. Describe the student's bedroom:

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6. Describe amenities to which the student has access:

7. Describe the home's utilities:

Section 7: Family Activities

1. Language Spoken in your home:

2. Please describe activities and/or sports each family member participates in (e.g., camping, hiking, dance, crafts, drama, art, music, reading, soccer, baseball, horseback riding):

3. Please describe your expectations regarding responsibilities and behavior of the student while in your home (e.g. homework, household chores, curfew (school night and weekend), access to the refrigerator and food, computer access, internet, email, etc.

Note: The use of any illegal substances are prohibited among International Scholars Program students.

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Applicants and their families understand and acknowledge that by signing below they are responsible for the student while the student resides in their home. We agree to treat the student as part of our family, to supply the student with two meals a day and uphold all the rules of the Niskayuna International Scholars Program. In the event of any problem between the student and the American host family, Niskayuna School District reserves the right to remove the student at any time to resolve the situation. In the event that there is a problem and the host family no longer wishes to have the student reside with them, please contact the program coordinator (by phone) and allow for an acceptable amount of time for the coordinator to find additional residence.

Parent's Signature:

Date:

Parent's Signature:

Date:

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COVID-19 ADDENDUM/AGREEMENT

The host family's responsibility also includes assisting the student should they become ill.

For non urgent illness or injury:

- Provide access to in-home care (ie. Monitoring symptoms, rest, altered diet, over the counter medications, assistance with sanitizing precautions).

For illness or injury needing medical attention:

- Notify natural family and/or sponsoring organization.
- Assist the student in getting medical attention and completing necessary insurance information.
- Carry out the recommendations from the doctor, (ie. Monitoring symptoms, rest, altered diet, setting up follow – up appointments, transportation to physical therapy, etc.)
- Notify international coordinator and school nurse. If conditions worsen or need medical attention on a regular basis, coordinators will work with the natural family, host family and sponsoring organization to determine next steps.

In the event that a student is diagnosed with a confirmed case of COVID – 19:

- Assist the student with medically recommended in-home care and help the student seek additional medical assistance as needed.
- The host family also agrees to adhere to **current Federal and State guidelines** when caring for and living with a COVID-19 positive person. (ie. Have the student stay in their own space, wear face covering, avoid leaving the home and prohibit visitors, sanitize home often, etc.)
- <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/care-for-someone.html>
<https://coronavirus.health.ny.gov/protect-yourself-and-your-family-coronavirus-covid-19>
- Notify natural family, international coordinator(s) and school nurse. The school district will notify Schenectady County Dept. of Health for further guidance on treatment and precautions for the student who is ill and for host families.

In the event that a host family becomes ill and is unable to care for the international student, contact the International Scholars Program coordinator.

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Local Medical Facilities/Medical Resources

Ellis Hospital Information

Address: 1101 Nott Street, Schenectady, NY, 12308
Website: <http://www.ellismedicine.org/emergency>
Emergency Room #: 518-243-4121
Hospital Information: 518-243-4366

Albany Med EmUrgentCare – Niskayuna

Address: 1769 Union Street, Niskayuna, NY, 12309
Website: <https://www.amc.edu/emurgentcare/niskayuna.cfm>
Phone #: 518-264-9400 Ex. 7

Student and Exchange Visitor Information Services

<https://www.ice.gov/sevis>

International Scholars Program Coordinators/Contacts

Bryan Mattice 518-221-6592
Kelly Lehmann 315-264-6398

Signature: _____

Date: _____

Signature: _____

Date: _____

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HOST FAMILY REFERENCES

Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Telephone: (____) _____

Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Telephone: (____) _____

Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Telephone: (____) _____

Please provide us with 3 references of people who know your family but are not members of your immediate or extended family.

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Criminal Background Check Authorization and Release

_____	_____	_____
First Name	Last Name	Middle Name
_____	_____	_____
Date of birth (MM/DD/YYYY)	Driver's License Number	Social Security Number
_____	_____	_____
Address	Dates of Residence	
_____	_____	
Former Address	Dates of Residence	
_____	_____	

I do hereby authorize verification of all information in my application for involvement with the Exchange Program from all necessary sources and additionally authorize any duly recognized agent of General Information Services, Inc. to obtain the said records and any such disclosures.

I understand that in connection with my application, a CBC is required for involvement. Unless my position involved handling money or having access to monies and/or other transferable monetary instruments, my Credit History will not be checked. As part of our background check, reports from several sources may be obtained. Reports include, but not be limited to, criminal history reports, Social Security verifications, adding history records will need to be review during a more comprehensive assessment, an additional authorization and release will be requested at that time. You have the right upon request to complete and accurate disclosure of the nature and scope of the background check.

Information appearing on this Authorization will be used exclusively by General Information Services, Inc. for identification purposes from General Information Services, Inc. information about the nature and substance of all records on file about me at the time of my request. This may include the type of information requested as well as those who requested reports from General Information Services, Inc. within the two-year period preceding my request.

_____	_____	_____
Printed name	Applicant Signature	Date

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Criminal Background Check Authorization and Release

_____	_____	_____
First Name	Last Name	Middle Name
_____	_____	_____
Date of birth (MM/DD/YYYY)	Driver's License Number	Social Security Number
_____	_____	_____
Address	Dates of Residence	
_____	_____	
Former Address	Dates of Residence	
_____	_____	

I do hereby authorize verification of all information in my application for involvement with the Exchange Program from all necessary sources and additionally authorize any duly recognized agent of General Information Services, Inc. to obtain the said records and any such disclosures.

I understand that in connection with my application, a CBC is required for involvement. Unless my position involved handling money or having access to monies and/or other transferable monetary instruments, my Credit History will not be checked. As part of our background check, reports from several sources may be obtained. Reports include, but not be limited to, criminal history reports, Social Security verifications, adding history records will need to be review during a more comprehensive assessment, an additional authorization and release will be requested at that time. You have the right upon request to complete and accurate disclosure of the nature and scope of the background check.

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_____	_____	_____
Printed name	Applicant Signature	Date

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HOST FAMILY ORIENTATION SIGN-OFF

Student Name: _____

Host Family: _____

Area Representative: _____

US Organization: _____

I attended this orientation on ____/____/____

By signing this form, you verify that the rules of the exchange program have been explained and you agree to comply with all policies, particularly:

- Independent travel is not permitted while on the exchange program.
- Overnight travel is only allowed with a host parent, school sanctioned chaperone or a tour guide approved by the exchange organization.
- Students are not allowed to operate motor vehicles.
- Program participants are not guaranteed diplomas.
- Students are expected to depart within five days after the last day of school.

In addition, this document serves as an acknowledgement that a designated representative of the exchange organization performed an in-home interview, that you have received a host family handbook. Your signature also confirms you have been provided the name and contact information of a supervising representative who will be available to objectively assist you and the student during the program.

Host Parent Signature: _____

Host Parent (Print): _____

Date: _____

Host Parent Signature: _____

Host Parent (Print): _____

Date: _____

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