



# RESPITE CARE FAMILY APPLICATION

Name of Respite Care Family \_\_\_\_\_

Home Congregation \_\_\_\_\_ Pastor(s) \_\_\_\_\_

Applying for School Year \_\_\_\_\_

Preference of International Student: Male \_\_\_\_\_ Female \_\_\_\_\_

Preference of International Student: Grade 9 \_\_\_\_\_ 10 \_\_\_\_\_ 11 \_\_\_\_\_ 12 \_\_\_\_\_

Fall semester \_\_\_\_\_ Spring semester \_\_\_\_\_

Referred by: (agency or individual) \_\_\_\_\_

**Email or mail** completed application and required documents to:

## MANITOWOC LUTHERAN HIGH SCHOOL

4045 Lancer Circle

Manitowoc, Wisconsin 54220 USA

Telephone: 920-682-0215 Fax: 920-682-2363

Website: [www.mlhslancers.org](http://www.mlhslancers.org)

Email: [rruediger@mlhslancers.org](mailto:rruediger@mlhslancers.org)

Questions may be directed to the above email address.

For consideration, applications must be completed thoroughly and accurately, with all required documents included.

Date application received at MLHS \_\_\_\_\_

Application approved \_\_\_\_\_

Student placed \_\_\_\_\_



## Home Information

What are your children's responsibilities at home? \_\_\_\_\_  
(if applicable)

\_\_\_\_\_

Do you have a curfew at home?    Yes    No    If yes, what time weeknights? \_\_\_\_\_ weekends? \_\_\_\_\_

Do you have pets? \_\_\_\_\_  
(Please stat what kind and how many?)

Do you have internet connection at home?    Yes    No

Do you have homeowner's insurance?    Yes    No

Would your international student have their own room?    Yes    No

If sharing a room, with whom? \_\_\_\_\_

Please describe your home life and schedule \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Emergency Information

In case of an emergency and we are unable to reach the respite care parent(s), please provide the information for an emergency contact below:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile phone \_\_\_\_\_

Email Address \_\_\_\_\_

In applying to be a respite care family at Manitowoc Lutheran High School, I agree to abide in Christian partnership by its policies, procedures, and regulations as outlined in the student handbook and other publications. All personal information, such as addresses, telephone/mobile numbers, and email addresses will be kept strictly confidential.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

## RESPITE CARE FAMILY'S BIOGRAPHY

(please complete so we can get to know your family)

### Family Information— print clearly in black ink

\_\_\_\_\_

Host family's name

Children: Boy \_\_\_\_\_ Age \_\_\_\_ Girl \_\_\_\_\_ Age \_\_\_\_  
(if applicable)  
Boy \_\_\_\_\_ Age \_\_\_\_ Girl \_\_\_\_\_ Age \_\_\_\_  
Boy \_\_\_\_\_ Age \_\_\_\_ Girl \_\_\_\_\_ Age \_\_\_\_

What school do your children attend? \_\_\_\_\_ What grades? \_\_\_\_\_

### Personal Information

#### SPORTS

(check all that your family likes to do)

<input type="checkbox"/> badminton	<input type="checkbox"/> cheerleading	<input type="checkbox"/> horse riding	<input type="checkbox"/> soccer
<input type="checkbox"/> baseball	<input type="checkbox"/> dance	<input type="checkbox"/> hunting	<input type="checkbox"/> swimming
<input type="checkbox"/> basketball	<input type="checkbox"/> fishing	<input type="checkbox"/> ice skating	<input type="checkbox"/> tennis
<input type="checkbox"/> bicycling	<input type="checkbox"/> football	<input type="checkbox"/> martial arts	<input type="checkbox"/> track
<input type="checkbox"/> bowling	<input type="checkbox"/> gymnastic	<input type="checkbox"/> rollerblading	<input type="checkbox"/> volleyball
<input type="checkbox"/> camping/hiking	<input type="checkbox"/> ice hockey	<input type="checkbox"/> snow skiing	<input type="checkbox"/> water skiing

Other, please specify \_\_\_\_\_

#### ARTS & ENTERTAINMENT

(check all that your family likes to do)

<input type="checkbox"/> ballet	<input type="checkbox"/> drawing/painting	<input type="checkbox"/> theater
<input type="checkbox"/> board games	<input type="checkbox"/> listening to music	<input type="checkbox"/> singing
<input type="checkbox"/> classical music	<input type="checkbox"/> museums	<input type="checkbox"/> symphony
<input type="checkbox"/> drama/theater	<input type="checkbox"/> reading	<input type="checkbox"/> playing a musical instrument

Other, please specify \_\_\_\_\_

#### INTERESTS & HOBBIES

(check all that your family likes to do)

<input type="checkbox"/> computers	<input type="checkbox"/> handicrafts	<input type="checkbox"/> gardening
<input type="checkbox"/> cooking	<input type="checkbox"/> sewing/knitting	<input type="checkbox"/> traveling

Other, please specify \_\_\_\_\_

**CONFIDENTIAL**

**YOUR PARISH PASTOR RECOMMENDATION**

\_\_\_\_\_ are/is applying to provide respite care for an international student at Manitowoc Lutheran High School. The international student review committee would like your evaluation of this family or individual. Additional comments are welcome and valued.

*Comments*

- ◆ Spiritual life \_\_\_\_\_
- ◆ Worship and communion attendance \_\_\_\_\_
- ◆ Family life \_\_\_\_\_
- ◆ Dependability/faithfulness \_\_\_\_\_
- ◆ Communication skills \_\_\_\_\_

How long have you known this family or individual? \_\_\_\_\_

List any factors in the home environment that influence this applicant favorably or unfavorably?  
\_\_\_\_\_

To your knowledge, are there any factors that might affect this applicant in being a host to an international student? \_\_\_\_\_

Other comments: \_\_\_\_\_

**Recommendation:**

- I recommend this applicant without reservations.
- I recommend this applicant, but with reservations.
- I do not recommend this applicant.
- Contact me. I would like to discuss this applicant with you.

Signature of pastor \_\_\_\_\_ Date \_\_\_\_\_

Email address \_\_\_\_\_ Telephone \_\_\_\_\_

**Pastor: Please mail this completed recommendation to:**  
International Students Program  
c/o Renée Ruediegr, International Program Director  
Manitowoc Lutheran High School  
4045 Lancer Circle, Manitowoc, WI 54220, USA  
rruediegr@mlhslancers.org

**CONFIDENTIAL**

**PERSONAL RECOMMENDATION**

\_\_\_\_\_ are/is applying to provide respite care for an international student at Manitowoc Lutheran High School. The international student review committee would like your evaluation of this family or individual. Additional comments are welcome and valued.

Please rate the applicant in the following areas:

Family life	1	2	3	4	5		Communication skills	1	2	3	4	5
Dependability/faithfulness	1	2	3	4	5		Work ethic	1	2	3	4	5
Reputation among acquaintances	1	2	3	4	5		Ability to work with youth	1	2	3	4	5
Responsibility	1	2	3	4	5		Reactions to criticism	1	2	3	4	5
Christian concern for others	1	2	3	4	5		Ability to meet commitments	1	2	3	4	5

1=Unacceptable    2=Below average    3=Average    4=Good    5=Superior

How long have you known this family or individual? \_\_\_\_\_

List any factors in the home environment that influence this applicant favorably or unfavorably?  
\_\_\_\_\_

To your knowledge, are there any factors that might affect this applicant in providing respite care to an international student? \_\_\_\_\_

Other comments: \_\_\_\_\_

Recommendation:

- I recommend this applicant without reservations.
- I recommend this applicant, but with reservations.
- I do not recommend this applicant.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Email address \_\_\_\_\_ Telephone \_\_\_\_\_

**Please mail this completed recommendation to:**  
International Students Program

c/o Renée Ruediegr, International Program Director  
Manitowoc Lutheran High School  
4045 Lancer Circle, Manitowoc, WI 54220, USA  
rruediegr@mlhslancers.org

***Respite Care Family  
Criminal Background Check Consent Form***

Each member of the host family household 18 years of age and older must complete and sign this form. Please print.

1. Given Name: \_\_\_\_\_

Family Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Former Names (if any): \_\_\_\_\_

Birthdate: \_\_\_\_\_

Signature: \_\_\_\_\_

2. Given Name: \_\_\_\_\_

Family Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Former Names (if any): \_\_\_\_\_

Birthdate: \_\_\_\_\_

Signature: \_\_\_\_\_

3. Given Name: \_\_\_\_\_

Family Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Former Names (if any) \_\_\_\_\_

Birthdate: \_\_\_\_\_

Signature: \_\_\_\_\_

4. Given Name: \_\_\_\_\_

Family Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Former Names (if any) \_\_\_\_\_

Birthdate: \_\_\_\_\_

Signature: \_\_\_\_\_