



Spring Mountain Christian Academy

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International Student Profile

You will be placed with a host family based on this profile. Please answer these questions carefully

Full Name _____

Date of application (month/day/year) _____

Describe the reason you want to study abroad.

Living in a foreign country can be difficult. Why do you feel you are mature enough to live in a foreign country?

Do you want to live with a host family? Why?

What are your expectations of the relationship with the host family?

What would you like to learn from a host family?

How close do you want to live from school? 5-10 minutes 10-20 minutes

Are you looking for an urban or rural setting? Do you care?

Many families have a pet either in or outside of their home. Do you like animals? Yes No

Do you have any dietary restrictions or allergies?

Your Interests & Activities (Check the box, write details if needed)

- | | |
|---|--|
| <input type="checkbox"/> Playing sports | <input type="checkbox"/> Computers |
| <input type="checkbox"/> Watching sports on TV | <input type="checkbox"/> Video games |
| <input type="checkbox"/> Running | <input type="checkbox"/> Going to the movies |
| <input type="checkbox"/> Hiking | <input type="checkbox"/> Board games |
| <input type="checkbox"/> Fishing | <input type="checkbox"/> Traveling |
| <input type="checkbox"/> Marshal arts | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Camping | <input type="checkbox"/> Visiting Museums |
| <input type="checkbox"/> Bicycling | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Skiing | <input type="checkbox"/> Cooking |
| <input type="checkbox"/> Drama/Acting | <input type="checkbox"/> Crafts |
| <input type="checkbox"/> Skate boarding | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Dancing | <input type="checkbox"/> Drawing/painting |
| <input type="checkbox"/> Singing | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Playing an instrument | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Listening to the music | |

Your Personality (Check the box of the adjective(s) that you think describes you)

- | | | |
|-------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Open | <input type="checkbox"/> Independent | <input type="checkbox"/> Reserved |
| <input type="checkbox"/> Optimistic | <input type="checkbox"/> Intelligent | <input type="checkbox"/> Respectful |
| <input type="checkbox"/> Organized | <input type="checkbox"/> Mature | <input type="checkbox"/> Responsible |
| <input type="checkbox"/> Active | <input type="checkbox"/> Motivated | <input type="checkbox"/> Shy |
| <input type="checkbox"/> Bright | <input type="checkbox"/> Patient | <input type="checkbox"/> Spontaneous |
| <input type="checkbox"/> Curious | <input type="checkbox"/> Quiet | <input type="checkbox"/> Outgoing |
| <input type="checkbox"/> Friendly | <input type="checkbox"/> Laid back | <input type="checkbox"/> Talkative |
| <input type="checkbox"/> Humorous | <input type="checkbox"/> Reliable | |

Tell us more about yourself here: