

HOMESTAY APPLICATION—STUDENT

Personal Information

Surname: (family name)		Given names:		English name:	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Birth date: (mm/dd/yy)		Current age:	
First language:		Other languages spoken:			

Home Address

Street address:			City:		
Province/state:		Country:		Postal code:	
Phone: (incl. country & city code)		Fax:		Email:	

Parents' Information

Father's surname:		First name:	
Mother's surname:		First name:	
Father's occupation:			
Mother's occupation:			

Other Family Members

Name	Gender (M/F)	Age

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General Information

Please provide as much information as possible to help us place you with an appropriate homestay family.
Please print.

1. Do you have any pets? Yes No If yes, please describe. _____
2. Do you want to live with a homestay family that has pets? Yes No No preference
3. All of our schools and most of our homestay families provide a non-smoking environment. Would you prefer a home that is: Non-smoking Smoking No preference
4. Do you have any special dietary requirements? Yes No If yes, please describe. _____

5. What foods do you like to eat? _____

6. What foods do you dislike? _____

7. Some of our homestay families have children who will be younger or older than you. Although we find that the majority of students indicate they would prefer to live in a home with someone of the same gender and age, it is not always possible. Please express your thoughts about being placed in a home with children who may be younger/older than you, or that has no children at all.

8. What kinds of books do you like to read? _____
9. Describe your activities/hobbies. *Please select all that apply.*
 Sports Music Art Cooking
 Theatre Dance Computer/Internet Exercise/fitness programs
 Other (please describe) _____
10. Do you belong to any youth clubs or groups? Yes No If yes, please describe. _____

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11. What is your religion? _____

12. How often do you attend church? _____

13. Are you active in any church groups? Yes No If yes, please describe. _____

14. Please describe any part-time jobs or work experience you have had. _____

15. Do you usually help with household chores? Yes No If yes, please describe. _____

16. Do your parents require you to be home at a specific time in the evening?

Yes No If yes, what time? Weekdays _____ Weekends _____

17. What courses do you presently study? _____

18. What do you expect from attending a Canadian high school? _____

19. Have you ever been away from your family for long periods of time? Yes No If yes, how long?

20. Describe any concerns you may have about living in Canada. _____

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21. How can we help you adjust to your new home? _____

22. Please describe any medical conditions your homestay family should be aware of. _____

23. Do you have any serious/life-threatening medical conditions that may require immediate medical attention?

Yes No If yes, please describe. _____

24. Please provide any further information you feel would be useful in helping us to place you in the best possible homestay situation.

25. Comments:
