

# HOMESTAY APPLICATION

**STUDENT INFORMATION**

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

Date of Birth: Day \_\_\_\_ Month \_\_\_\_ Year \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_ Height \_\_\_\_\_ cm Weight \_\_\_\_\_ kg

Address:(HOMEADDRESS) \_\_\_\_\_

\_\_\_\_\_ POSTAL CODE \_\_\_\_\_

(STREET ADDRESS) \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

DATE & TIME OF ARRIVAL IN CANADA \_\_\_\_\_

FLIGHT NUMBER \_\_\_\_\_ LENGTH OF STAY IN CANADA \_\_\_\_\_

FAMILY MEMBERS: NAME	RELATIONSHIP	AGE	OCCUPATION

**Student Character:** Outgoing \_\_\_\_ Studious \_\_\_\_ Quiet \_\_\_\_ Energetic \_\_\_\_ Independent \_\_\_\_ Reserved \_\_\_\_ Cheerful \_\_\_\_ Sociable \_\_\_\_  
 Adaptable \_\_\_\_ Considerate \_\_\_\_ Other \_\_\_\_\_

**Dislikes:** Food \_\_\_\_\_ Animal \_\_\_\_\_  
 Other \_\_\_\_\_

**Health:** (please specify) Allergies \_\_\_\_\_

Are you currently under a doctor's care \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Are you a Smoker \_\_\_\_ Non-Smoker \_\_\_\_

Any chronic conditions (ie. asthma) \_\_\_\_\_

Special medication being taken \_\_\_\_\_

**Preferred Characteristics of Homestay Family:** No Children \_\_\_\_ Young Children \_\_\_\_ Same-Age Children \_\_\_\_ Retired Couple \_\_\_\_

Pets \_\_\_\_ No Pets \_\_\_\_ No preference \_\_\_\_ Another International Student \_\_\_\_

**Recreation/Hobbies:** Sports \_\_\_\_\_

Listening to music \_\_\_\_\_ Playing a musical instrument \_\_\_\_\_

Games \_\_\_\_\_

Other Interests (ie. Reading) \_\_\_\_\_

**Emergency Contact:** Name \_\_\_\_\_

Relationship \_\_\_\_\_ Telephone Number(s) \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

**Remarks:** \_\_\_\_\_

**I understand a host family will be selected from those available based on information which I have provided and there is no guarantee that all of my personal preferences will be met.**

**Student Signature** \_\_\_\_\_ **Parent Signature** \_\_\_\_\_

**Date** \_\_\_\_\_