

## Homestay Family /Contact Information

Surname Mother: _____	Surname Father: _____
Given Name: _____	Given Name: _____
Occupation: _____	Occupation: _____
Name of Emp. _____	Name of Emp. _____
Work Number: _____	Work Number: _____
E-Mail Address: _____	
Mailing Address: _____ City: _____	
Postal Code: _____ Home Phone Number: _____	
What are the work schedules for Family Members? _____	
_____	
How long would a student be on their own before school and after school without supervision?	
_____	
_____	

## Children/ Other Family Members

Name	D.O.B (d/m/y)	Gender	School Attending/Grade

## Interests/Activities/Hobbies

Please indicate your family interests (check as many as apply and add if not there)			
<input type="checkbox"/> Boating <input type="checkbox"/> Basketball <input type="checkbox"/> Baseball <input type="checkbox"/> Computers <input type="checkbox"/> Camping <input type="checkbox"/> Concerts	<input type="checkbox"/> Dance <input type="checkbox"/> Day Trips <input type="checkbox"/> Fishing <input type="checkbox"/> Fitness <input type="checkbox"/> Golf <input type="checkbox"/> Hiking	<input type="checkbox"/> History <input type="checkbox"/> Music <input type="checkbox"/> Martial Arts <input type="checkbox"/> Painting/Drawing <input type="checkbox"/> Photography <input type="checkbox"/> Reading	<input type="checkbox"/> Skiing <input type="checkbox"/> Snowboarding <input type="checkbox"/> Skating <input type="checkbox"/> Swimming <input type="checkbox"/> Tennis <input type="checkbox"/> Theatre
Other: _____			
What Family activities would the student be able to participate in?			
If you do not have any other children at home who will be the main companion for the student and will they have the opportunity to meet other children (other than at school)?			
What chores will the student be asked to perform?			

## Home Information

Please describe your home and the surrounding area: \_\_\_\_\_  
\_\_\_\_\_

i) Detached    ii) Bungalow    iii) Townhouse    iv) Farm    v) Apartment    vi) Semi-detached

Number of Bedrooms: \_\_\_\_\_ Number of Bathrooms \_\_\_\_\_

Location of students room: \_\_\_\_\_

Will Student Have access to the following?    \_\_\_ Computer    \_\_\_ the internet    \_\_\_ a Piano

Approximate Distance in km to the school? \_\_\_\_\_

How will the student go to school?    \_\_\_ By school bus    \_\_\_ walk    \_\_\_ Host will Drive

When do you usually arrive home from work? \_\_\_\_\_

What languages are spoken in the home? \_\_\_\_\_

Do you or any members of your home smoke? \_\_\_\_\_

Do you permit any smoking in the home? \_\_\_\_\_

## Other

Do you have any religious affiliations? If yes please describe: \_\_\_\_\_

Does your family attend a religious ceremony regularly? \_\_\_\_\_

Will your student be required to attend with you? \_\_\_\_\_

Do you have any pets? If so please list: \_\_\_\_\_  
\_\_\_\_\_

If the student had a special dietary need/wish would that be a problem? \_\_\_\_\_

Give one or two examples of a typical weekday family dinner in your home.

How did you hear about the Homestay Program? \_\_\_\_\_

Has your family ever hosted an International Student before? If so what nationality and how long was their stay for? \_\_\_\_\_  
\_\_\_\_\_

Please explain your reasons as to why you are interested in hosting an International Student: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What Kind of assistance are you prepared to give to your student on school assignments?  
\_\_\_\_\_

What do you feel are important issues to inform your student about regarding the routine of your home? (Diet, fitness, rules, inclusion, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

**Please list the schools nearest to your home.**

Elementary \_\_\_\_\_

Secondary \_\_\_\_\_

**Preferences**

Male \_\_\_\_\_

Female \_\_\_\_\_

Elementary \_\_\_\_\_

Secondary \_\_\_\_\_

We would prefer a male student, but we can take a female student.

We would prefer a male student. We can not take a female student.

We would prefer a female student, but we can take a male student.

We would prefer a female student. We can not take a male student.

Duration : Short term (2 or 12 weeks)

One semester (5 months)

Full Year (10 months or longer)

Summer Programs (2 to 4 weeks depending on the group)

**Please include pictures of the outside of your home, your family and the student's room.**

**Office Use Only**

Date of Visit : \_\_\_\_\_

Date Police Check Record : \_\_\_\_\_

Date Reference Record : \_\_\_\_\_

Location of Fire Alarms : \_\_\_\_\_

Location of CD Alarm : \_\_\_\_\_

Comments : \_\_\_\_\_