

STUDENT HOMESTAY APPLICATION FORM

STUDENT PERSONAL INFORMATION

Last (Family) Name First (Given) Name(s) English Name (if applicable)

Date of Birth: (Day / Month /Year) Telephone: _____ Gender: Male Female

E-mail: _____

Level of English: Beginner Low-Intermediate
 High-Intermediate Advanced

Languages Spoken: _____

FAMILY INFORMATION

Father's Information

Last Name First Name

Phone Number Email Address

Mother's Information

Last Name First Name

Phone Number Email Address

Permanent Address in Home Country Home Phone

Emergency Contact

Last Name First Name

Phone Number Email Address

Head Office

HOMESTAY REQUEST

1. How long do you plan to stay in the Homestay Program?
 - 1-2 months 1-2
 - 4 months 4
 - 6 months 6
 - Over 6 months
2. What type of host family would you prefer?
 - Caucasian
 - Chinese
 - Asian
3. Do you have a preference for the people you are going to live with?
 - Family with children
 - Family without children
 - No Preferences
4. Do you mind sharing a bathroom with other students?
 - Yes
 - No
5. Is there any food type that you cannot eat due to dietary or religious reasons?
 - Yes Please describe _____
 - No
6. Are there any types of food that you do not like?
 - Yes Please describe _____
 - No
7. Do you mind staying with a family with Pets (ie: cats or dogs)?
 - Yes
 - No

OTHER INFORMATION

Personality: Please check the words that best describe you.

- | | | |
|------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Outgoing | <input type="checkbox"/> Enthusiastic | <input type="checkbox"/> Cooperative |
| <input type="checkbox"/> Studious | <input type="checkbox"/> Tidy | <input type="checkbox"/> Independent |
| <input type="checkbox"/> Motivated | <input type="checkbox"/> Sensitive | <input type="checkbox"/> Quiet |
| <input type="checkbox"/> Talkative | <input type="checkbox"/> Dependable | <input type="checkbox"/> Adaptable |

Instruments: Please select all musical instruments that you like to play.

- | | | |
|--------------------------------|----------------------------------|------------------------------------|
| <input type="checkbox"/> Piano | <input type="checkbox"/> Guitar | <input type="checkbox"/> Violin |
| <input type="checkbox"/> Cello | <input type="checkbox"/> Trumpet | <input type="checkbox"/> Saxophone |
| <input type="checkbox"/> Flute | <input type="checkbox"/> Drums | <input type="checkbox"/> Zheng |

Sports: Please select all sports that you like to play.

- | | | |
|-------------------------------------|-----------------------------------|-------------------------------------------|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Tennis | <input type="checkbox"/> Biking |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Hiking | <input type="checkbox"/> Golf |
| <input type="checkbox"/> Fishing | <input type="checkbox"/> Fitness | <input type="checkbox"/> Martial Arts |
| <input type="checkbox"/> Dance | <input type="checkbox"/> Skating | <input type="checkbox"/> Badminton |
| <input type="checkbox"/> Hockey | <input type="checkbox"/> Skiing | <input type="checkbox"/> Snowboarding |
| <input type="checkbox"/> Soccer | <input type="checkbox"/> Swimming | <input type="checkbox"/> Horseback Riding |

Hobbies: Please select the activities you are interested in.

- | | | |
|--------------------------------------|-------------------------------------------|-----------------------------------|
| <input type="checkbox"/> Board Games | <input type="checkbox"/> Boating | <input type="checkbox"/> Camping |
| <input type="checkbox"/> Concerts | <input type="checkbox"/> Painting/Drawing | <input type="checkbox"/> Ballet |
| <input type="checkbox"/> Movies | <input type="checkbox"/> Music | <input type="checkbox"/> Cooking |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Reading | <input type="checkbox"/> Shopping |

HEALTH INFORMATION

Health Condition: Have you ever received a medical diagnosis of a physical or mental condition, and been prescribed medication for it? If yes, please provide information on the condition, the trade name of the medication and the dosage. Do you have a perceived or documented learning disability, physical handicap, social integration difficulty, or behavioural concern? If yes, please describe.

Medications: If you are taking any medications regularly, you must notify us in advance. Please list trade names and dosage.

Allergies: If you have any allergies to pets or food, please describe.

Sleep Disorders: If you regularly experience sleep disorders such as insomnia, sleepwalking, nightmares or bedwetting, please specify.

Smoking: Do you smoke? If yes, you must agree not to smoke inside the school and your host family.

- Yes
- No

Will you accept placement in a home where there are smokers?

- Yes
- No

ARRIVAL INFORMATION

Do You Need Airport Pickup?

Yes - If Yes, Airline _____ Flight Number _____

Arrival Date & Time _____

No - If No, when will your homestay start? _____

STUDENT SIGNATURE

Print Name

Signature

Date Signed

NOTED

- A minimum stay of three months is required for Homestay accommodation. The Homestay student must give a 30 days written notice to terminate his/her arranged Homestay.
- Students should abide by the host family's house rules and standards.

	Homestay Services
Placement Fee	\$350 (minimum 14 working days' notice)
Express Placement Fee	\$500 (less than 14 working days' notice)
Airport Pickup	\$150
Monthly Homestay Fee	\$750 - \$1,100 (varies among different homestays)
Custodian Setup Fee	One Time \$500 (minimum 14 working days' notice)
Express Custodian Set-up Fee	\$650 (less than 14 working days' notice)
Custodianship Fee	\$100/month; \$1,200/year

Head Office