

STUDENT HOMESTAY APPLICATION**NAME:** _____*last**first**middle***PERMANENT ADDRESS:** _____

PHONE: _____ **FAX:** _____**E-MAIL ADDRESS:** _____**DATE OF BIRTH:** _____ **GENDER:** _____*year/month/day***FAMILY MEMBERS**

NAME	RELATIONSHIP	AGE	OCCUPATION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CHARACTER

How would you describe yourself?

- outgoing studious quiet energetic
 independant shy adaptable other _____

FOOD

Do you have any special eating habits, for example, vegetarian? Please specify:

Are there foods you would not eat? Please specify:

Please indicate your reasons for the above, for example, dietary, religious, etc.

HEALTH

Do you have any physical handicaps?

Are you receiving treatment for a chronic condition?

Do you have any allergies, for example, house pets, plants, cigarette smoke, or medication? Please specify:

If you are receiving treatment for allergies, specify the living conditions you would be unable to tolerate, for example, plants, house pets, chemical, or smoke?

OTHER

Would you accept a homestay where there are domestic animals? If answer is yes, please specify what kinds.

What kinds of hobbies do you like to do during your free time, for example, sports, music, etc.?

Have you ever stayed in a Homestay Program before? If yes, please describe:

What are your duties at home, for example, household chores?

Please indicate your religion if this will have any bearing on homestay in Edmonton.

PREFERRED CHARACTERISTICS OF HOMESTAY FAMILY:

- | | | |
|----------------------------------------|-----------------------------------------|---------------------------------------------|
| <input type="checkbox"/> no preference | <input type="checkbox"/> no children | <input type="checkbox"/> number of children |
| <input type="checkbox"/> no pets | <input type="checkbox"/> young children | <input type="checkbox"/> same age children |
| <input type="checkbox"/> other _____ | | |

EMERGENCY CONTACT

In case of emergency, please indicate a contact in Alberta:

SCHOOL

It is agreed that you will be attending Victory Christian School.

ARRIVAL TIME

Arrival Date/Time: _____

Flight Details: _____

Please tell us about your family in a few sentences.

Why do you wish to come to Canada?

Student's Signature

Date

Parent's Signature

Date

Program Director's Signature

Date