



INTERNATIONAL STUDENT PROGRAM
STONEWALL, MANITOBA, CANADA

HOMESTAY FAMILY APPLICATION FORM

GENERAL INFORMATION

Date:		
Home Address:		
City:	Province:	Postal Code:
Home Phone:		
E-mail Address:		

HOMESTAY PARENT 1

Family Name:	Given Names:	
Place of Employment:	Part Time <input type="checkbox"/>	Full Time <input type="checkbox"/>
Work Phone:	Cell Phone:	
Work Schedule:		

HOMESTAY PARENT 2

Family Name:	Given Names:	
Place of Employment:	Part Time <input type="checkbox"/>	Full Time <input type="checkbox"/>
Work Phone:	Cell Phone:	
Work Schedule:		

ABOUT YOUR FAMILY

Has your family ever been a homestay family? Yes No

If yes, please provide details:

How did you hear about this program?

Why do you want to become a part of this program and have an international student living in your home?

What languages are spoken in your home?

Do any members of your household smoke? Yes No

Do you have any pets? Yes No Please specify:

How does your family usually spend the weekend?

Does your family make regular trips outside the city (to a cabin, to visit relatives, etc.)? Yes No

If yes, please specify:

What made you decide to host an international student in your home?

Describe any specific family rules that children in your home must follow:

Briefly describe any family hobbies or interests and how the international student would be included in these:

Please feel free to provide any further information that might be useful to us.

ABOUT YOUR HOME

<input type="checkbox"/> Apartment/Condo <input type="checkbox"/> Bungalow <input type="checkbox"/> Two-Storey <input type="checkbox"/> If "other", please specify:
How many extra bedrooms are available in your home?
Where are they located? <input type="checkbox"/> Upstairs <input type="checkbox"/> Main Floor <input type="checkbox"/> Lower Level <i>We prefer that students be placed in main floor or upper level bedrooms, but if necessary, lower level bedrooms must meet building codes and the lower level must be finished.</i>
How many bathrooms do you have? _____ Full _____ Half Location(s): <input type="checkbox"/> Upstairs <input type="checkbox"/> Main Floor <input type="checkbox"/> Lower Level Would the student have his or her own private bathroom? Yes <input type="checkbox"/> No <input type="checkbox"/>
Describe the room that will be provided for the student (size, windows, etc.):
What type of Internet is available for the student? <input type="checkbox"/> Wireless <input type="checkbox"/> Family Computer <input type="checkbox"/> Other
Which of the following do you have in your home: <input type="checkbox"/> Security System <input type="checkbox"/> Piano <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Smoke Detector(s) <input type="checkbox"/> Hot Tub/Pool <input type="checkbox"/> Other (please specify): _____
How would the student get to and from school, and how many minutes would it take: Distance: _____ km <input type="checkbox"/> Walking _____ minutes <input type="checkbox"/> Driving/Being Driven _____ minutes

OTHER OCCUPANTS IN YOUR HOUSEHOLD

Please provide the following information for all other members of your household, including non-family members residing in your home.

Name	Age	Gender M/F	Relationship	School or Occupation

The Interlake School Division requires that all homestay parents (and adults over the age of 18 years who live in the household) submit to a Criminal Record Check (\$10.00 per person) and a clearance from the Child Abuse Registry (\$10 per person). Child Abuse Registry Forms are available from the Homestay Coordinator and must be submitted once this application is approved and the home has been inspected. All homestay families are responsible for informing the Homestay Coordinator of any changes in the status of their family.

STUDENT PREFERENCES

Date available for homestay student(s):	
How long would you like to host a student in your home:	<input type="checkbox"/> One Semester/Term <input type="checkbox"/> Full Year (Both Semesters/Terms) <input type="checkbox"/> Other: _____
Preference of student:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> No Preference
Would you be comfortable hosting a student who has a religious belief other than what is practiced in your home? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Would you be willing to host a student who had special dietary needs (religious restrictions, vegetarian, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what type of meals would you be willing to provide? <input type="checkbox"/> Halal <input type="checkbox"/> Vegetarian <input type="checkbox"/> Vegan <input type="checkbox"/> Allergy Adapted	

REFERENCE INFORMATION

Please provide the name and contact information for three personal references.

Name:
Home Phone:
Relationship to You:

Name:
Home Phone:
Relationship to You:

Name:
Home Phone:
Relationship to You: