



HOMESTAY STUDENT APPLICATION & PLACEMENT FORM

Please select the school to which you are applying:

- | | | |
|--|---|---|
| <input type="checkbox"/> Balmoral School | <input type="checkbox"/> Stonewall Centennial | <input type="checkbox"/> Stonewall Collegiate |
| <input type="checkbox"/> Brant-Argyle School | <input type="checkbox"/> Stony Mountain | <input type="checkbox"/> Teulon Collegiate |
| <input type="checkbox"/> Grosse Isle School | <input type="checkbox"/> Warren Elementary | <input type="checkbox"/> Warren Collegiate |
| | <input type="checkbox"/> Woodlands | <input type="checkbox"/> Other: _____ |

PERSONAL INFORMATION

Family Name:		
Given Name(s):		Also Know As:
Address:		
Tel:	Cell:	Fax:
E-mail Address:		
Date of Birth (dd/mm/yyyy):	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Father's Name:	Father's Occupation:	
Mother's Name:	Mother's Occupation:	
Have you ever been away from your family for a long period of time: Yes <input type="checkbox"/> No <input type="checkbox"/>		
If "yes" please explain:		
Do you have any sibling? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If "yes" how many How old are they?		

GENERAL INFORMATION

What foods do you like to eat?
What foods do you NOT like to eat?
Do you have any food allergies or special dietary needs? Yes <input type="checkbox"/> No <input type="checkbox"/>
If "yes", what are they?
What language(s) do you speak?
Have you studied English? Yes <input type="checkbox"/> No <input type="checkbox"/> If "yes", for how long?
Do you have any concerns about coming to Canada to study? Yes <input type="checkbox"/> No <input type="checkbox"/>
If "yes", what are they?
In which activities/hobbies do you participate? Check all that apply:
<input type="checkbox"/> Sports <input type="checkbox"/> Music <input type="checkbox"/> Cooking <input type="checkbox"/> Art <input type="checkbox"/> Computer/Internet
<input type="checkbox"/> Dance <input type="checkbox"/> Travel <input type="checkbox"/> Photography <input type="checkbox"/> Theatre <input type="checkbox"/> Exercise/Fitness
<input type="checkbox"/> Other _____

HOMESTAY FAMILY PREFERENCES

Would you like to live with a family who has children? Yes <input type="checkbox"/> No <input type="checkbox"/> No Preference <input type="checkbox"/>
If "yes", please indicate your preference: Preschool <input type="checkbox"/> Ages 6 to 12 <input type="checkbox"/> Ages 13 to 19 <input type="checkbox"/>
Does your family have pets? Yes <input type="checkbox"/> No <input type="checkbox"/>
If "yes", what kind of pet?
Would you consider living with a family that has pets? Yes <input type="checkbox"/> No <input type="checkbox"/> No Preference <input type="checkbox"/>

MEDICAL INFORMATION

Do you have any allergies other than food? (medication, dogs, cats, etc.) Yes No

If "yes", please explain:

Do you take any medication: Yes No

If "yes", please explain:

Do you use an inhaler? Yes No

Do you carry an Epi-Pen? Yes No

Do you have any medical conditions of which we should be aware? Yes No

If "yes", please explain:

Do medical conditions prevent you from participating in physical activities? Yes No

If "yes", please explain:

OTHER INFORMATION

Are there any other preferences you would like us to consider?

Please read the following and sign below to indicate your understanding:

I understand that the Homestay Coordinator will try to select a family, from those available, based on the information I have provided. I understand that the Homestay Coordinator cannot guarantee that the host family can meet all my personal needs.

Student's Signature: _____

Parent/Guardian's Signature: _____