



Homestay Application for Host Family

Date: _____

Applicant's Name: _____

Spouse's Name: _____

Address: _____

Postal Code: _____

Telephone Numbers: _____
(Home) (Cell)

Email Address: _____

Please provide the following information so that we can best match students and families:

1. How did you hear about this program? _____

2. List everyone who lives in your home (including yourself):

Name	Age	Relationship	Occupation	First Language
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



3. Have you ever had a foreign student stay in your home? If yes, what nationality and how long and when did she/he stay?

a) Yes No (please check one)

b) Nationality: _____

c) Length of Stay: _____

4. Describe briefly your home (number of bedrooms, bathrooms, social areas, levels, etc.)

Level(s) _____ Backyard _____

of Bedrooms _____ Front Yard _____

of Bathrooms _____ Balcony _____

Social Areas _____ Other _____

5. Describe the room where the student(s) will sleep.

Location _____ Size _____

Furnishings _____

6. Does any family member smoke? _____

Do you allow smoking in your home? _____

7. What are your family's rules about the drinking of alcohol? _____

8. What are your family's rules about the use of the telephone and computer? _____

9. What are your family's hobbies and interests? _____



10. What kind of activities would you include the student in and how often? _____

11. List your house pets, if you have any: _____

12. Are you willing to help with transporting the student to club activities, visiting friends, etc.? _____

13. How much and what kind of assistance are you prepared to give your student(s) with school assignments?

14. Write anything else that you feel is important for a student to know about your household (food, laundry, family rules, etc.)

15. What is the work schedule of family members? _____

16. Who will be at home during the day when the student is at home? (typically in the afternoon)

17. Do you prefer: a boy a girl no preference



18. Please indicate for which time periods you are willing to house a student:

- September to June
- Anytime

19. Statement:

Has anyone in your household ever been convicted of a criminal offense? Yes No

I hereby authorize the Chilliwack Superintendent of Schools, or her/his designate, and/or the R.C.M.P to make such investigations as they deem necessary to determine approval or disapproval of this application.

Signature of Host Parent _____

Signature of Host Parent _____

PLEASE RETURN COMPLETED FORM TO:
(All Information is confidential)

Barb Leetch
International Student Homestay Coordinator
Chilliwack School District
46650 Braeside Avenue
Chilliwack, BC
V2R 3W4
Telephone: 604-791-1312