



Homestay Application for Host Family

Date: _____

Applicant's Name: _____

Applicant's Occupation: _____

Spouse's Name: _____

Spouse's Occupation: _____

Address: _____

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	Date of Birth	Relationship	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. Would you like to host:

(Each student requires a separate bedroom)

One Student

Two Students

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

Location _____ Size _____

Furnishings _____

7. Does any family member smoke? YES NO

Do you allow smoking in your home? YES NO

8. What are your family's rules about the consumption of alcohol and marijuana?

9. What are your family's rules regarding cell phone and computer use?

10. What are your family's hobbies and interests?



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

12. List your house pets, if you have any:

Has your pet received all its vaccinations?	YES	NO
Has your pet ever exhibited aggression toward a person?	YES	NO

13. Are you willing to transport the student to club activities, visiting friends, etc.? YES NO

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

15. Are you willing to host a student with special dietary needs, such as vegan or vegetarian diet, gluten intolerance, lactose intolerance, etc.? YES NO

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

17. What is the work schedule of family members?

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

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

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

September to June Anytime



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

22. Statement:

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
Email: barb_homestay@hotmail.com