



## Homestay Application For Host Family

Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Spouse's name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code \_\_\_\_\_

Telephone Number:  
(Home) (    ) \_\_\_\_\_ (Work) (    ) \_\_\_\_\_

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 all people who live in your home (including yourself).

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



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

a) Yes / No (Please circle 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? \_\_\_\_\_

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

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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?

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14. Write anything else that you feel is important for a student to know about your household.

(food, laundry, family rules, etc.) \_\_\_\_\_

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15. What is the work schedule of family members? \_\_\_\_\_

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

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17. Do you prefer a boy \_\_\_\_\_, or girl \_\_\_\_\_, or no preference \_\_\_\_\_?



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

September to June \_\_\_\_\_

April to June  
(15 months for students  
arriving in April to audit  
classes until new school  
year in September) \_\_\_\_\_

Anytime \_\_\_\_\_

19. **Statement:**

Has anyone in your household ever been convicted of a criminal offense (circle one)?

YES                      NO

I hereby authorize the Chilliwack Superintendent of Schools, or 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 FORMS TO:**

Mrs. Joan Godbout  
Chilliwack School District  
International Student Homestay Coordinator  
46274 Princess Avenue  
Chilliwack, B.C.  
V2P 2A9  
Telephone: (604) 792-1513

**OR IF YOUR HOME IS IN THE SARDIS AREA  
AND YOU ARE INTERESTED IN HOSTING A  
HIGH SCHOOL STUDENT PLEASE RETURN  
COMPLETED FORMS TO:**

Mrs. Sheri Allen  
Sardis Senior Secondary  
45460 Stevenson Road  
Chilliwack, B.C.  
V2R 2Z6  
Telephone: (604) 858-9424

**ALL INFORMATION IS CONFIDENTIAL**