Homestay Family/Contact Information

Limestone International Education

Application Date:

Surname Mother:	Surname Father:
Given Name:	Given Name:
Occupation:	Occupation:
Employer:	Employer:
Work Number:	Work Number:
Cell:	Cell:
Email Address:	Email Address:

Mailing Address:	City:
Postal Code:	Home Phone Number:

Children/Other Family Members

Name	D.O.B (d/m/y)	Gender	School Attending/Grade

Interests/Activities/Hobbies

Baseball	☐	Basketball	☐	Boating	☐	Camping	☐
Computers	☐	Concerts	☐	Cross Country Ski	☐	Cycling	☐
Dance	☐	Day Trips	☐	Fishing	☐	Fitness	☐
Golf	☐	Hiking	☐	History	☐	Hockey	☐
Martial Arts	☐	Movies	☐	Music	☐	Painting/Drawing	☐
Photography	☐	Reading	☐	Skating	☐	Skiing	☐
Theatre	☐	Snowboarding	☐	Swimming	☐	Tennis	☐
Fencing	☐	Travel	☐	Volleyball	☐	Walking	☐

Other, please specify:

In what family activities would the student be able to participate?

Home Information

Please describe your home, check all that apply:

Detached ☐ Semi-detached ☐ Townhouse ☐

Two Storey ☐ Bungalow ☐ Apartment ☐ Farm ☐

Number of Bedrooms: Number of Bathrooms:

Location of student's room:

Will the student have access to the following: Computer ☐ Internet ☐ Piano ☐

Approximate distance to school in km:

How will the student go to school: School Bus ☐ City Bus ☐ Walk ☐ Host will drive ☐

What languages do you speak in your home?

Is anyone in your home a smoker?

Do you permit smoking in your home?

What is your work schedule?

Other

Do you have any religious affiliations? If yes, please specify.

Do you have any pets? If yes, please specify.

Do you have any food allergies in your home? If yes, please specify.

Would you be able to accommodate a special dietary need/wish?

Are any members of your family vegetarian?

How did you hear about the Homestay Program?

Please explain the reasons you are interested in hosting an International student:

What chores and responsibilities will the student have in your home?

Has your family ever hosted an International student and from where?

Please list the schools nearest to your Home:

Elementary:

Secondary:

Preferences

Male ☐ Female ☐ Either ☐

Elementary ☐ Secondary ☐

Number of students that you would be able to accommodate: ☐

Duration:

Short term (2 to 12 weeks) ☐
One semester (5 months) ☐
Full year (10 months or longer) ☐
Summer Programs (2 to 4 weeks) ☐
Emergency ☐

PLEASE NOTE THAT PHOTOGRAPHS OF THE FRONT OUTSIDE OF YOUR HOME, A FAMILY PHOTOGRAPH AND ONE OF THE STUDENT'S BEDROOM MUST BE SUBMITTED ELECTRONICALLY ALONG WITH THE APPLICATION FORM.

PLEASE INCLUDE THE NAME, PHONE NUMBER AND EMAIL ADDRESS OF TWO NON-FAMILY MEMBERS REFERENCES

Reference 1
Name: Phone: Email:

Reference 2
Name: Phone: Email:

Office Use Only

Date of Initial Visit:

Date of CPIC Record:

Date of Banking Information:

Number and location of Smoke Detectors:

Number and location of CO Detectors:

Number and location of Fire Extinguishers:

Comments: