



School District No. 67 (Okanagan Skaha)
INTERNATIONAL STUDENT PROGRAM

HOST FAMILY HOMESTAY APPLICATION

Date: _____

♣ **APPLICANT'S INFORMATION** ♣

APPLICANT'S NAME: _____
SURNAME (FAMILY NAME) GIVEN NAME

APPLICANT'S ADDRESS:
MAILING ADDRESS: _____

STREET ADDRESS: _____

POSTAL CODE: _____

TELEPHONE NUMBER(S) HOME: _____ WORK: _____

CELL: _____ E-MAIL: _____

PLEASE PROVIDE THE FOLLOWING INFORMATION. IT WILL HELP US TO MATCH STUDENTS AND FAMILIES

1. List people who live in your home: (including yourself)

FAMILY MEMBERS:

NAME	RELATIONSHIP	DATE OF BIRTH DD/MM/YYYY	SCHOOL / OCCUPATION	FIRST LANGUAGE

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

Yes No Nationality: _____ Length of Stay: _____

3. Why are you interested in hosting an international student?

4. Briefly describe your Home.

Number of Bedrooms: _____ Number of Bathrooms _____

Social Area: _____ Other: _____

5. Describe the room where the student will sleep. (Please note that we require that the students have a private bedroom with bed, dresser, and desk with suitable lighting for study).

Location: _____ Furniture: _____

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

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

8. Are you willing to help with transportation in emergencies and on special occasions and on an irregular recreational basis? Yes No

9. Does any family member smoke? Yes No

Do you allow smoking in your home? Yes No

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

11. What are your family's rules about the use of the telephone?

12. Are there dietary prohibitions in your home (e.g. vegetarian)? Please explain.

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

14. What is the work schedule of family members?

15. Who will be at home during the day when the student is at home? (Typically in the afternoon and evening.)

16. Will you consent to a Criminal Record check of all adults living in the home? Yes No

17. Preferred time for screening interview by homestay coordinator.

18. **Character References:**

Please provide the names and telephone numbers of two people that can be contacted for references:

First Reference: Name: _____ Phone: _____

Second Reference: Name: _____ Phone: _____

Please list any questions that you may have:

PLEASE RETURN COMPLETED FORM TO SCHOOL BOARD OFFICE