

INTERNATIONAL STUDENT HOMESTAY QUESTIONNAIRE

1. Name _____ Date of Birth _____ Age: _____
Family Name First Name Month / Day / Year

Gender: Male Female Nationality: _____ Language Spoken at Home: _____

Address _____
(Home)

Telephone No. : _____ Emergency Contact No. _____
Country code area code number Country code area code number

Emergency Contact at home: country code: _____ area code: _____ number: _____

School you attended in home country: _____

Your Email address: _____

Responsible Person or Agent in British Columbia

Name: _____ Relationship to student: _____

Home Address: _____

Home Tel No.: _____ Work Tel No.: _____ Fax No.: _____

E-mail: _____

Arrival Information

Arrival Date: _____ Arrival Time: _____ Airline: _____ Flight No. _____

Departure Date: _____ Departure Time: _____ Airline: _____ Flight No. _____

Would you like airport pick up? Yes No Do you require airport drop-off? Yes No

Information for your Homestay

1. You speak English: Fluently Slowly With Difficulty English Studies _____ years
2. Please describe your personality: I am friendly shy fun serious outgoing reserved
3. Do you have any allergies to food, animals, plants, medicine or anything else? Yes No
 If yes, what are you allergic to? _____
4. Have you had the following childhood diseases? Chicken Pox Yes No Measles Yes No
4. Do you smoke? Yes No If yes, you must smoke outside the home.
5. Have you lived or travelled abroad? Yes No When and Where: _____

6. My eating habits: I can eat anything: _____ I cannot eat some foods and they are: _____

7. Please list below your family members:

Family Member's Name	Relationship	Age	Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Student Participants' Requirements

1. Student Homestay Questionnaire 2. All Homestay fees and School Program fees paid.

PLEASE NOTE: ADDITIONAL CHARGES for Homestay apply for early arrival or late departure

Please read the following and complete:

I, the undersigned parent or guardian of the student request that my son/daughter be allowed to participate in the full range of activities that will take place during the school programs and I grant the homestay family or Guardian the right to sign activity waiver forms and release forms seen necessary, on my behalf. I agree to abide by the policies of the school district, the homestay provider's company, and the laws of the Provincial and Federal Governments of Canada.

 (Parent's Signature, required if student under 19)

 Student's Signature

 Responsible Person's Signature