HOST FAMILY APPLICATION FORM Primary Contact: Birth Date: Address: _____ Postal Code: _____ City: Home Phone: Mobile Phone: E-Mail: Occupation: Yes No Have you had experience as a host family before? If yes, how long? _ **FAMILY INFORMATION** Relation Name Birth Date Occupation Pets Breed Size Hypoallergenic Name Yes No No Hobbies and interests What family activities/routines would your student most often participate in?

Do you have regular dinner times?	☐ Mostly	☐ Sometime	es Rarely
Are you vegetarian?	Yes	□ No	No, but can accommodate
Does any member of the family smoke?	Yes		1vo, but can accommodate
Smoking permitted inside the home?	Yes	□ No	
If no, outside?	Yes	□ No	
HOMESTAY INFORMATION			
Extra amenities at home:	Swimmi Backyare	0	☐ Piano ☐ View (City / Water) ☐
Number of bedrooms available for students:			
Bedroom 1 Bed: S - D - Q - K Study desk with lamp Clothing storage (Dresser Description of D	Closet) Shared	Study des. Clothing s Window: Bathroom Location of Size of ro	D − Q − K k with lamp storage (
STUDENT PREFERENCES			
□ Female Only □ Prefer Female □ Either □ Prefer Male □ Male Only Age preference: □ Nationality preference: □ Interested in: □ Long-term high school program (3-11 months)			
Short term cultural groups (1-4 weeks, more interaction / transportation required)			
Please indicate, in the space provided, why you would like to host international students.			