



PRAIRIE ROSE SCHOOL DIVISION INTERNATIONAL STUDENT



Homestay Application

Student's Information:

Legal Names (Surname/Given/Middle): _____

Also Known As (If Applicable): _____

Sex: Male Female

Height: _____ cm Weight: _____ kg

Age: _____

Date of Birth (d/m/y): _____

Home Mailing Address:

Contact Numbers:

Home: _____ Fax: _____

Email Address: _____

Arrival in Canada:

Date and Time of Arrival: _____

Airline & Flight #: _____

Date of leaving Canada: _____

Emergency Contact Information:

Name/relationship: _____

Address: _____

Phone/Fax Number: _____

Email Address: _____

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Student's Family Members:

Name	Relationship (mom/dad/sibling)	Age	Occupation (if applicable)

Student Character: Please mark (x) to all that apply

<input type="checkbox"/>	Outgoing	<input type="checkbox"/>	Studious	<input type="checkbox"/>	Quiet
<input type="checkbox"/>	Energetic	<input type="checkbox"/>	Reserved	<input type="checkbox"/>	Adaptable
<input type="checkbox"/>	Considerate	<input type="checkbox"/>	Cheerful	<input type="checkbox"/>	Sociable
<input type="checkbox"/>	Smoker	<input type="checkbox"/>	Non-Smoker	<input type="checkbox"/>	
<input type="checkbox"/>	Other: please specify				

Preferred Characteristics of Homestay Family: Please mark (x) all that apply

<input type="checkbox"/>	No children	<input type="checkbox"/>	No pets	<input type="checkbox"/>	Retired Couple
<input type="checkbox"/>	Young children	<input type="checkbox"/>	Pets	<input type="checkbox"/>	No preference
<input type="checkbox"/>	Same age children	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	Other (please specify)				

Please specify Student's/Recreation/Hobbies:

Sports: _____

Listen to music: _____

Playing an instrument: _____

Games: _____

Reading: _____

Other: _____



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Students Health (Please specify):

Allergies: _____

Are you currently under a Doctors care: ____Yes ____No

If Yes for what concerns: _____

Any chronic conditions? Ie: Asthma _____

Name of Medication for anything listed above: _____

Likes/Dislikes:

FOOD		ANIMALS/PETS	
<i>Favorite</i>	<i>Least favorite</i>	<i>Favorite</i>	<i>Least favorite</i>

Other: _____

Remarks:

I understand a host family will be selected from the available based on information which I provided and there is no guarantee that all of my personal preferences will be met.

Student signature

Date

Parent signature

Date