

HOMESTAY APPLICATION FORM FOR HOST FAMILIES

All information will be treated as confidential. Please return the form to the International Student Coordinator, Michelle Forbes.

FAMILY NAME:	DATE:			
Address:		City:	Province	:
Postal Code: H	ome Phone	:		
Mother's Name:				
Cell:				
Employer:				
Father's Name:				
Cell:				
Employer:				
NAME	AGE	RELATIONSHIP	SCHOOL/OCCUPATION	FIRST LANGUAGE
NAME	AGE	RELATIONSHIP	SCHOOL/OCCUPATION	FIRST LANGUAGE
Have you ever hosted an internati did he/she stay? Why are you interested in hosting			es, what nationality? Hov	w long and when
	un interna	tional student:		
Briefly describe your home:				
Levels: No. of bedroom	ns:	_ No. of bathrooms:	Social areas	s:
Type of home: $\ \square$ Single, detached	□ Town	house Apartment	□ Other Explain:	
Describe the room where the stu	dent will sl	eep:		
Location:		Siz	e:	
Francischia a.e.				



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Tell us about your family:
Do you have pets? ☐ Yes ☐ No If yes, please list:
Do any of the members of your household smoke? ☐ Yes ☐ No
Do any of the members of your household smoke/consume cannabis? $\ \square$ Yes $\ \square$ No
What are your family's rules about the use of cell phones and the internet?
What are your family's hobbies and interests?
What kinds of activities would you do that would include the student?
Briefly describe your family's devotion time and/ or church involvement.
What kind of assistance are you prepared to give to your student with school assignments?
Please write anything else that you feel is important for the student to know about your household (food, laundry, family rules)
What is the work schedule of family members?



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Transportation	
How will the student get to and from school	each day? (Check all that apply)
□ walk □ driven by host parent □ carp	ool
□ bike □ city bus □ school bus (if space	e is available)
Distance from school: km	
Hosting Preferences	
Please check the box that applies:	
Gender: □ Female only □ Female prefe	erred Male only Male preferred No preference
Length: ☐ Short-term (5 months or less)	□ Long-term (6 months or more) □ Either
Are you interested in hosting two students?	P □ No □ Yes- short-term (can share room but must have own beds)
	☐ Yes– long-term (must have own rooms)
Please list two references (non relatives	
Name:	Relationship:
Phone:	Email:
Name:	Relationship:
Phone:	Email:
What church do you attend?	
Are you and every member of your househouse	old over age 18 willing to undergo a Criminal Records Check?
□ Yes □ No	
How did you hear about our homestay prog	gram?



Print Host Parent Name

HOST FAMILY AGREEMENT

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Please read, check off boxes, and sign at the bottom. ☐ The host family will provide a safe, secure, Christian home environment for the student. ☐ The host family will do their best to ensure that the student abides by the school's Code of Conduct. All members of the host family agree to host the student and are willing to involve the student in activities and outings. ☐ The host family members are proficient in English and will speak English when the student is present. ☐ The host family will provide a private bedroom for the student with a bed, desk, dresser and closet. The host family will provide the student nutritional meals three times each day as well as snacks. ☐ The host family will provide transportation to and from school, if necessary. Transportation to different activities should be provided by homestay parents if the request is reasonable (three times a week is reasonable). ☐ The host family will secure medical treatment for the student in the event of illness or injury without liability. The family will then notify the International Student Coordinator. ☐ If the host family is going away, they will find a place for the student to stay or find someone to supervise the student while at home. The family must inform the International Student Coordinator, and the arrangements must be approved by the Coordinator. Students are not to be left alone overnight. ☐ The host family will communicate with the International Student Coordinator if there are any concerns or unusual incidents as soon as possible. ☐ The host family will not expect students to maintain the house or yard, babysit children, or cook meals. The host family members must not abuse alcohol or use drugs or cannabis. ☐ If the host family wishes to terminate the homestay, it will be on reasonable grounds; the family will allow the International Student Coordinator one month to find a new family to host the student. All members of the host family over the age of 18 agree to have a Criminal Record check at their own expense and will give the document to the International Student Coordinator. ☐ The homestay family will receive a monthly compensation of \$1200 on the first day of the month unless different arrangements are acceptable to both the student and family. I understand and agree to the points outlined above. I have read the Homestay Program Guide (available on the ACS website or by emailing mforbes@abbotsfordchristian.com) and agree to abide by the guidelines therein. I understand that approval is subject to a home visit. *Please note that host families are matched on the basis of availability of the student and the compatibility of the student to the family. Families will only be contacted when selected. Host Parent Signature Date Print Host Parent Name Host Parent Signature Date