

Application to host a student participating in

EXPERIENCE CANADA 2010

HOMESTAY : HOST STUDENT and FAMILY FORM

PLEASE • carefully complete each question using **BLACK ink**

- attach an envelope with pictures of yourself, your home, guest room, your whole family
- attach a letter describing your personality, your friends and social activities; your family and lifestyle
- submit this original form and two photocopies to ISE ONTARIO

Personal Information (please include information only for persons living at your primary home address)

Surname _____
LEGAL GIVEN NAMES ONLY! Please do not include nicknames or abbreviations

First name _____

Male Female Birthdate (y/m/d) _____ Ht (cm) _____ Wt (kg) _____

Address _____

City _____ Postal Code _____

Home phone _____ Fax _____ E-mail _____

*Attach one
wallet size photo
here, on each copy.
Write your name
on the back
of each photo.*

Mother _____ Father _____
 (please include information only for persons living at your primary home address AND provide details about shared custody arrangements, where applicable)

occupation _____ occupation _____

work phone _____ work phone _____

e-mail _____ e-mail _____

cell phone _____ cell phone _____

Alternate contact (name & phone) _____

Brother(s) Name/Age _____

Sister(s) Name/Age _____

Indoor pets: (give number) dog _____ cat _____ other _____

Religion _____ Practising: yes no sometimes

Language(s) usually spoken at home _____

School & School Board _____

School Exchange Contact:

Name and Signature _____ Date _____

Principal's acknowledgment of this student's application to host an Experience Canada student, and acceptance of the partner as a fee-paying student in this school from late September through October, 2010. (Very Important!)

Principal's Name _____ Signature _____ Date _____

Information to help in selecting the student most likely to suit your family and lifestyle:

Do you live in a city a town OR a rural area Population _____

Distance to school _____ How do you travel there _____

Is your home an apartment ___ single family home ___ other _____ number of bedrooms _____

Will your partner have his/her own bedroom _____ or share with _____

Do you smoke _____ Do members of your family smoke indoors / outdoors Can you host a smoker no yes

Is your family vegetarian no yes If yes: is fish eaten _____ chicken _____ dairy products _____

Is anyone in your family physically challenged in any way no yes If yes please describe: _____

Do you get along well with: people your own age adults
 younger children older people

Do you prefer to spend your free time with: one friend family
 a group of friends alone

Are you best described as: calm / reserved athletic energetic / outgoing
 socially active academic artistic / musical

Your hobbies / pastimes / clubs / sports / musical activities practised regularly are (in order of priority):

- 1 _____ 2 _____
- 3 _____ 4 _____
- 5 _____ 6 _____

List fall activities in which your family would include the visiting student:

Do you have any special requests regarding your visiting student?

Do you think you might like to go to your visiting student's home at a later time? _____

Student's Signature _____ **Date** _____

Parent(s) Signature _____ **Date** _____