

INTERNATIONAL STUDENT EXCHANGE - ONTARIO

Application to host a student participating in

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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 _____

_____ Postal Code _____

Home phone _____ Fax _____ E-mail _____

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 _____

work fax _____ work fax _____

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 _____

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

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 _____

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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 all 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 _____

Parent(s) signature _____ Date _____