

Other Resident Members in the Home (including current students)

Name (SURNAME, First Name)	Male / Fem	Birth Date (mm/dd/yy)	Relationship to primary contact	Occupation	Departure Date (students only)
	M / F				
	M / F				
	M / F				
	M / F				
	M / F				

Student Preference

We have a greater need for host families who are available to host male students or who have no gender preference.

GENDER: Female Student Male Student No Preference

AGE: 11-14 yrs old, daily transfer to school required 15-17 yrs old 18+ yrs old

Would you host a student who is willing to smoke outside only? Yes No

How many people in your household smoke? _____

Pet Information

- Cats: #: _____ Name(s), size(s) & breed(s): _____
- Dogs: #: _____ Name(s), size(s) & breed(s): _____
- Other: #: _____ Name(s), size(s) & breed(s): _____

Language

What languages are spoken in the home? _____

What language is spoken predominantly? _____

Why do you want to host an International Student?

Home Information

Each resident member of the home over 10 years of age must have a private bedroom with a solid door.

Type of home: Apartment /Condo Townhouse House Owned Rented

of levels: _____ # of student bedrooms: _____ # of bathrooms: _____

Description of home (style of decorating/architecture, type of flooring, square footage etc.):

Please draw a detailed floor plan of every level of your home and attach it to this application form.

Amenities available to students

- TV DVD/VCR Bicycle Piano

Please list any other musical instruments / sports equipment you have in your home that the student may use.

Student Rooms

Every student room must have a window that opens and is at least 24" wide by 24" high in size.

How many bedrooms do you have available for students? 1 2 3 (Max. 3)

	Student Room 1	Student Room 2	Student Room 3
Location:	_____	_____	_____
Size of Room:	_____	_____	_____
Size of window(s):	_____	_____	_____
Furnishings:	_____	_____	_____
Bed size:	_____	_____	_____
Type of flooring:	_____	_____	_____
Type of heating:	_____	_____	_____
Type of Bathroom	<input type="checkbox"/> Shared with Family <input type="checkbox"/> Shared with Student <input type="checkbox"/> Private	<input type="checkbox"/> Shared with Family <input type="checkbox"/> Shared with Student <input type="checkbox"/> Private	<input type="checkbox"/> Shared with Family <input type="checkbox"/> Shared with Student <input type="checkbox"/> Private
Internet in Room (for laptop)	<input type="checkbox"/> Internet already installed <input type="checkbox"/> Student can hookup Internet at their expense <input type="checkbox"/> Internet not available	<input type="checkbox"/> Internet already installed <input type="checkbox"/> Student can hookup Internet at their expense <input type="checkbox"/> Internet not available	<input type="checkbox"/> Internet already installed <input type="checkbox"/> Student can hookup Internet at their expense <input type="checkbox"/> Internet not available
Type of Internet:	<input type="checkbox"/> Cable <input type="checkbox"/> ADSL <input type="checkbox"/> Wireless	<input type="checkbox"/> Cable <input type="checkbox"/> ADSL <input type="checkbox"/> Wireless	<input type="checkbox"/> Cable <input type="checkbox"/> ADSL <input type="checkbox"/> Wireless

Computer Information

Is there a computer with internet access in another part of the home that the student may use? Yes No

If yes, where is it located? _____

Please comment on any conditions or restrictions related to the use of this computer or Internet time by students:

Diet Information

Students must receive three well balanced meals each day, including a packed lunch on school days, and easy access to snacks. Breakfast and lunch may be self-serve from food put out by the family, but dinners must be together with the family in the evening.

Who is the main cook in your home? _____

What kind of food do you usually eat at home? _____

Do you make your students' breakfast or are they 'self-serve'? _____

Do you make your students' lunches or are they 'self-serve'? _____

Do you have any special dietary practices or restrictions? _____

Religion

Do you go to church or other religious services on a regular basis? Yes No

Details: _____

Health Issues

Please list any family medical conditions (e.g. allergies, diabetes, depression, epilepsy etc.): _____

Schedules and Hobbies

International students who apply for homestay look forward to spending time with their host family in the evenings and on weekends. Host families are expected to involve students in family activities, outings and events, which will familiarize students with Victoria, Canadian culture and will help them to feel at ease with your family and your home.

Please give a general description of your family's normal daytime routine and evening / weekend commitments:

Weekday: _____

Weekend: _____

Please outline each family member's hobbies and interests as well as the activities that you enjoy together as a family. What kind of leisure activities can you offer to a student?

Bus Information & Daily Transfer

Do you have a car which you can use to pick up and drop off the student at the airport or bus depot if needed? Yes No

Students 11-12 years old must be transported by car to and from Stewart College each day (dropoff 8:30 – 9 a.m.; pickup 5 p.m.).

Are you able to provide daily transfer to and from school for a young teen student (11-12 yrs old)? Yes No

Older students depend on the bus system for transportation. Host Families must personally escort the student on the bus both to and from Stewart College on or before the student's first day of school.

How long does it take to walk from your home to the nearest bus stop (for downtown bus(es)? _____ minutes

How long does it take by bus to get downtown, near the Bay Centre or closer to Stewart College? _____ minutes

What bus routes are within 10 minutes' walk of your house? _____

Does the student need to change buses to get downtown? Yes No

Safety Information

Do you have working smoke alarms? Yes No

Is your property/fire insurance in effect if you have a paying boarder? Yes No
Please ensure that you and your home are adequately insured while a paying boarder resides with you.

References

How did you hear about the Stewart College Homestay Program? _____

Please list any organizations with whom you have hosted students, so that they may be contacted as a reference:

Organization	Telephone #	Name
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Organization	Telephone #	Name
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If you have not hosted students from other organizations, please provide a personal reference who is familiar with your family and your home environment (no relatives).

Name	Relationship to you	Telephone #
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Agreement

- I (We) confirm the accuracy of all information enclosed in the Host Family Application Form.
- I (We) have read and understand the information provided in the Information Guide for Host Families.
- I (We) have enclosed valid police checks (specifying "for homestay purposes" for each household resident aged 18 years or older, as a condition of our being able to host students for Stewart College of Languages.
- I (We) agree to advise Stewart College within 24 hours if any household resident is arrested for an offense.

_____	_____	_____
Date (mm/dd/yy)	Printed Name (Primary Contact)	Signature

_____	_____	_____
Date (mm/dd/yy)	Printed Name (Secondary Contact)	Signature