Tel: 604-944-7912 Fax: 604-944-7913
Email: homestay@zeeinfotech.com

STUDENT APPLICATION FOR HOMESTAY PROGRAM

Thank you for your interest in our Homestay Family Program. To assist us in finding the best home for you, please complete this application and return it to our office as soon as possible. The cost of Homestay is $650.00 per month and includes three meals. This should be paid directly to the Homestay family at the beginning of each month.

Do you want the International office to match you with a Homestay family before you arrive in Canada?

❒ Yes ❒ No

PERSONAL INFORMATION

Name: _____
Family Name Given Name

Address: _____
Street Address

_____
City Country Code

Phone: _____ **Date of Birth:** _____

Fax: _____ **Sex:** ❒ **Male** ❒ **Female**

Nationality: _____ **First Language:** _____

Please check the appropriate words that would best describe your character.

❒ Leader ❒ Independent ❒ Shy ❒ Follower ❒ Adapts easily

Have you ever lived away from home before? ❒ Yes If yes, where did you live and for how long? _____

❒ No

Have you ever been employed? ❒ Yes If yes, for how long? _____

❒ No

Briefly describe your job: _____

_____

Sports/ Hobbies: _____

_____

Accommodation
(please check the following)

Would you like to live with a host family with: ▪ **children under 12 years old?** ▪ **with pets**	❒ **yes** ❒ **yes**	❒ **no** ❒ **no**	❒ **does not matter** ❒ **does not matter**
Do you have an International or Canadian license to drive?	❒ **yes** ❒ **yes**	❒ **no**	
Do you smoke? **If yes, are you willing to smoke outside?** **(<u>please note</u>—it is difficult to find a family that takes smokers.)**	❒ **yes** ❒ **yes**	❒ **no** ❒ **no**	
Do you consume alcohol?	❒ **yes**	❒ **no**	
Do you want to be the only Homestay student in the family?	❒ **yes**	❒ **no**	❒ **does not matter**
Do you have any likes/dislikes that your host family should know about? ***If yes, list below:*** _____ _____	❒ **yes**	❒ **no**	
Is there any food restrictions or religious requirements that we should know about? _____ _____	❒ **yes**	❒ **no**	

IN CASE OF AN EMERGENCY

Contact Persons Name: _____

Address: _____

City: _____ **Country:** _____ **Code:** _____

Telephone Number: _____ **Fax Number:** _____ **email:** _____

MEDICAL INFORMATION

Please check what allergies or special needs you may have and list. If you do not have any allergies or special needs please move on to the next question.

❒ Allergic to animals If yes, what animals _____

❒ Allergic to medications If yes, what medications _____

❒ Allergic to foods If yes, what foods _____

❒ Other allergies (please list)

_____

_____

❒ Special needs (please explain fully what these needs might be)

_____

_____

ALL STUDENTS MUST HAVE MEDICAL INSURANCE DURING THEIR STAY IN CANADA

Do you have medical insurance? ❒ yes ❒ no

I understand that I am required to have medical and hospital insurance.
(Please note that Zee InfoTech will provide you with the opportunity to enroll in Student Guard Health Insurance Plan. If you choose not to enroll in this plan, you will be required to show proof of insurance.)

While we endeavor to place students in the accommodation of their choice, the International Centre cannot guarantee that students will be placed in their first choice accommodation.

I _____ confirm that the information contained in this document is
(please print)
legitimate and I agree to comply with all of the conditions stated.

Applicants Signature: _____ Date: _____

If the Applicant is less than 21 years old, please have a parent co-sign below.

Parents Signature: _____ Date: _____