

Homestay Family Application Form

- Fields marked with a * are mandatory.
- If no electronic signature is available, our Accommodation Coordinator will have the applicant sign the application form upon initial meeting.
 - Please e-mail your completed form to admissions@studyatlantic.com

1	. MAIN APPLICAN	Т
First Name*	Initial	Last Name*
Street Address*		Town*
Province*	Postal Code*	Date of Birth (dd/mm/yyyy) [,]
2.	CONTACT DETAIL	LS
Main Phone*		Secondary Phone
	E-mail Address*	



LIST HOUSEHOLD MEMBERS* Birthday (dd/mm/yyyy) Occupation Name 3. LOCATION DETAILS

How many kilometers is your home from the school?		How will students travel to school each day?		



4. ACCOMMODATION DETAILS

Description of Home							
Description of Neighbourhood							
Description of Student's Bedroom							
Which of the following are available to the student in your home?							
Private Bedroom		Shared Bedroom		Private Bathroom		Shared Bathroom	
Closet/Dresser		Cable/Satellite TV		WIFI		Quiet Study Space with Desk	
		Home-cooked Meals		Other			



5. LIFESTYLE INFORMATION

	Do you have	e any pets?
	If yes, pleas	se specify:
	Do any family m	embers smoke?
	Yes	No
	Will the student be p	ermitted to smoke?
	Yes	No
	What are your fo	amily's hobbies?
Does your far	nily follow a special diet?	ie. vegetarian, vegan, no pork diet, etc.



6. OTHER INFORMATION

	What is the main language used in the household?
	Do you have a student gender preference?
	Female Male
	What is your student age preference, if applicable?
	Are there laundry facilities available to the student?
	Yes No
Ar	e you able to drive the student to/from (some) local events/activities?
	Yes No
	Are there any specific household restrictions?
	Please list any other restrictions/preferences.



SECURITY

All successful application will be required to sign our homestay contract for each student that they host. They will also be required to consent to periodical home inspections and must provide a police record check for each resident in the home that is 18 years of age or older. Child Abuse Checks must also be completed for families hosting minor students.

By submitting this application, you declare that all information is true and accurate to the best of your knowledge.

MAIN APPLICANT SIGNATURE:		
DATE		