



Central Okanagan International Education
School District No. 23 (Central Okanagan)
1040 Hollywood Road, Kelowna
British Columbia, Canada V1X 4N2
Tel. 250-470-3258 Fax 250-870-5188

STUDENT HOMESTAY APPLICATION FORM

Personal Information and Contact Information

Name: _____
Family Name Given Names

Date of Birth: ____/____/____ Female Male
(Year) (Month) (Day)

Home Address: _____
Street Address

City Country Postal/ Zip Code

Nationality _____

Language Spoken at Home _____

Religion _____

Telephone Number _____
Home, Including Area Code and Country Code

Cellular Number _____
Including Area Code and Country Code

FAX Number _____
Including Area Code and Country Code

E-mail Addresses _____
Parent's E-mail Address Student's E-mail Address

Emergency Contact Number _____
In Canada

Emergency Contact Number _____
In your home country (Area Code and Country Code)

Responsible Person/ Custodian (living in the Central Okanagan)

Name: _____
Family Name Given Names

Relationship to Student: _____ Female Male

Home Address: _____
Street Address

City Country Postal/ Zip Code

Telephone Number _____ / _____
Home Work

Cellular Number _____

FAX Number _____

E-mail Addresses _____
Parent's E-mail Address

Arrival Information

Arrival Date _____ / _____ / _____
(Year) (Month) (Day)

Arrival Time _____ AM / PM

Airline _____ Flight Number _____

Experience and Fluency in English

Have you lived in an English speaking country? yes no

If yes, where? _____ For how long? _____

If you have taken the TOEFL, what was your score? _____

Have you taken English classes in:

Speaking/ Listening yes no How did you do? beginner intermediate advanced

Reading yes no How did you do? beginner intermediate advanced

Writing yes no How did you do? beginner intermediate advanced

How would you rate your English ability?

beginner early intermediate intermediate early advanced advanced/ fluent

Family Information

Father's Name: _____
Family Name Given Names

Occupation: _____

Work Telephone Number: _____

FAX Number: _____

Mother's Name: _____
Family Name Given Names

Occupation: _____

Work Telephone Number: _____

FAX Number: _____

Sibling(s) Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

General Information

Please provide as much information as possible to help your placement with an appropriate Homestay family. ***(Please print)***

1. How do you describe yourself? Check any of the follow that apply to you:
 Outgoing Studious Energetic Independent Shy Athletic
 Adaptable Cheerful Sociable Comical Friendly Other _____
2. Do you have any pets? Yes (please list) _____ No
3. Would you mind living with a family that has pets? Yes No No preference
4. All of our schools and most of our Homestay Families provide a non-smoking environment. Would you prefer a home that was: Non-smoking Smoking No preference
5. Do you have any special dietary requirements, e.g. vegetarian?
 Yes (please list) _____ No
6. What kinds of foods to you like to eat? _____

What foods do you dislike? _____

7. Host family composition varies greatly. There will be host families with young children, older children or none at all. Some may be single parents or retired. Please express your preference.

8. What kinds of books do you like to read? _____

9. Describe your activities/hobbies (please select all that apply):

- Sports Music Art Cooking Theatre Dance
 Computer/Internet Exercise/fitness Programs

10. Do you play a musical instrument?

- Yes (please list) _____ No

11. Do you belong to any youth clubs or groups?

- Yes (please list) _____ No

12. What is your religion (optional)? _____

13. How often do you attend religious services? _____

14. Are you active in any groups?

- Yes (please provide details) _____ No

15. Please describe any part-time jobs or work experience you may have had: _____

16. Do you usually help with household chores? Yes No

If yes, please describe: _____

17. Do your parents require you to be home at a specific time in the evening? Yes No

If yes, what time: weekdays _____ weekends _____

18. What courses do you presently study? _____

19. What do you expect from attending a Canadian school?

20. Have you ever been away from your family for long periods of time?
 Yes (how long) _____ No

21. Describe any concerns you may have about living in Canada:

22. Do you have any allergies, medical conditions, or disabilities that your homestay family should be made aware of?

23. How can we help you adjust to your new home?

24. Please provide any further information you feel would be useful in helping us to place you in the best possible Homestay situation:

25. Comments:

