



Homestay Information

Qualicum International Student Program

Student Name _____

Grade _____

I will require a homestay OR

I have a homestay arranged with:

Name _____

Address _____

Cell Phone _____

Work Phone _____

What do you like to do in your spare time? (hobbies and interests)

Do you have any brothers or sisters? Yes No If Yes:

Gender: Female Male Age: _____ Name: _____

Gender: Female Male Age: _____ Name: _____

Gender: Female Male Age: _____ Name: _____

Do you play any musical instruments? Yes No

If Yes, which ones:

Do you wish to continue your studies while in Canada? Yes No

Do you have a pet allergy that requires medication? Yes No

If Yes, which pets are you allergic to?:

List any pets that you have:

Do you attend a place of worship? Yes No If yes:

Your Religion:

Do you attend regularly, occasionally, or rarely?:

What is your favourite course at school?

How long have you studied English?

Describe briefly what you hope to get from living with a homestay family:

Additional information to help with homestay family selection or school placement:

Personal Information (Please provide as much detail as possible)

Describe your personality

Shy Outgoing Organized Disorganized

Like to talk Quiet Independent Friendly

Don't worry much Easily worried Like to be active Like to study

Your family style preferences

(note that we cannot always guarantee your preferred style of family)

I like small children/babies I prefer other young people I prefer no other children

I prefer single parent family I prefer single parent family I like children age 6-12

I prefer an active family I prefer quiet home I'm ok with a same sex couple

Your food preferences

(note that special diets may require an extra fee)

I am a Vegan I am a Vegetarian I know how to cook I enjoy all types of food

I require specialty foods

List any specialty foods required:

I have some food allergies

List any foods you are allergic to:

Describe your favourite foods:

Describe your least favourite foods:

**Are you taking any medication(s) prescribed by a medical doctor?**Yes No

Medication Name: _____

What is it for? _____

Medication Name: _____

What is it for? _____

If you have more medications, please list name and reason on the back of this form

Are you taking any non-prescribed medication(s)?Yes No

Medication Name: _____

What is it for? _____

Medication Name: _____

What is it for? _____

If you have more medications, please list name and reason on the back of this form

Are you currently receiving medical attentionYes No

If yes, please describe: _____

Do you have any physical challengesYes No

If yes, please describe: _____

Do you have any allergies to medication? Yes No

If Yes, please list all medications: _____

Do you carry an epi-pen? Yes No

If yes, for what allergy?: _____

Do you carry an inhaler? Yes No

If yes, please specify: _____

Do you smoke cigarettes? Yes No **Do you have any learning or physical disabilities, social and/or behavioral difficulties, either perceived or documented, which may prevent you from being successful in a regular course of studies?**

If yes, please explain: _____

It is understood that regular attendance is considered a basic behavioral expectation to be in good standing in our program. Ongoing illness requires medical documentation, and ongoing non-attendance is cause for dismissal.

 Yes, I understand

Parent's Signature _____

If any of the sections are left blank it is assumed that this is an acknowledgement that there are NO Learning or Physical Disabilities, NO Medications, and NO Pre-Existing Health Conditions for this student.

CUSTODIAN (GUARDIAN)

Immigration Canada requires that each student have a Custodian (guardian) in the community. We are willing to accept this responsibility should you wish. Please indicate your preference:

 Yes, I want the International Student Program to be the Custodian for my child. No, I have arranged for an adult Custodian as follows:

Name Of Custodian/Guardian: _____ Email: _____

Address: _____ Phone: _____

Legal Guardian/Parent Name: _____

Legal Guardian/Parent Signature: _____