



Sunshine Coast International Student Program

SCHOOL DISTRICT 46–BRITISH COLUMBIA, CANADA

DOCUMENTS CHECKLIST

Application Form

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<input type="checkbox"/> Application Form including photos	2–11
<input type="checkbox"/> Parental Consent Form–signed by parents	12–13
<input type="checkbox"/> English Teacher’s Reference	14–15
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<input type="checkbox"/> Student Participation & Conduct Agreement–signed by student and parents	17–18
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Additional Documents

<input type="checkbox"/> Student academic transcripts	past 2 years
<input type="checkbox"/> Passport size photos	3 copies
<input type="checkbox"/> Copy of current and valid passport (info page only)	

Fax or Email a copy of all documents before mailing the originals.

Forward to: **Sunshine Coast International Student Program**
PO Box 220, 494 South Fletcher Road
Gibsons, BC–V0N 1V0
Canada

Telephone: +1 604.886.4491

Fax: +1 604.886.4652

Email: international@sd46.bc.ca

Application Fee: (\$250 CAD) is due at time of application submission.

Payment: FULL program payment must be arranged prior to legal documents being issued (Letter of Acceptance and/or notarized Custodial Declaration).

Study Permit: All international students applying for a study program with a duration of 6 months or longer are required to obtain a Study Permit from the Canadian Customs and Immigration Department at the Canadian Embassy assigned to their country/region. (www.cic.gc.ca)

Sunshine Coast International Student Program – SCHOOL DISTRICT 46

Date of application: _____ Agency: _____

Applying for Canadian grade level: _____ In the Canadian school year: _____

- FULL YEAR:** 10 months: September–June
- SEMESTER 1:** 5 months: September–January
- SEMESTER 2:** 5 months: February–June
- SHORT TERM:** # weeks: _____
Start date: _____

Age	Grade Level
13–14	8 (HS)
14–15	9 (HS)
15–16	10 (HS)
16–17	11 (HS)
17–18	12 (HS)

HS = High School

STUDENT INFORMATION

Last name: _____

Date of birth: _____ / _____ / _____
DAY MONTH YEAR

Given name(s): _____

Age: _____ Gender **F** **M**
FEMALE MALE

Citizenship: _____ Country of birth: _____

Native/First language: _____

Home Address

Street: _____

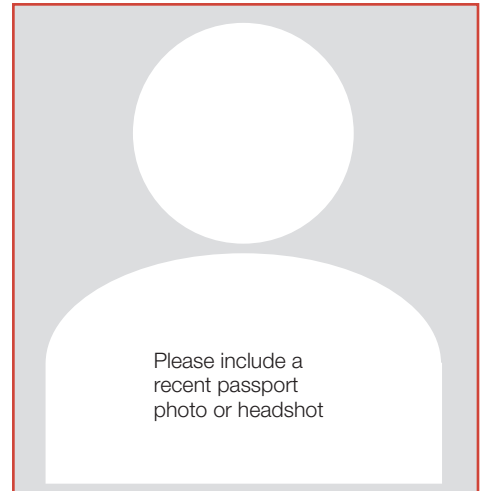
City: _____ Province/State: _____

Postal/Zip Code _____ Country: _____

Home phone #: +() _____

Email (student): _____

Email (parents): _____



You may be asked for a telephone or Skype interview. Please provide the best contact details for this:

Telephone #: +() _____ Skype: _____

FAMILY INFORMATION

Please clearly PRINT names as they appear on legal documents. Names and Dates of Birth will be used to create legal custodial documents required for a study permit.

FATHER Family name: _____ Given name(s): _____
 Date of birth: _____ / _____ / _____
DAY MONTH YEAR
 Occupation: _____ Business phone #: +() _____
 Address: Same as student or: _____
 Home phone: Same as student or: +() _____
 Mobile: +() _____ Email: _____

MOTHER Family name: _____ Given name(s): _____
 Date of birth: _____ / _____ / _____
DAY MONTH YEAR
 Occupation: _____ Business phone #: +() _____
 Address: Same as student or: _____
 Home phone: Same as student or: +() _____
 Mobile: +() _____ Email: _____
 Parents are: Married Common-Law Divorced Widowed
 Student lives with: Mother Father Both
 If divorced, legal custody of the student resides with: Mother Father Both
 Parent who should receive communications: Mother Father Both

SIBLINGS/OTHER FAMILY MEMBERS

Name	Age	Relationship	Occupation/Study level

Have any of the above-listed siblings studied abroad? No Yes Location: _____
 Program Name: _____

EMERGENCY CONTACT (Should parents be unavailable for consultation)

Name: _____ Relationship _____
 Telephone #: +() _____ Email: _____
 Language(s) spoken: _____ Speaks English: No Yes

SCHOOL PLACEMENT

I am applying for Canadian grade level: _____

Age	Grade Level
13–14	8 (HS)
14–15	9 (HS)
15–16	10 (HS)
16–17	11 (HS)
17–18	12 (HS)

HS = High School

Current School Information

Name of school currently attending: _____

Number of years at this school: _____

Current grade level: _____

Expected year of graduation: _____

Academic Program Goals

I plan to study in Canada for:

- This year/term only
- 2 years
- As long as it takes to obtain a Canadian high school diploma.

I need to COVALIDATE my studies in Canada: Yes No

Course requests *IMPORTANT: We will endeavour to confirm availability, but cannot guarantee all courses requested. Priority will be given to obtaining courses required for covalidation. Most high school courses operate on a SEMESTER basis. Students typically take 4–5 courses per semester.*

Courses required for Covalidation (credits required):	Other Courses of interest:

My favourite subjects are: _____

My least favourite subjects are: _____

I struggle the most in: _____

My post secondary goals are: University in: Home Country Canada Other: _____

College in: Home Country Canada Other _____

Other: _____

The field of study I am most interested in: _____

Additional student notes: _____

ENGLISH PROFICIENCY

Number of years studying English: _____

Hours per week of English study: _____

Level of English proficiency: Beginner Low-intermediate High-intermediate Advanced

Please list any English Proficiency tests taken (a copy of results may be requested):

Name of Test:	Date taken:	Score:

Do you wish to take ESL courses or tutoring while in Canada? Yes No

Are you willing to pay additional fees if ESL is not included in the curriculum? Yes No

Are you interested in a tutor if ESL is not available in the school? Yes No

Note: ESL support may be recommended or required by the school as condition of acceptance. A school's recommendation may supersede student or family requests.

ACTIVITIES & INTERESTS

My favourite school sports are: _____

During my time in Canada I would like to try out for the following sports teams: *(If available. Team acceptance not guaranteed.)*

I play the following instruments: _____

I have taken dance lessons in the following dance styles: _____

During my time in Canada I would like to participate in the following social or academic clubs:

I most like to read: Fiction/Novels Non-fiction Short-stories Poetry

My favourite book is: _____

My other hobbies include: _____

My favourite music artist or band is: _____

My favourite film is: _____

From what you know about Canada, what would you most like to see or do during your stay?

FAMILY & LIFESTYLE: Home Away From Home

Notice for students who will reside with a host family:

Canada is a multicultural society, where people of all cultures and ethnicities are welcomed and form an integral part of the culture of each community. Homestay families represent the standard 'Middle Class' of Canada. Families are selected based on their willingness to welcome a student into their home as a family member, offering shelter, meals, security, comfort... essentially everything equal to a 'home away from home.' Our families come from a variety of ethnic backgrounds and domestic configurations—from couples with children, to single parents or childless couples. Regardless of how a family appears on paper, you can be assured that your child will be well cared for in a comfortable and safe home, where English is the main language spoken among the family members.

Tell us about your home life:

I live with my: _____

Describe your lifestyle with your family: _____

On school nights what do you typically do with your:

Parents: _____

Siblings: _____

Friends: _____

On weekends what do you typically do with your:

Parents: _____

Siblings: _____

Friends: _____

What activities do you enjoy doing in your free time?

- | | | |
|--|---|--|
| <input type="checkbox"/> Reading | <input type="checkbox"/> Watching TV shows | <input type="checkbox"/> Watching movies |
| <input type="checkbox"/> Going out to movies | <input type="checkbox"/> Going out for meals | <input type="checkbox"/> Playing board games |
| <input type="checkbox"/> Playing sports | <input type="checkbox"/> Watching live sports | <input type="checkbox"/> Sightseeing |
| <input type="checkbox"/> Shopping | <input type="checkbox"/> Going to parties | <input type="checkbox"/> Going to the theatre/plays |
| <input type="checkbox"/> Playing chess | <input type="checkbox"/> Playing video/computer games | <input type="checkbox"/> Chatting with friends on the computer |
| <input type="checkbox"/> Listening to music | <input type="checkbox"/> Playing a musical instrument | <input type="checkbox"/> Cooking |
| <input type="checkbox"/> Dancing | <input type="checkbox"/> Hiking | <input type="checkbox"/> Camping |
| <input type="checkbox"/> Other: _____ | | |

How many hours do you spend on a computer/tablet/device? Per day: _____ Per week: _____

How many hours do you spend watching TV? Per day: _____ Per week: _____

PERSONALITY & HABITS

Check all the personality traits that best describe you:

- Independent Outgoing Shy Organized Disorganized
 Energetic Optimistic Tidy Talkative Quiet
 Other: _____

I make new friends easily: Yes No

In new situations I tend to: Worry or stress Embrace the challenge

When speaking English I: Worry about mistakes Welcome correction
 Focus on grammar Just talk, however it comes out

My attitude about school is: I like it a lot It's okay I don't really like it

What aspects of school do you most enjoy? _____

What aspects of this program are you most excited about? _____

What aspects of this program most concern you? _____

Personal Habits:

- I like to wake up: Very early When I have to
- When I wake up I like: Silence To talk To listen to music
- As a family we eat together at: Breakfast Lunch Dinner/Supper
- Do you have your own bedroom? Yes No, I share with _____
- Do you tidy up and make your own bed? Yes No, my _____ does it.
- On school nights I go to bed at: _____ PM AM
- My curfew on school nights is: _____ PM AM I don't have one
- My curfew on weekends is: _____ PM AM I don't have one

Please describe:

Household chores you do: _____

Rules in your family: _____

How many hours of homework do you typically receive each week?: _____

When do you typically do your homework? After school After dinner/supper Before going to bed

HOMESTAY & PERSONAL INFORMATION

Food Preferences & Allergies:

Which of the following statements apply to you?

- | | | |
|--|---|--|
| <input type="checkbox"/> I eat almost anything | <input type="checkbox"/> I prefer a light breakfast | <input type="checkbox"/> I eat vegetables |
| <input type="checkbox"/> I am vegetarian | <input type="checkbox"/> I like a hot breakfast | <input type="checkbox"/> I am open to trying new foods |
| <input type="checkbox"/> I am vegan | <input type="checkbox"/> I don't eat breakfast at all | <input type="checkbox"/> I am not very adventurous with new food |
| <input type="checkbox"/> I love desserts | <input type="checkbox"/> I really enjoy cooking | <input type="checkbox"/> I am concerned about gaining weight |

What are your favourite foods? _____

What are your least favourite foods? _____

What will you not eat? _____

Do you have a peanut allergy? Yes No

Do you have other food allergies? Yes No

Please list allergies:	Reaction:	Medication:	Life threatening?	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No

Family Style:

Which of the following statements apply to you?

- | | |
|--|--|
| <input type="checkbox"/> I like babies/small children | <input type="checkbox"/> I like a quiet home |
| <input type="checkbox"/> I get on well with small children (ages 6–12) | <input type="checkbox"/> I like an active family |
| <input type="checkbox"/> I prefer teens/young adults to children | <input type="checkbox"/> I like all pets |
| <input type="checkbox"/> I prefer to be the only child in the home | <input type="checkbox"/> I fear the following animals: _____ |

Please list any animal allergies: _____

Have you ever lived away from home? Yes No

If yes, please explain: _____

Do you smoke? Yes No Are you willing to quit? Yes No

Are you able to live with a family that smokes? Yes No

Note: The majority of student placements are one (1) student per family. It is policy to place up to two (2) students per family, provided the students are of a different nationality/language group. Both students will receive their own bedroom and typically attend the same school. We will advise at time of placement if another student will be in the home.

Optional:

I belong to the following religion: _____ Active Non-active

I attend religious services: Regularly On special events/holidays

I would like to attend services while in Canada: Yes No

I am willing to attend these on my own: Yes No

STUDENT PHOTOS

Please include 5–10 photos of:

- You and your family (where you live, places you go, activities you do together);
- Your involvement with sports, hobbies or other activities that illustrate your interests;
- You and your friends.

We encourage you to choose photos that best represent you, your surroundings and your interests. Please include a short description for each photo. Photos may be scanned and inserted on a page, or if using original photographs, please note that they will be given to your host family and may not be returned. Have fun and be creative, we want to know about you.

MOTIVES & EXPECTATIONS

Using complete sentences please tell us:

1. Why you have chosen to participate in this high school program (why specifically Canada)?

2. Describe both the academic and personal results you would like to attain by the end of your stay.

3. What expectations do you have from your school, community and homestay experience?

PARENT LETTER

Please write a letter describing your child's personality, interests, relationships, future aspirations and home life. Feel free to add any other relevant information which may be helpful to a teacher or host family.

Parent Signature **X** _____ Date: _____

PARENTAL CONSENT & RELEASE

As the parent/legal guardian of (student name): _____

General Agreement & Release

1. I/We are aware of and approve of my/our child's participation in the Sunshine Coast International Student Program in Canada.
2. I/We have read and signed the 'Participation Agreement' (pg 17 – 18) as set forth for my/our child by School District 46 (SD46).
3. I/We agree that all the information in the application is true to the best of my/our knowledge and that any falsification of information may lead to the dismissal of my/our child from the program.
4. I/We permit SD46 to use any photographs, images or videos of my/our child in their promotional materials.
5. I/We hereby waive, release and absolve and agree to indemnify and save harmless, the host family and the school officials from all liability arising from my/our child's participation in the Sunshine Coast International Student Program, except such as results solely from its or their neglect or willful default.
6. I/We agree to provide sufficient funding for my/our child's personal spending and travel expenses.

Parent Signature **X** _____ Date: _____

Parent Signature **X** _____ Date: _____

Participation in School Sports & School Organized Trips

1. I/We grant permission for my/our child to participate in school organized and supervised field trips.
2. I/We grant permission for my/our child to participate in regular school sports.
With the exception of _____

3. I/we grant permission for my/our child to participate in what may be deemed high-risk activities as follows:

Activity	Permission	Activity	Permission	Activity	Permission
Downhill Skiing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ice Hockey	<input type="checkbox"/> Yes <input type="checkbox"/> No	American Football	<input type="checkbox"/> Yes <input type="checkbox"/> No
Snowboarding	<input type="checkbox"/> Yes <input type="checkbox"/> No	Horseback Riding	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rock Climbing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Snowmobiling	<input type="checkbox"/> Yes <input type="checkbox"/> No	Swimming	<input type="checkbox"/> Yes <input type="checkbox"/> No	Whitewater Rafting	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rugby	<input type="checkbox"/> Yes <input type="checkbox"/> No	Water skiing	<input type="checkbox"/> Yes <input type="checkbox"/> No	River Canoe/Kayak	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mountain Biking	<input type="checkbox"/> Yes <input type="checkbox"/> No	Martial Arts	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sea Canoe/Kayak	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. I/We authorize SD46 and my/our child's homestay parents to approve and sign permission slips for any school sponsored field trips, sports teams, club activities and other extra-curricular activities at their discretion. I/We also understand that if my/our child is considering participating in a school sponsored high-risk activity, I/we will be notified (regardless of my/our approval above), and acknowledge that I/we may be asked to sign an additional waiver form specific to that event or activity. I/we may choose at that time to decline my/our permission.
5. Trips or activities that are organized outside of the school environment or which include extensive travel will require additional parent consent specific to that activity/event.

Parent Signature **X** _____ Date: _____

Parent Signature **X** _____ Date: _____

PARENTAL CONSENT & RELEASE (CONTINUED)

Community Involvement

My/Our child has permission to volunteer with or otherwise participate in community events, activities, clubs, teams, organizations and/or classes that may not be reviewed, arranged or supervised by a SD46 staff member.

Parent Signature **X** _____ Date: _____

Parent Signature **X** _____ Date: _____

Natural Parent Confirmations & Acknowledgments

Parents of students participating in the Sunshine Coast International Student Program must confirm the following:

- i. that my/our child has no history of criminal behaviour or sexual misconduct;
- ii. that my/our child has no history of drug or alcohol abuse, self-harming behaviours, or eating disorders;
- iii. that my/our child does not have any undisclosed medical, psychological, physical or emotional challenges or conditions; and
- iv. that I/we know of no reason why my/our child cannot successfully participate in the Sunshine Coast International Student Program.

Parent Signature **X** _____ Date: _____

Parent Signature **X** _____ Date: _____

Parents of students participating in the Sunshine Coast International Student Program must acknowledge and accept the following:

- i. that SD46 has no control over labour disputes and cannot be held responsible or liable for any loss suffered by my/our child due to a strike or any other job action that may result in the failure to deliver educational programming and/or related services/opportunities including but not limited to school sports teams, clubs, field trips and/or homework support; and
- ii. that SD46 cannot control the weather and/or other extraordinary or unforeseen circumstances or situations which may delay or prevent the delivery of school programming and/or program activities, events or trips and cannot be held responsible or liable for any loss suffered by my/our child as a result.

Parent Signature **X** _____ Date: _____

Parent Signature **X** _____ Date: _____

Media Release

I/We hereby give my/our permission to SD46 to collect, keep, use and share photographs, videos and images of my/our child for use online or in print including but not limited to brochures, websites, newspapers, and social media.

Parent Signature **X** _____ Date: _____

Parent Signature **X** _____ Date: _____

ENGLISH TEACHER'S REFERENCE

English Teacher's Name: _____

School: _____

_____ STUDENT'S NAME is applying for admission into the Sunshine Coast International Student Program in Canada. To assist us in the selection process, we would very much appreciate your assessment of the above-mentioned student. Thank you.

How long have you taught this student? _____ years

How long has the student studied English? _____ years

Please give your assessment of this student's English abilities.

Given your assessment of this student's English proficiency level, how well do you think this student will fare in an all English academic environment with regard to course comprehension, essay writing, assignments and examinations?

Please advise on the level of supplementary ESL this student will require during their program in Canada.

Please rate this student in the following areas as compared to his/her classmates.

	Excellent	Good	Average	Poor
Independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation in Class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Co-operation With Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

ENGLISH TEACHER'S REFERENCE (CONTINUED)

Skills Assessment

Reading: Given a newspaper or general magazine article of 2–3 paragraphs, his/her reading skills are:

- Excellent** Reads aloud with very few errors; explains the meaning clearly and completely. **(comprehension 90%)**
- Good** Reads aloud with few errors, deals with all except difficult terms and strange names, explains most of the meaning. **(comprehension 70 - 80%)**
- Fair** Reads most of the basic vocabulary and explains the basic ideas. **(comprehension 50–60%)**
- Poor** Reads and understands only the simplest words. Explains very little of the meaning.

Writing: Given a short essay asking for opinions of school or town views, sports or personal interest, his/her writing skills are:

- Excellent** Writes almost perfectly using long sentences, abstract terms and vocabulary. Uses English grammar structure rather than composing in native grammar and translating.
- Good** Uses good vocabulary with long sentences, but sentence structure and grammar usage are somewhat irregular.
- Fair** Uses only simple sentences with limited vocabulary. Grammar usage is irregular, although understandable.
- Poor** Does not use complete sentences. Sentences are short with basic grammar. Difficult to understand meaning.

Speaking and Listening: After 15 minutes of active conversation discussing both teacher and student views on current issues (and introducing both abstract terms and idiomatic expressions), his/her ability to speak and understand English conversation are:

1. No ability to communicate in English.
2. Very little ability to communicate—understands a few words, but has no ability to communicate beyond a few words.
3. Fair ability to communicate—understands words or phrases but not sentence thoughts. Speaking is limited to a few words and phrases.
4. Understands basic English sentences and is able to respond in words or phrases. Grammar and sentence structure are poor but understandable.
5. Can understand more than can communicate—but tries. Can respond in sentence form even if grammar and sentence structure are not perfect. He/She is understandable.
6. Understands basic English. Vocabulary includes most common terms but does not understand abstract terms. Makes mistakes but is able to carry on basic conversation. Obvious he/she is still translating.
7. Can understand most conversations. Speaking ability is good but needs practice. Responses and sentence structure are more complex. Has good vocabulary but needs to think before responding.
8. English response and communication come naturally even if they are not perfect. Can understand and respond to difficult questions and can use abstract terms. Should have no trouble communicating in an English speaking country and school.
9. Near fluency. Sentence structure is almost perfect. Can understand and respond to difficult questions and can use abstract terms. Should have no trouble communicating in an English speaking country and school.
10. Absolute fluency and proficiency. Can understand and converse using sophisticated vocabulary and clear, correct sentence structure. Has no trouble with abstract subjects or most idioms. Can think in English.

Score: _____

English Teacher's signature **X** _____ Date: _____

PRINCIPAL’S REFERENCE

Principal’s Name: _____

School: _____

_____ is applying for admission into the Sunshine Coast International Student Program in Canada. To assist us in the selection process, we would very much appreciate your assessment of the above-mentioned student. Thank you.

STUDENT’S NAME

How long have you known this student? _____ years

Please describe the strengths and weaknesses of this student:

How do you think this student would cope in a learning environment in Canada?

Please describe this student’s interpersonal skills with their peers and teachers:

Are there any other reasons to recommend this student to be accepted in a school in Canada?

Principal’s signature **X** _____ Date: _____

STUDENT PARTICIPATION & CONDUCT AGREEMENT

The following Participation Agreement has been established by SD46 and its partners to outline the minimum standards of acceptable behaviour. These rules and expectations apply to all participants in the Sunshine Coast International Student Program.

I _____ agree to:

STUDENT'S NAME

GENERAL BEHAVIOUR

1. Attend school on a regular full-time basis as per my class timetable for the duration of my program. Any legitimate absences (ie. illness) must be explained by a note from my host parent to my school.
2. Abide by the laws of Canada.
3. Obey the rules and regulations of SD46, my school and my host family.
4. Use English as much as possible when speaking with my teachers.
5. Refuse/deny paid employment while in this program.

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Please initial once read: Student Father Mother

ILLEGAL ACTIVITY

The following are behaviours and laws that must be followed. Failure to obey may result in dismissal from the program, with no refund and termination of the study permit.

I understand and agree to abide by ALL LAWS OF CANADA, with the following being most relevant for students:

6. The consumption and possession of alcoholic beverages is illegal for persons under the age of 19 in British Columbia and is therefore prohibited. Asking an adult (person of the legal age) to purchase alcohol on my behalf is illegal.
7. Entry in to a nightclub/disco/bar or other establishment that requires patrons to be over the legal drinking age is not permitted. Use of false identification is fraud, and is punishable by Canadian law.
8. Smoking is not permitted on school property or inside any public building. Purchase of cigarettes is illegal for persons under the age of 19 and is therefore prohibited. Asking an adult (person of the legal age) to purchase cigarettes on my behalf is illegal.
9. The use or possession of any illegal drugs (including marijuana/cannabis), or the abuse of prescription or nonprescription medications is an illegal activity in Canada and is strictly prohibited.
10. Violence, aggression, harassment or bullying has a zero tolerance level and is strictly forbidden behaviour.
Harassment can be a single incident or a series of incidents including words, acts or gestures of a malicious or abusive nature directed at a person or a group of persons for reasons of: academic ability, age, sex, sexual orientation, disability, economic status, language, race, ethnicity, religion, appearance or colour.
11. Driving of any type of motorized vehicle is prohibited.

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Please initial once read: Student Father Mother

SOCIAL MEDIA/INTERNET

12. When posting pictures, messages or comments on any social media site (including, but not limited to Facebook, Twitter, Instagram, etc.), I will respect personal honour and NOT post negative or hurtful messages/photos of my peers, my or anyone else's host family, school staff and program staff.
13. I will NEVER agree to meet a person/new friend met over the internet, in chatrooms or any other media sites.
14. I will abide by the internet usage policy and times as agreed to by my host family.
15. I will not visit any illegal or pornographic websites, nor will I download any pornographic images on to my or my host family's computer. I will not download any images, movies or games without the express consent of my host family.

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Please initial once read: Student Father Mother

STUDENT PARTICIPATION & CONDUCT AGREEMENT (CONTINUED)

HOMESTAY LIVING

- 16. While living with a host family:
 - i. I will show respect for my host family and act as a member of the family.
 - ii. I will respect my host family's private affairs.
 - iii. I will obey family/house rules.
 - iv. I will voluntarily help with reasonable household chores.
 - v. I will not smoke if I have identified myself as a non-smoker on the Application Form.
- 17. I understand that misrepresenting myself on the Application Form may result in an inappropriate homestay placement. If I must be moved to a new homestay due to this misrepresentation (eg. smoking when identified as a non-smoker), I understand that I/my natural parents will be responsible for a \$500 CAD administration fee.
- 18. I will use a calling card or Skype® account when making international phone calls.
- 19. I am permitted to visit relatives and close family friends only if I have permission from both my host parent(s) and my program coordinator. I am permitted overnight visits with friends of the same sex with permission from my host parent(s). I understand that these visits should be occasional and my host parent(s) will contact the parties involved to ensure the visits cause no inconveniences.
- 20. In case of illness I will immediately inform my host family or contact the program coordinator. Any medical expenses required will be fully covered by my medical insurance and/or by my parents when the medical expenses are in excess of the insured amount or the procedure is not covered by my medical insurance.
- 21. I cannot decide to make any changes to my host family or school of my own accord. Any change in homestay or school must be approved by and arranged by the program coordinator.

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Please initial once read: Student Father Mother

CUSTODIANSHIP & MONITORING/TRAVEL/DISMISSAL

- 22. I understand that SD46 is responsible for me for the duration of my academic program. I also understand that this responsibility ends when I return to my home country or after the date stated on the notarized custodial document, whichever comes first.
- 23. If I wish to travel out of town, I must submit a TRAVEL REQUEST FORM at least 2 weeks prior to my scheduled trip and obtain permission from my program coordinator, who will in turn seek permission from my parents. I understand that I am not permitted to travel overnight without an adult over the age of 25 and that I am financially responsible for any fees incurred.
- 24. In the event that I do not comply with the above rules and regulations, SD46 has the right to terminate my involvement in the Sunshine Coast International Student Program. If this occurs, I may be sent home immediately at my parents' expense.
- 25. I understand that should I be expelled from school or the program there will be no refund of fees.
- 26. I understand that dismissal from the program shall result in termination of custodial responsibility and immediate release of SD46. Failure to provide an independent custodian will result in a Report to Citizenship and Immigration Canada to subsequently nullify the Study Permit.

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Please initial once read: Student Father Mother

I agree to the above Participation Agreement as set forth by SD46:

Name of Student: _____ Date: _____

X _____ X _____ X _____
STUDENT'S SIGNATURE FATHER OF STUDENT MOTHER OF STUDENT

Received and acknowledged by: X _____
PROGRAM COORDINATOR

MEDICAL AGREEMENT & RELEASE

1. In the case of a medical emergency, should I/we not be immediately available for consultation, I/we, as the applicant's parent(s) or legal guardian(s) give permission to the physician selected by SD46, the host family or the school officials to hospitalize, secure proper treatment for, and to order injections, immunizations/vaccinations, anesthetics for my/our child.
2. For simple headaches, fever or other minor pain, I/we permit SD46, the host family or school to administer the prescribed dose of:
 Aspirin Acetaminophen (ex. Tylenol) Ibuprofen (ex. Motrin, Advil)
3. I/We agree that the relationship and the resolution of any and all disputes arising therefore between ourselves and health services provided through SD46, the host family or school officials shall be governed by and construed in accordance with the laws of the province in which the program is operated. I/We hereby acknowledge that the treatment will be performed in the province in which the program is operated and that the courts of that province shall have jurisdiction to entertain any complaint, demand, claim or cause of action whether based on alleged breach of contract or alleged negligence arising out of the treatment. I/We hereby agree that if I/we commence any such legal proceedings they will be only in the province in which the program is operated, and hereby irrevocably submit to exclusive jurisdiction of the provincial courts.
3. I/We confirm that my/our child is not affected by or does not have a history of medical, psychiatric or emotional difficulties, nor does my/our child have any condition that would impact the success of his/her international student program.

--	--	--

Please initial once read: *Student* *Father* *Mother*

Parent Signature **X** _____ Date: _____

Parent Signature **X** _____ Date: _____

STUDENT MEDICAL HEALTH FORM

Last name: _____ Date of birth: _____ / _____ / _____
DAY MONTH YEAR

Given name(s): _____ Weight: _____ Height: _____

Home Address: Street: _____
 City: _____ Province/State: _____
 Postal/Zip Code _____ Country: _____

History of Illness

Has the participant had any of the following illnesses/conditions:

YES NO

- Allergies
- Appendicitis
- Appendix removed
- Asthma
- Chicken Pox
- Diabetes
- Diphtheria
- Epilepsy
- Hepatitis (any form)
- Operation for Hernia
- Malaria
- Measles
- Mumps

YES NO

- Parasites
- Pneumonia
- Poliomyelitis (Polio)
- Rheumatic Fever
- Rubella (German Measles)
- Scarlet Fever
- Serious Cough
- Serious Headaches or Migraines
- Smallpox
- Tuberculosis
- Typhoid
- Vertigo/Dizziness
- Any other diseases

Any disease, impairment or abnormality of:

YES NO

- Blood or Endocrine System
- Bones or Joints
- Brain or Nervous System
- Ears or Hearing
- Eating Disorder
- Eyes or Sight
- Genito-Urinary System
- Heart or Blood Vessels
- Lungs, Respiratory System
- Other Abdominal Organs
- Personality/Behaviour
- Skin (Acne, Eczema, etc.)
- Stomach/Digestive System
- Tonsils, Nose or Throat
- Have Tonsils been removed?

Please give a full description of any disease or impairment mentioned above ('yes' response) including dates:

Please list allergies:	Reaction:	Medication:	Life threatening?	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No

Is there any medication that the student should NOT take?

STUDENT MEDICAL HEALTH FORM (CONTINUED)

History of Immunizations/Vaccinations: Student Name: _____

Please indicate the **month and year** of all immunizations/vaccinations received by the student. The most recent must have occurred within the past **10 years**.

	Vaccine	Date	Date	Date	Date	Date
MANDATORY	Diphtheria					
	Polio					
	Tetanus/Toxoids (Td)					
	Smallpox					
	Pertussis					
	Tuberculosis (Manox Test)					
	Mumps					
	Rubella (German Measles)					
	Measles					

OTHER	Typhoid					
	Cholera					
	Yellow Fever					
	HPV					
	Hepatitis B					
	Other: _____					
Other: _____						

Has the student received the **BCG Vaccine for Tuberculosis?** Yes No Date: _____

Please note that this may produce a positive result in a test for Tuberculosis. Most Canadian schools will test incoming students for Tuberculosis, and the BCG vaccine is not a guarantee for immunity. Students testing positive for Tuberculosis may be required to have a chest x-ray or prove that he/she does not have tuberculosis, or in some cases may be required to take medication. The cost of the x-rays or medication must be paid by the student as medical insurance will not pay these costs.

Medication & Physical Activity

- Is the student currently taking any medication for which a prescription is needed?
 Yes No If yes, please name: _____
- Is the student currently taking any medication for which a prescription is not needed?
 Yes No If yes, please name: _____
- Recommendation for general physical activity in school:
 Full physical activity including physical education classes
 Modified activity because of: _____
- If the student is eligible and the student wishes to participate in the high school competitive sports program, is there any factor in the student's physical condition which might pose a problem for him/her?
 Yes No If yes, please explain: _____

STUDENT MEDICAL HEALTH FORM (CONTINUED)

5. Does the student have a physical handicap?

Yes No If yes, please describe: _____

Important: The Sunshine Coast International Student Program does not discriminate against applicants with physical disabilities but may not be able to accommodate all students depending on their individual requirements.

6. Has the student ever been treated for an addiction (eg. drugs, alcohol)?

Yes No If yes, please describe: _____

7. Has the student ever had a psychological issue or condition (eg. eating disorder, depression) that required professional treatment and/or prescription medication?

Yes No If yes, please describe: _____

Doctor's Confirmation

I have reviewed the above information and can confirm, to the best of my knowledge, that it is accurate and complete. My assessment of the applicant's suitability for studying abroad in a foreign country based on his/her medical history is as follows: Excellent Good Fair Poor Unsuitable

Doctor's Signature **X** _____ Date: _____

Stamp of Doctor, Clinic or Hospital

Homestay in Canada Application Form (Student/Minor)

Thank you for choosing Canada as your travel and study destination. MLI Homestay is looking forward to placing you in your home away from home.

This comprehensive application form will assist us with getting to know you and ensuring that you are placed in the best possible match. To ensure that this application is processed as quickly as possible, please adhere to the following guidelines:

1. Form may be filled out on computer, except where signatures are required, or print clearly in block letters.
2. Answer all questions completely and sign where indicated
3. Submit application via email info@mlihomestay.com or fax to 416-646-5406
4. Application Fee is due at the time of application submission. Full payment must be received by MLI Homestay prior to arrival.

PARTICIPANT INFORMATION

SURNAME	GIVEN NAME(S)	PLEASE ATTACH PHOTO HERE (Attach photo to email if sending pdf of this application via email)	
DATE OF BIRTH (YYYY / MM / DD) ____ / ____ / ____	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
NATIONALITY	E MAIL ADDRESS		
LEVEL OF ENGLISH <input type="checkbox"/> BEGINNER <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> ADVANCED	LANGUAGES SPOKEN		
STREET ADDRESS			
CITY	PROVINCE/STATE	COUNTRY OF RESIDENCE	POSTAL CODE

PARENT/GUARDIAN INFORMATION

Please clearly PRINT names as they appear on legal documents. This information will be used to create legal custodial documents.

PARENT/GUARDIAN (1) SURNAME	PARENT/GUARDIAN (1) GIVEN NAME(S)	RELATIONSHIP <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> GUARDIAN	
OCCUPATION	BUSINESS TELEPHONE (INCLUDE COUNTRY AND AREA CODES)	DATE OF BIRTH (YYYY / MM / DD) ____ / ____ / ____	
EMAIL ADDRESS	HOME/MOBILE TELEPHONE (INCLUDE COUNTRY AND AREA CODES)	LANGUAGES SPOKEN	
ADDRESS: <input type="checkbox"/> SAME AS PARTICIPANT <u>OR</u> STREET ADDRESS			
CITY	PROVINCE/STATE	COUNTRY	POSTAL CODE

PARENT/GUARDIAN (2) SURNAME	PARENT/GUARDIAN (2) GIVEN NAME(S)	RELATIONSHIP <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> GUARDIAN	
OCCUPATION	BUSINESS TELEPHONE (INCLUDE COUNTRY AND AREA CODES)	DATE OF BIRTH (YYYY / MM / DD) ____ / ____ / ____	
EMAIL ADDRESS	HOME/MOBILE TELEPHONE (INCLUDE COUNTRY AND AREA CODES)	LANGUAGES SPOKEN	
ADDRESS: <input type="checkbox"/> SAME AS PARTICIPANT <u>OR</u> STREET ADDRESS			
CITY	PROVINCE/STATE	COUNTRY	POSTAL CODE

Homestay in Canada Application Form (Student/Minor)

PARENTS ARE: <input type="checkbox"/> MARRIED <input type="checkbox"/> COMMON-LAW <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED
PARTICIPANT LIVES WITH: <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> BOTH <input type="checkbox"/> OTHER: _____
IF DIVORCED, LEGAL CUSTODY OF THE PARTICIPANT RESIDES WITH: <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> BOTH <input type="checkbox"/> OTHER: _____
PARENT WHO SHOULD RECEIVE COMMUNICATIONS: <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> BOTH <input type="checkbox"/> OTHER: _____

SIBLINGS:

NAME	RELATIONSHIP	AGE	OCCUPATION/STUDY LEVEL

EMERGENCY CONTACT (if parents are unavailable for consultation)

SURNAME	GIVEN NAME(S)	RELATIONSHIP
EMAIL ADDRESS	HOME/MOBILE TELEPHONE (INCLUDE COUNTRY AND AREA CODES)	LANGUAGES SPOKEN

PARTICIPANT INFORMATION

WHEN SPEAKING ENGLISH I: <input type="checkbox"/> WORRY ABOUT MISTAKES <input type="checkbox"/> WELCOME CORRECTION	
<input type="checkbox"/> FOCUS ON GRAMMAR	<input type="checkbox"/> JUST TALK HOWEVER IT COMES OUT
PERSONALITY TRAITS	
<input type="checkbox"/> AFFECTIONATE <input type="checkbox"/> CHEERFUL <input type="checkbox"/> SOCIABLE <input type="checkbox"/> OPTIMISTIC <input type="checkbox"/> SHY <input type="checkbox"/> ACTIVE	
<input type="checkbox"/> ADAPTABLE <input type="checkbox"/> HUMOROUS <input type="checkbox"/> SERIOUS <input type="checkbox"/> CURIOUS <input type="checkbox"/> TALKATIVE <input type="checkbox"/> RELAXED	
<input type="checkbox"/> INDEPENDENT <input type="checkbox"/> QUIET <input type="checkbox"/> TIDY <input type="checkbox"/> DISORGANIZED <input type="checkbox"/> ENERGETIC <input type="checkbox"/> PATIENT	
I MAKE NEW FRIENDS EASILY: <input type="checkbox"/> YES <input type="checkbox"/> NO	IN NEW SITUATIONS I TEND TO:
	<input type="checkbox"/> WORRY OR STRESS <input type="checkbox"/> EMBRACE THE CHALLENGE
I HAVE A PET AT HOME: <input type="checkbox"/> NO <input type="checkbox"/> YES, I HAVE:	I ATTEND RELIGIOUS SERVICES: (OPTIONAL)
	<input type="checkbox"/> OFTEN <input type="checkbox"/> OCCASIONALLY <input type="checkbox"/> RARELY <input type="checkbox"/> NEVER
HAVE YOU EVER LIVED AWAY FROM HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, PLEASE DESCRIBE THE EXPERIENCE:	
ACTIVITIES YOU ENJOY	
SPORTS	
<input type="checkbox"/> FOOTBALL <input type="checkbox"/> GOLF <input type="checkbox"/> HORSEBACK RIDING <input type="checkbox"/> ICE HOCKEY	
<input type="checkbox"/> MARTIAL ARTS <input type="checkbox"/> SAILING <input type="checkbox"/> CROSS-COUNTRY SKIING <input type="checkbox"/> DOWNHILL SKIING	
<input type="checkbox"/> SOCCER <input type="checkbox"/> SWIMMING <input type="checkbox"/> TENNIS <input type="checkbox"/> VOLLEYBALL	
<input type="checkbox"/> BASEBALL <input type="checkbox"/> BASKETBALL <input type="checkbox"/> CAMPING <input type="checkbox"/> CYCLING	
<input type="checkbox"/> FIELD HOCKEY <input type="checkbox"/> RUNNING <input type="checkbox"/> HIKING <input type="checkbox"/> CANOEING/KAYAKING	
OTHER: _____	
OTHER INTERESTS	
<input type="checkbox"/> COOKING <input type="checkbox"/> DANCE <input type="checkbox"/> MUSIC (POPULAR) <input type="checkbox"/> MUSIC (CLASSICAL/JAZZ)	
<input type="checkbox"/> PAINTING/DRAWING <input type="checkbox"/> READING <input type="checkbox"/> PHOTOGRAPHY <input type="checkbox"/> THEATRE	
<input type="checkbox"/> SINGING <input type="checkbox"/> MOVIES <input type="checkbox"/> SEWING <input type="checkbox"/> CHESS	
<input type="checkbox"/> COMPUTERS <input type="checkbox"/> BOARD GAMES <input type="checkbox"/> SHOPPING <input type="checkbox"/> SIGHTSEEING	
OTHER: _____	

FOOD PREFERENCES/ALLERGIES

WHICH OF THE FOLLOWING STATEMENTS APPLIES TO YOU?

- | | |
|---|---|
| <input type="checkbox"/> I EAT ALMOST EVERYTHING | <input type="checkbox"/> I LIKE A HOT BREAKFAST |
| <input type="checkbox"/> I AM VEGETARIAN | <input type="checkbox"/> I PREFER A LIGHT BREAKFAST |
| <input type="checkbox"/> I AM VEGAN | <input type="checkbox"/> I DON'T EAT BREAKFAST AT ALL |
| <input type="checkbox"/> I REALLY ENJOY COOKING | <input type="checkbox"/> I EAT VEGETABLES |
| <input type="checkbox"/> I HAVE NEVER COOKED FOR MYSELF | <input type="checkbox"/> I AM VERY CONCERNED ABOUT GAINING WEIGHT |
| <input type="checkbox"/> I AM OPEN TO TRYING NEW FOODS | <input type="checkbox"/> I AM NOT VERY ADVENTUROUS WITH NEW FOODS |
| <input type="checkbox"/> I LOVE DESSERTS | <input type="checkbox"/> I DO NOT EAT RED MEAT (BEEF, VEAL, LAMB) |

LIST YOUR FAVOURITE FOODS:

LIST FOODS WHICH YOU **CANNOT** EAT:

DO YOU HAVE ANY FOOD ALLERGIES? NO YES, INCLUDING: _____

DO YOU HAVE ANY ALLERGIES TO ANIMALS? NO YES

Dog Cat Other. _____

DO YOU HAVE ANY OTHER ALLERGIES?

OTHER ALLERGIES:	REACTION	MEDICATIONS	IS THIS ALLERGY LIFE-THREATENING?
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO

DO YOU SMOKE? NO YES

IF YES, YOU MUST AGREE NOT TO SMOKE AT SCHOOL OR IN YOUR HOMESTAY.

DO YOU AGREE NOT TO SMOKE INSIDE (INCLUDING YOUR BEDROOM)? NO YES

WOULD YOU AGREE TO LIVE IN A HOME WHERE OTHERS SMOKE OUTSIDE? NO YES

BE TRUTHFUL. Misrepresentation may result in a required change of host family at a supplementary cost.

NOTE: in most provinces in Canada, the legal age to purchase cigarettes is 18 or 19 years. Host families and other adults are legally forbidden to purchase cigarettes for underage persons.



Homestay in Canada Application Form (Student/Minor)

HEALTH INFORMATION

GENERAL HEALTH: EXCELLENT GOOD FAIR POOR

Do you have a physical or medical condition for which you require special medication or services? YES NO
 (This includes mental health conditions such as ADD/ADHD, anxiety, depression, eating disorder) If yes, please explain:

Are you currently taking any medication? YES NO
 If yes, please explain:

Are there any medications that you are not able to take or have allergies to? YES NO
 If yes, please explain:

MEDICAL AGREEMENT AND RELEASE

- I hereby authorize MLI Homestay to seek medical attention, if required, for me/my son/daughter in the event of sickness, accident or other emergency during the program. I/We certify that the above information is correct to my/our knowledge.
- In the case of medical emergency, should I/we not be immediately available for consultation, I/we, as the Participant's parent(s) or legal guardian(s), give permission to the physician selected by MLI Homestay, the Host Family or the school officials to hospitalize, secure proper treatment for, and to order injections, immunizations/vaccinations, anesthetics or surgery for my/our child.
- For simple headaches, fever or other minor pain, I/we permit the host family, MLI Homestay or the school staff to administer the prescribed dose of:

<input type="checkbox"/> ASPIRIN	<input type="checkbox"/> ACETAMINOPHEN (ex. Tylenol)	<input type="checkbox"/> IBUPROFEN (ex, Advil, Motrin)
<input type="checkbox"/> POLYSPORIN	<input type="checkbox"/> ANTACID (Tums, Maalox, etc.)	<input type="checkbox"/> COUGH MEDICINE
<input type="checkbox"/> THROAT LOZENGES	<input type="checkbox"/> ANTIHISTAMINE (ex. Sudafed, Benadryl)	
- I/we hereby agree that the relationship and the resolution of any and all disputes arising therefrom between ourselves and health services provided through MLI Homestay, the Host Family or the school officials, shall be governed by and construed in accordance with the laws of the province in which the program is operated. I/we hereby acknowledge that the treatment will be performed in the province in which the program is operated and that the courts of that province shall have jurisdiction to entertain any complaint, demand, claim or cause of action whether based on alleged breach of contract or alleged negligence arising out of the treatment. I/we hereby agree that if I/ we commence any such legal proceedings they will be only in the province in which the program is operated, and hereby irrevocably submit to the exclusive jurisdiction of the provincial courts.
- I/we confirm that my/our child is not affected by or does not have a history of medical, psychiatric or emotional difficulties, nor does my/our child have any condition that would impact the success of his/her homestay program.

PARTICIPANT NAME	PARTICIPANT SIGNATURE	DATE (YYYY / MM / DD) ____/____/____
PARENT/GUARDIAN (1) NAME	PARENT/GUARDIAN (1) SIGNATURE	DATE (YYYY / MM / DD) ____/____/____
PARENT/GUARDIAN (2) NAME	PARENT/GUARDIAN (2) SIGNATURE	DATE (YYYY / MM / DD) ____/____/____



Homestay in Canada Application Form (Student/Minor)

ABOUT YOU

Why have you chosen to come to Canada and stay in homestay? What do you hope to achieve during your time in Canada?

From what you know of Canada, what would you most like to see or do during your stay?

What expectations do you have of your homestay experience?



Homestay in Canada Application Form (Student/Minor)

HOMESTAY PROGRAM INFORMATION

DATE OF APPLICATION (YYYY / MM / DD) ____/____/____		
ARRIVAL (YYYY / MM / DD) ____/____/____	FLIGHT # AND TIME	AIRPORT TRANSFER REQUIRED: <input type="checkbox"/> YES <input type="checkbox"/> NO
DEPARTURE (YYYY / MM / DD) ____/____/____	FLIGHT # AND TIME	AIRPORT TRANSFER REQUIRED: <input type="checkbox"/> YES <input type="checkbox"/> NO

SCHOOL INFORMATION (Please complete this section only if attending a school program in Canada)

SCHOOL	GRADE/LEVEL	START DATE (YYYY / MM / DD) ____/____/____	END DATE (YYYY / MM / DD) ____/____/____
STREET ADDRESS		CITY	PROVINCE POSTAL CODE

YES, I REQUIRE CUSTODIANSHIP SERVICES FROM MLI HOMESTAY. (Custodianship page of this application must be completed and signed)

NOTE: MLI MUST BE THE LEGAL CUSTODIAN OF ALL MINOR STUDENTS IN THE HOMESTAY PROGRAM.

I REQUIRE ASSISTANCE WITH OTHER SERVICES:

Please specify other services: _____

AGENT INFORMATION

AGENCY NAME	CONTACT PERSON	TELEPHONE NUMBER (INCLUDE COUNTRY AND AREA CODES)
CITY AND PROVINCE	COUNTRY	EMAIL ADDRESS

PARTICIPATION AGREEMENT

These rules concern all Participants in the MLI Homestay Program. Please read carefully and sign your name after you fully understand and agree to comply with these rules.

Legal Obligations

- Participants must abide by the federal and provincial laws of Canada and their own native country.
- Participants must only use drugs prescribed by a medical practitioner. The use or possession of any type of illegal drugs (including marijuana/cannabis), or the abuse of prescription or non-prescription medications is an illegal activity in Canada.
- The consumption or possession of alcoholic beverages or cannabis is illegal for persons under the age of 19 (18 in some provinces) and is therefore prohibited. Asking an adult to purchase alcohol/cannabis on a minor's behalf is illegal.
- Smoking is not permitted on school property or inside any public building. Purchase of cigarettes and tobacco products is illegal for persons under the age of 19 (18 in some provinces) and is therefore prohibited. Asking an adult to purchase tobacco on a minor's behalf is illegal.
- Violence, aggression, harassment or bullying is strictly forbidden behaviour. *Harassment can be a single incident or a series of incidents including words, acts or gestures of a malicious or abusive nature directed at a person or a group of persons for reasons of: academic ability, age, sex, sexual orientation, disability, economic status, language, race, ethnicity, religion, appearance or colour.*
- Participants are not permitted to drive any motorized vehicle.
- Participants must not participate in any sexual contact or sexual activity that is inappropriate. In most countries, sexual activity among teens/young adults is considered a breach of moral standards. Participants who are of legal age must not participate in any sexual contact with a person who is under legal age.
- Participants must not accept paid employment or enter into any contractual agreement, be it business, marital or religious.

Cause for Program Termination

- In the event that the Participant does not comply with the rules and regulations, I understand that MLI has the right to terminate participation in the MLI Homestay Program which will result in immediate release of MLI Homestay and MLI Inc.'s responsibility. If this occurs the Participant will be responsible to arrange his/her own accommodation immediately at his/her/parents own expense.
- Participants must maintain school attendance. School expulsion may result in termination of homestay program and custodianship.
- If it is discovered that the Participant and/or parents/legal guardians have knowingly provided false or misleading information as part of the application, homestay program and custodianship may be terminated.
- If the Participant and/or parents/legal guardians fail to notify MLI Homestay of any change relating to the student's physical or mental well-being prior to his/her program departure, and the change affects the success of the homestay program, dismissal of the program may result.
- Incriminating evidence related to inappropriate behaviour or violations of program rules discovered in photos or comments posted online may result in program dismissal.
- Online profiles must be consistent with how students present themselves in application forms. If MLI Homestay or any potential host family discover that the student is different from that portrayed in their application, dismissal from the program may result.

- I, _____ (Participant) agree to the following regulations:
- I will show respect for MLI Homestay staff, coordinators and host families and obey their instructions.
 - I will show respect for my host family and act as a member of the family by obeying the family/house rules.
 - I will voluntarily help with reasonable household chores.
 - I will not smoke if I have identified myself as a non-smoker on the Application Form.
 - I understand that misrepresenting myself on the Application Form may result in an inappropriate homestay placement. If I must be moved to a new homestay due to this misrepresentation (eg. smoking when identified as a non-smoker, inaccurate report of allergy information), I understand that I/my natural parents will be responsible for a \$350.00 CAD administrative fee.
 - I will respect my host family's private affairs.
 - I understand that International phone calls using the host family telephone line require host family approval and I will use a calling card.
 - I understand that Internet usage will be at the discretion of the host family. I know that the family is not responsible for providing a personal telephone or cable line for Participant use.
 - I will not visit any illegal or pornographic website, nor will I download any pornographic images onto my/my host family's computer. I will not download any images, movies, games without the express consent of my host family.
 - When posting pictures, messages or comments on any social media site, I will respect personal honour and NOT post negative or hurtful messages/photos of my peers, my or anyone's family, school staff, and MLI Homestay staff.
 - In case of illness, I will immediately inform my host family or contact the MLI Homestay Department. Any medical expenses incurred will be fully covered by my medical insurance and/or by my parents when the medical expenses are in excess of the insured amount or the procedure is not covered by my medical insurance.
 - I understand that I cannot decide to make any changes to my host family of my own accord. Any change in host family must be preapproved by the MLI Homestay Department.
 - Parents and friends may not visit the student during the program and may not disturb the host family life.
 - MLI Homestay must be contacted with detailed arrangements at least 2 weeks in advance of student vacations and/or other time away from the host family during the program.
 - I am permitted to visit relatives and close family friends only if I have permission from both my host parents and MLI coordinator. I am permitted overnight visits with friends of the same sex with permission from my host parents. I understand that these visits should be occasional and my host parents will contact the parties involved to ensure this visit causes no inconveniences.
 - If I wish to travel, I must submit a TRAVEL REQUEST at least 2 weeks prior to my scheduled trip to MLI Homestay. I understand that I am not permitted to travel overnight without an adult over the age of 25, and that I am financially responsible for fees incurred.

Participants and parents/legal guardians understand that not following the above rules may have negative effects on the participant's integration in the host family, community and/or success in school. **Participant also agrees to the above rules even if 18 years of age or older before or during the program.** I/we acknowledge that we have read, understood and agree to all of the above conditions of the Participation Agreement.

PARTICIPANT NAME	PARTICIPANT SIGNATURE	DATE (YYYY / MM / DD) ____/____/____
PARENT/GUARDIAN (1) NAME	PARENT/GUARDIAN (1) SIGNATURE	DATE (YYYY / MM / DD) ____/____/____
PARENT/GUARDIAN (2) NAME	PARENT/GUARDIAN (2) SIGNATURE	DATE (YYYY / MM / DD) ____/____/____



Homestay in Canada Application Form (Student/Minor)

GENERAL AGREEMENT AND RELEASE

As the parent/legal guardian of: _____ (Participant name),

1. I am aware of and approve of my/our child's decision to participate in the MLI Homestay program in Canada.
2. I have read and signed the "Participation Agreement" as set forth for my/our child by MLI Homestay.
3. I agree that all the information in the application is true to the best of my/our knowledge and that any falsification of information may lead to the dismissal of my child from the program.
4. I/we agree that the Participant is capable of participating safely in all such activities, except as otherwise advised in writing.
5. The undersigned Participant is in good health and has not been exposed to any infectious disease during the 4 weeks immediately prior to his/her arrival in Canada; otherwise, we agree to notify MLI Homestay immediately and cancel or delay the Participant's arrival in Canada.
6. I/we agree to pay for the expenses incurred by or on behalf of the undersigned student, related to their participation in MLI Homestay programs, including but not limited to the Participant's long distance telephone expenses, internet overuse expenses, any damages caused to the host family's home from the result of negligence or intent, and medical expenses.
7. I/we agree to provide sufficient funding for my/our child's personal spending and travel expenses.
8. I/we agree to obtain all necessary and sufficient insurance.
9. I/we permit MLI Homestay to use any photographs, images or videos of my/our child in their promotional materials.
10. I hereby waive, release and absolve and agree to indemnify and save harmless MLI Inc., MLI Homestay, the Host Family from all liability arising from my child's participation in the Homestay program, except such as results solely from its or their wilful neglect or wilful default.

I/we acknowledge that we have read, understood and agree to all of the above conditions of the General Agreement and Release.

PARTICIPANT NAME	PARTICIPANT SIGNATURE	DATE (YYYY / MM / DD) ____/____/____
PARENT/GUARDIAN (1) NAME	PARENT/GUARDIAN (1) SIGNATURE	DATE (YYYY / MM / DD) ____/____/____
PARENT/GUARDIAN (2) NAME	PARENT/GUARDIAN (2) SIGNATURE	DATE (YYYY / MM / DD) ____/____/____

Homestay in Canada Application Form (Student/Minor)

CUSTODIANSHIP AGREEMENT

Please complete this page of the application only if you have elected to retain the Custodianship Services of MLI Homestay.

A minor in Canada is defined as under the age of majority which is under the age of 18 years old (19 years old in British Columbia, Nova Scotia, and New Brunswick). If you are considered a minor in Canada and wish to stay in homestay or study in Canada, you will require a custodian. While you require a custodian in order to obtain your study permit from Citizenship and Immigration Canada (CIC). MLI Homestay also requires that any minor travelling to Canada alone without a parent or teacher/adult chaperone who will act on behalf of the parent requires a custodian to stay in homestay. The Custodianship service includes the following:

- Preparation of notarized Custodianship documents.
- Orientation with the Participant by an MLI Homestay representative at the beginning of stay
- Maintaining contact with the student to ensure safety and well-being
- Signing parental waivers for school-related functions and activities
- Providing access to 24 hour emergency contact

As the parent/legal guardian of: _____ (Participant Name), I/we confirm that:

- Participant is a student registered in full-time studies with a local Canadian secondary school or university/college;
- Participant is under the age of 18 (19 in British Columbia and New Brunswick)
- Participant does not have any adult relatives residing in the province where he/she will be studying/participating in the homestay program;
- Participant commits to staying with a MLI Homestay appointed host family until their 19th birthday and agrees to find a new custodian when ending the MLI Homestay program;
- I/we and the Participant understand that MLI Homestay is my custodian and responsible for me for the duration of my academic and homestay program. I also understand that this responsibility ends when I return to my home country or after the date stated on the notarized custodianship document, whichever comes first.
- I/We and the Participant have read, understood and agreed to the conditions of the MLI Homestay Participation Agreement and General Agreement and Release. This confirms agreement to MLI Homestay standards and conditions that if they are not met will void the custodianship. I understand that dismissal from the program shall result in termination of custodianship and immediate release of MLI Homestay's responsibility as custodian. Failure to provide an independent custodian will result in a Report to Citizenship and Immigration Canada to subsequently nullify the Study Permit.

TRIPS, ORGANIZED SPORTS AND ACTIVITIES

1. I/we grant permission for my/our child to participate in school organized and supervised field trips, and regular sports activities.
2. I/we authorize MLI Homestay and my/our child's homestay parents to approve and sign permission slips for any school sponsored field trips, sports teams, club activities and other extra-curricular activities at their discretion. I/we also understand that if my child is considering participating in a school-sponsored high risk activity, I/we will be notified and acknowledge that I/we may be asked to sign an additional waiver form specific to that event or activity. I/we may choose at that time to decline my/our permission.
3. I/we authorize MLI Homestay and Host Parents to make the determination for student travel for the duration of the student's participation. It is understood that this authorization is given in advance only when the Participant is traveling and supervised by a Host parent or a representative of a school program or any tour operator approved by MLI Homestay. I/we understand that the Participant may not travel unsupervised.
4. I/we grant permission for my/our child to participate in what may be deemed as high-risk activities as follows:

ACTIVITY	PERMISSION	ACTIVITY	PERMISSION	ACTIVITY	PERMISSION
Snow Tubing	<input type="checkbox"/> YES <input type="checkbox"/> NO	American Football/Rugby	<input type="checkbox"/> YES <input type="checkbox"/> NO	Cycling	<input type="checkbox"/> YES <input type="checkbox"/> NO
Snowboarding	<input type="checkbox"/> YES <input type="checkbox"/> NO	Indoor Rock Climbing	<input type="checkbox"/> YES <input type="checkbox"/> NO	Horseback Riding	<input type="checkbox"/> YES <input type="checkbox"/> NO
Skating (Roller or Ice)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Snowmobiling	<input type="checkbox"/> YES <input type="checkbox"/> NO	Canoeing/Kayaking	<input type="checkbox"/> YES <input type="checkbox"/> NO
Ice Hockey	<input type="checkbox"/> YES <input type="checkbox"/> NO	Motorized Water Sports	<input type="checkbox"/> YES <input type="checkbox"/> NO	Swimming	<input type="checkbox"/> YES <input type="checkbox"/> NO
Skateboarding	<input type="checkbox"/> YES <input type="checkbox"/> NO	Skiing (Downhill/Cross-Country)	<input type="checkbox"/> YES <input type="checkbox"/> NO		

I/we acknowledge that we have read, understood and agree to all of the above conditions of the Custodianship Agreement.

PARTICIPANT NAME	PARTICIPANT SIGNATURE	DATE (YYYY / MM / DD) ____/____/____
PARENT/GUARDIAN (1) NAME	PARENT/GUARDIAN (1) SIGNATURE	DATE (YYYY / MM / DD) ____/____/____
PARENT/GUARDIAN (2) NAME	PARENT/GUARDIAN (2) SIGNATURE	DATE (YYYY / MM / DD) ____/____/____