



HOMESTAY FAMILY PROFILE AND APPLICATION



Please complete the following profile and application form. The profile will be used by Golden Hills International Program for matching host families and students. It will also be provided to students and their parents to approve a homestay. The application form is for Golden Hills International internal use and will not be distributed.

Note: All individuals living in the homestay family home who are 18 years of age or older must provide a police record check and a child intervention check.

HOMESTAY FAMILY PROFILE			
Family Last Name:			
Father's First Name:	Age:	Mother's First Name:	Age:
Home Phone:			
Home Email:			
Current address:			
City:		Postal Code:	
Father's Occupation:		Mother's Occupation:	
Company:		Company:	
Work Phone:		Work Phone:	
Cell Phone:		Cell Phone:	
PLEASE LIST ALL CHILDREN <u>UNDER</u> THE AGE OF 18 LIVING IN YOUR HOME			
Name:	Relationship to Applicants:	Age:	
PLEASE LIST ALL OTHER <u>PERSONS</u> OVER THE AGE OF 18 LIVING IN YOUR HOME			
Name:	Relationship to Applicants:	Age:	
ABOUT YOUR HOME			
How many bedrooms are in your home?		Will your student have a private bedroom?	
If no, with whom will they have to share a bedroom?			
How many bathrooms are in your home?		Do you have a computer and internet access?	
Who will be sharing the bathroom with your homestay student?			
Does any member of the family smoke?		If yes, do they smoke indoors?	
Do you have pets in your home?		Are your pets allowed indoors?	
Type of Pet:	Name:	Type of Pet:	Name:

HOMESTAY EXPERIENCE			
How many students can you accommodate?		Have you hosted an international student before?	
Who will be home to receive the students when they return from school?			
Would you describe your home as an active household or quiet household?			
What activities do you and your family enjoy that you would be willing to include your international student in?			
Please list any community groups or organizations your were involved with (cultural, social, sports)			
Does your family practice a religion?		If yes, what denomination:	
Does your family attend church?		Do you expect your student to attend?	
Does your belief system restrict you from providing for religious or cultural traditions other than your own?			
Are you able and/or willing to provide students with transportation to attend their cultural or social events?			
How do you feel an international student will benefit from living with your family?			
What do you hope to gain from the experience of having an international student live with your family?			
What are the basic rules for teenagers in your home?			
How particular are you about housekeeping:			
Very___	Somewhat___	Not Very___	Not at all___
What household duties or chores will you expect your student to complete?			
LOCATION & COMMUNITY			
How far do you live from the local Elementary School?			
How far do you live from the local Junior High School?			
How far do you live from the local Senior High School?			
Briefly describe your neighborhood.			
OTHER COMMENTS			

THE PROFILE SECTION WILL BE PROVIDED TO PARENTS OF THE POTENTIAL HOMESTAY STUDENTS FOR THEIR ACCEPTANCE AND APPROVAL OF ACCOMODATIONS FOR THEIR CHILD.

APPLICATION			
PLACEMENT INFORMATION			
Some international students have specific dietary requirements (i.e. Vegetarian, chicken only, no beef, no pork, no milk, no wheat, etc.) Can you respect and meet any dietary requirements?			
Do you have a gender preference in accepting international students in your home?		If yes, please specify:	
Do you have an age range preference in accepting international students in your home?		If yes, please specify:	
Please select the placement options that work best for your family:			
Short Term (one semester or less)		Relief (homestay family will be away for a short time)	
Long Term (full year with potential for multi years)		In case of emergencies	
When are you able to accept an international student (Please check boxes below)			
Immediately		Summer Months Only	
For September intake (placement in August)		For February intake (placement in January)	
EMERGENCY CONTACT			
Name of a relative not residing with you:			
Home Phone:		Cell Phone:	
Address:			
City:		Province:	Postal Code:
Relationship:			
REFERENCES (ONE PER ADULT IN THE HOME)			
Name	Phone	Email	
SIGNATURES			
The undersigned represents and agrees as follows:			
<ol style="list-style-type: none"> 1. The information set forth above is true and correct. 2. I am able to assume responsibility for the welfare of the student while she/he resides in my home. 			
Signature of Father:		Date:	
Signature of Mother:		Date:	

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Please return to:

Accommodations Coordinator
Golden Hills School Division No. 75
435A, Highway #1, Strathmore, AB T1P 1J4
Work: 403-934-5121 Ext. 2054
Cell: 403-901-3323
Email: accommodations@ghsd75.ca