



Date: \_\_\_\_\_

## Home Stay Application Form

Applicant's Name \_\_\_\_\_ Employer \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_

E-Mail: \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone Number: Home \_\_\_\_\_ Cell \_\_\_\_\_

**Please provide the following information:**

1. List the people who live in your home:

Name	Date of Birth	Relationship	School/Occupation	1 <sup>st</sup> Language

2. Have you ever had an international student stay in your home? If yes, what nationality; how long and when did s/he stay?

3. Why are you interested in hosting an international student?

4. How old and what gender would you prefer the student to be? \_\_\_\_\_



5. Briefly describe your home. (number of bedrooms, bathrooms, social areas, levels, etc.)

Level(s) \_\_\_\_\_ # of bedrooms \_\_\_\_\_

# of bathrooms \_\_\_\_\_ Social areas \_\_\_\_\_

Type of home: \_\_\_\_\_ Single, detached  
\_\_\_\_\_ Duplex  
\_\_\_\_\_ Apartment  
\_\_\_\_\_ Other (please explain)

Distance from school \_\_\_\_\_

6. Describe the room where the student will sleep.

Location \_\_\_\_\_ Size \_\_\_\_\_

Furnishings \_\_\_\_\_

7. Do you have any pets? (Yes) (No) If yes, please list. \_\_\_\_\_

8. Do any members of your household smoke? (Yes) (No)

9. What are your family's rules about the use of the telephone?

11. What your family's hobbies and interests?

12. What kinds of activities would you do that would include the student?



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13. Briefly describe your family devotional time.

13. What kind of assistance are you prepared to give to your student with school assignments?

14. Please write anything else that you feel is important for the student to know about your household.  
(Food, laundry, family rules, etc.)

15. What is the work schedule of the family members? Who will be home during the day when the student is at home? After school and weekends?

16. Please list two references (non-relatives) that that we can contact.

Name	Address	Phone #	Occupation	Relationship

17. I am willing to undergo a Criminal Records Check.      Yes      No



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***ALL INFORMATION WILL BE TREATED AS CONFIDENTIAL***

**Please return to:**

**Mr. John Slofstra  
C/O Pacific Christian School  
654 Agnes Street  
Victoria, B.C.  
V8Z 2E6**