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## **HOMESTAY APPLICATION FOR HOST FAMILIES**

Please type or print personal data clearly (if you need more room, please use back of form)

| Date of Application:             | Applicant's Name (who filled out this form?) |           |              |             |                    |  |
|----------------------------------|--|-----------|--------------|-------------|--------------------|--|
|                                  | Host   | t Mother  |              |             | Host Father        |  |
| Name                             |  |           |              |             |                    |  |
| Birthdate (y/m/d)                |  |           |              |             |                    |  |
| First Language                   |  |           |              |             |                    |  |
| Occupation                       |  |           |              |             |                    |  |
| Place of Work &<br>Work Schedule |  |           |              |             |                    |  |
| Work phone                       |  |           |              |             |                    |  |
| Cell phone                       |  |           |              |             |                    |  |
| Home Location                    |  |           |              |             |                    |  |
| Home Address                     |  |           |              |             |                    |  |
| Postal Code                      |  |           | Home Phor    | ne          |                    |  |
| Email Contact                    |  |           |              |             |                    |  |
| (checked most)                   |  |           |              |             |                    |  |
| Closest Elementary               |  |           |              |             |                    |  |
| School                           |  |           |              |             |                    |  |
| Closest Middle                   |  |           |              |             |                    |  |
| School Nearest School Bus        |  |           |              |             |                    |  |
| Route (if known)                 |  |           |              |             |                    |  |
| Distance to Nearest              |  |           |              |             |                    |  |
| City Bus Stop                    |  |           |              |             |                    |  |
| City Bus Stop                    |  |           |              |             |                    |  |
| Family member                    | s (not including                             | 'Mom & Da | d', list all | others that | live in your home) |  |
| Name                             | Birthdate (y/m/d                             |           |              | School/Job  | First Language     |  |
|                                  | ars) – all of these requ                     |           |              |             |                    |  |
| ,                                |  |           |              |             |                    |  |
|                                  |  |           |              |             |                    |  |
| CHILDREN                         |  |           |              |             |                    |  |
| CHIEDREIT                        |  |           |              |             |                    |  |
|                                  |  |           |              |             |                    |  |
|                                  |  |           |              |             |                    |  |
|                                  |  |           |              |             |                    |  |
|                                  | 1  | 1         |              |             | 1                  |  |
|                                  |  |           |              |             |                    |  |

Please describe your home # of bedrooms Level(s) # of bathrooms Balcony **Backyard** Front yard Living Areas Extras (piano, pool, hot tub, sports equipment)? Please describe the student room(s). Note: Students rooms must have bed, window, closet, dresser, desk and lamp Room 1 Location Furnishings (please check) Window Bed Closet Dresser Desk Lamp Other Room 2 Location Size (if applicable) Furnishings (please check) Bed Window Closet Dresser Desk Lamp Other Information about your family life Languages Spoken at home Does anyone in the home speak another language? If yes, who and which language? Have you every hosted an international student before? If yes, what nationality, how long and when? Why are you interested in hosting an international student? What are your family's hobbies and interests? List any house pets (type, names & ages)

Does any family member smoke? Do you allow smoking in your home? Outside?

| Write anything else that you feel is important for family rules; requirements for the student(s) to to be self-sufficient)   |                             |                      |                                   |  |  |  |
|--|-----------------------------|----------------------|-----------------------------------|--|--|--|
|  |                             |                      |                                   |  |  |  |
| How much and what kind of assistance are you   |                             |                      |                                   |  |  |  |
| Who will be at home during the day when the st   | tudent is at nome before &  | апет ѕспоот & weeker | nas?                              |  |  |  |
| Are you a practicing member of an organized rel  | ligion?                     | Yes                  | No                                |  |  |  |
| If yes, which one  |                             | -                    |                                   |  |  |  |
| How often do you practice your religion  | Very actively W             | eekly Occasio        | nally Never                       |  |  |  |
| Please answer the following questions  |                             |                      |                                   |  |  |  |
| Do you understand/agree that you are required to help with transportation for the student?   |                             |                      |                                   |  |  |  |
| In our program, activities are very important. Do you understand and agree that this requires a commitment on your part to assist with your student's participation? |                             |                      |                                   |  |  |  |
| Are there any areas where you are able to assist   | t with activities?          |                      |                                   |  |  |  |
|  |                             |                      |                                   |  |  |  |
| Do you Prefer (please check box):  |                             |                      |                                   |  |  |  |
| Boy Girl   |                             | Doesn't Matte        | r                                 |  |  |  |
| Are you open to hosting the opposite gender than noted above if we believe it is a good match?   |                             |                      |                                   |  |  |  |
|  | be appropriate for our fam  | lly                  |                                   |  |  |  |
| Age group you prefer (please check box):   | dla Cabaal (12) wa 15 year  | High Cohool (        | 16,440 10,440)                    |  |  |  |
|  | dle School (13yrs – 15 yrs) |                      | 16yrs – 18 yrs)<br>ent lifestyle? |  |  |  |
| Do you wish a student who is actively involved in family life or one who prefers a more independent lifestyle?   |                             |                      |                                   |  |  |  |
|  |                             |                      |                                   |  |  |  |
| Program Availability (check all that   | you are interested/         | available for)       |                                   |  |  |  |
| Long term Short term (2-5  | 5 weeks) Summer             | Emer                 | gency                             |  |  |  |
| Please provide the names and telephone numbers of two references (not relatives)   |                             |                      |                                   |  |  |  |
| I hereby authorize School District #62 to contact the references provided, and I authorize references contacted to release information to the District.              |                             |                      |                                   |  |  |  |
| Applicant's signature  |                             | Date                 |                                   |  |  |  |

- Copies of your criminal record checks must be received before a student can be placed in your home.
- A homestay visit will be done before accepting your family as a registered homestay with the District.
- Permission from our program is required before you accept a homestay student from another program.
- There is a mandatory orientation session held each year for all host families.
- We do not guarantee placement of a student. Placements are made based on a best 'match' between host family and student.