



**Homestay Family Agreement
2024-25**

As the necessary conditions for being permitted to serve as a homestay parent through the School District #62 International Student Program, I agree to the following:

- I will
 - act as a judicious, caring parent, acting in the best interests of my student in matters that are of concern to their safety and well being.
 - submit a Criminal Record Check report to the program. If either I or any other member of my resident family is involved in an experience that might affect a criminal record report, I will immediately inform the Homestay Coordinator.
 - honour the monthly homestay honorarium set by the International Program office or other agent placing student in the SD62 International Student Program.
 - respect my student's privacy and will discuss issues of concern only with the Homestay Coordinator.
 - contact the Homestay Coordinator should significant problems with students arise at home and/or concerns regarding school.
- I will provide
 - a predominantly English-speaking home environment.
 - access to a nutritious breakfast, lunch, a family dinner, and snacks each day.
 - a bedroom for the student that will include a window, bed, closet, dresser, desk, chair and lamp.
 - a key to my home and with the information needed to contact me whenever I am needed. I will also inform my student about safety procedures in my home.
 - high speed internet access for student to use.
 - transportation as needed to support students' participation in International Program and extra-curricular activities.
- I will support
 - my student in obtaining any necessary medical attention for health concerns that may arise. This may include virtual medical appointments, visits to clinics or hospital Emergency Rooms, etc. I will inform the International Program immediately in the event of a serious medical emergency related to my student.
 - my student's involvement in school and community activities and will assist them with transportation to scheduled school, community and social events.
- I will not
 - grant my student permission to drive any motorized vehicle.
 - travel with my student outside of the Capital Regional area without notifying the Homestay Coordinator.
 - ask students to provide babysitting services.
 - leave student without an adult in the home overnight.

- ask students to find own alternate temporary placement if homestay parent(s) will be away from the home overnight.
- In addition, I will:
 - contact my Home insurance provider to inform them that I am hosting an international student and carry liability insurance that acknowledges the presence of a visiting student resident in my home
 - respect Canadian law regarding alcohol, cannabis and drug use.
- I will inform the Homestay Coordinator of any change in family structure, any significant change in the mental, emotional or physical health of a family member and of any change in the legal status of any resident member of the family.
- I will not host others from another school or program except with the prior agreement of the Homestay Coordinator.
- I understand the Sooke International Program expectations with regards to cannabis use by homestay adults.
- I understand that Sooke International Homestay Program can never guarantee a student, nor the length of placement in a homestay.
- I understand that Sooke International Homestay Program cannot be held responsible for damage caused by a student.
- I acknowledge the authority of the Homestay Coordinator and Program Administrators to determine the duration of a student's placement in my home. Should a student be moved from my home, I agree to reimburse the program for the balance of the honorarium if an advance has been given.

_____ I understand that as a homestay parent, I am in a position of trust and/or authority
initial and will act appropriately and responsibly towards an international student.

_____ I agree that my contact information (name, address, phone number and/or email
initial address) may be shared with other homestay families if needed (coordinating moves, car-pooling, etc).

Signature(s) : _____

Printed Name(s): _____

Date: _____

Email Address: _____

Updated: September 2024