



YRDSB Homestay Services



International Education Services

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 homestay@yrdsb.edu.on.ca

DATE OF APPLICATION (DD/MM/YYYY)

PLEASE PRINT CLEARLY
 INCLUDE A RECENT WALLET-SIZED PHOTO AND RETURN BOTH TO YOUR SCHOOL.

STUDENT INFORMATION

SURNAME (family name)		FIRST NAME	
DATE OF BIRTH (MM/DD/YEAR)	AGE	PRESENT GRADE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
EMAIL ADDRESS	SCHOOL		
TEACHER		ROOM NUMBER	

Attach
Photo
Here

HOST FAMILY INFORMATION

MOTHER OR OTHER SURNAME (family name)	MOTHER'S FIRST NAME	OCCUPATION
FATHER OR OTHER SURNAME (family name)	FATHER'S FIRST NAME	OCCUPATION
STREET ADDRESS		
TOWN/CITY	PROVINCE	POSTAL CODE
HOME TELEPHONE NUMBER	CELL TELEPHONE NUMBER	EMAIL ADDRESS
MOTHER'S WORK TELEPHONE NUMBER	FATHER'S WORK TELEPHONE NUMBER	FAX TELEPHONE NUMBER

CHILDREN LIVING IN THE HOME:

FULL NAME	AGE	DOB (DD/MM/YYYY)	<input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE

OTHERS LIVING IN THE HOME (if applicable):

FULL NAME	AGE	DOB (DD/MM/YYYY)	RELATIONSHIP TO FAMILY

ANYONE LIVING IN THE HOME, 18 YEARS OF AGE OR OLDER, IS REQUIRED TO HAVE A POLICE CHECK PRIOR TO HOSTING A STUDENT. A POLICE CHECK MAY INCLUDE FINGER PRINTING IF AN INDIVIDUAL IS MATCHED IN THE POLICE DATABASE.

HOSTING PREFERENCE

OUR FAMILY PREFERS TO HOST:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> EITHER	WOULD YOU CONSIDER EXTENDING THE HOSTING PERIOD IF A STUDENT WISHES TO CONTINUE ATTENDING A YORK REGION SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO
WOULD YOU HOST A STUDENT WHO SMOKES?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Host Family Application

DWELLING INFORMATION

CAN YOU ACCOMMODATE THE STUDENT IN A **PRIVATE** BEDROOM WITH A WINDOW? YES NO
 CAN YOU ACCOMMODATE THE STUDENT IN A **SHARED** BEDROOM WITH A WINDOW? YES NO

FAMILY PREFERENCES

LANGUAGE

PRIMARY LANGUAGE SPOKE IN THE HOME: _____

Visiting students are attending our schools to improve their English. They view the homestay placement as an opportunity to practice and improve their English; therefore, English must be spoken while hosting.

HEALTH ISSUES

DOES ANYONE LIVING IN YOUR HOME HAVE A MEDICAL CONDITION WHICH WOULD AFFECT THE HOMESTAY STUDENT? YES NO
 (This includes conditions such as ADD/ADHD, anxiety or depression.)

IF YES, EXPLAIN: _____

PETS & ANIMALS

DO YOU HAVE ANY PETS OR ANIMALS IN YOUR HOME? YES NO

IF YES, HOW MANY AND WHAT TYPES? _____

SMOKING

DOES ANYONE IN YOUR HOME SMOKE? YES NO IF YES, DO FAMILY MEMBERS SMOKE INDOORS? OUTDOORS?

WOULD YOU HOST A STUDENT WHO SMOKES? YES NO

DIETARY

DOES YOUR FAMILY FOLLOW ANY SPECIAL DIETARY PRACTICES? YES NO

IF YES, SPECIFY: _____

IS YOUR FAMILY VEGETARIAN? YES NO IS FISH EATEN? IS CHICKEN EATEN? DAIRY PRODUCTS?

FAMILY INTEREST & ACTIVITIES

INDICATE THE ACTIVITIES IN WHICH YOUR FAMILY IS INTERESTED AND REGULARLY PARTICIPATES:

- | | | | | |
|--|-----------------------------------|--------------------------------------|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> SWIMMING | <input type="checkbox"/> MUSIC | <input type="checkbox"/> READING | <input type="checkbox"/> TENNIS | <input type="checkbox"/> GOLF |
| <input type="checkbox"/> WATER SPORTS | <input type="checkbox"/> CONCERTS | <input type="checkbox"/> COMPUTERS | <input type="checkbox"/> BASEBALL | <input type="checkbox"/> CAMPING |
| <input type="checkbox"/> SKIING | <input type="checkbox"/> DANCE | <input type="checkbox"/> VIDEO GAMES | <input type="checkbox"/> SOCCER | <input type="checkbox"/> MARTIAL ARTS |
| <input type="checkbox"/> SNOW BOARDING | <input type="checkbox"/> THEATRE | <input type="checkbox"/> MOVIES | <input type="checkbox"/> HOCKEY | <input type="checkbox"/> OTHER: _____ |

COMMENTS: _____

HOUSEHOLD ROUTINES

WHAT HOUSEHOLD ROUTINES DO YOU EXPECT THE VISITING STUDENT TO OBSERVE? _____

TRANSPORTATION

HOW WOULD THE STUDENT GET TO SCHOOL?

- SCHOOL BUS PUBLIC TRANSIT WALK
 OTHER _____

HOW LONG WOULD IT TAKE FOR THE STUDENT TO GET TO SCHOOL?

MINUTES: _____

PARTICIPATION IN THIS PROGRAM IS DEPENDENT UPON SUCCESSFULLY MATCHING STUDENT PROFILES, THE PRINCIPAL'S APPROVAL OF THIS STUDENT'S APPLICATION AND THE ACCEPTANCE OF THE INTERNATIONAL STUDENT TO ATTEND THIS SCHOOL.

PRINCIPAL'S NAME	PRINCIPAL'S SIGNATURE	DATE
_____	_____	_____

FOR OFFICE USE ONLY

DATE RECEIVED (MM/DD/YYYY)	DATE ACKNOWLEDGED (MM/DD/YYYY)
_____	_____

HOMESTAY REPRESENTATIVE _____