

HOMESTAY APPLICATION

Family Name: _____ First Name: _____
Date of Birth (dd/mm/yy) _____ Gender: Male Female
Home Address: _____
E-mail: _____ Telephone: _____
Date of Arrival: _____ Date of Departure: _____
English Ability: Very Good Good Fair Poor

PERSONAL INFORMATION

Health Information

Are there any foods that you cannot eat? _____
Do you have any health problems? (allergies, asthma, etc.) _____
Do you smoke? Yes No If YES, would you smoke outside? Yes No

Hobbies and Interests (check all activities that you enjoy)

reading movies shopping dancing art travel music
 sports – what type? _____
 other - _____

Personal Characteristics

talkative cautious quiet independent sociable/outgoing
 tidy studious energetic humourous other: _____

Do you prefer to stay in a family that has children? YES NO

If YES, what ages of children do you like? _____

Do you like animals?

What animals do you like? _____
What animals do you not like? _____

Do you want to stay in the same home as one of your friends?

If yes, please list his/her name: _____

Please describe yourself and your family. (This information will be provided to your homestay family)
