Medicine Hat School District No. 76

International Education Program
601 First Avenue S.W.
Medicine Hat, AB
T1A 4Y7

Phone: (403) 528-6701 **Fax: (403) 529-5339**

Application for Homestay

STUDENT INFORMATION

Name: _____

Date of Birth:_____/_____/_____ **Sex:** ☐ Male ☐ Female Height: _____ cm Weight: _____ kg

Address: (Home Address) _____

_____(Postal Code)_____

(Street Address) _____

_____

Telephone Number(s): (Home) _____ (Fax) _____

(E-mail) _____

(Date & time of arrival in Canada) _____

(Flight #) _____ (Length of stay in Canada) _____

Family Members:

Name	Relationship	Age	Occupation

Student Character:

☐ Outgoing ☐ Studious ☐ Quiet ☐ Energetic ☐ Independent
☐ Reserved ☐ Adaptable ☐ Considerate ☐ Cheerful ☐ Sociable
☐ Other _____

Dislikes:
Food: _____ Animal: _____ Other: _____
_____

Health: (Please specify)
Allergies _____

Are you under a doctor's care at present? ☐ Yes ☐ No

Any chronic conditions, e.g., asthma _____

Special medication being taken _____

_____

Smoker ☐ Non-Smoker ☐

Preferred Characteristics of Homestay Family:
☐ No children ☐ Young children ☐ Same age children ☐ Retired couple
☐ Pets ☐ No pets ☐ No preference
Other: _____

Recreation and Hobbies: (Please specify)
Sports _____
Listening to music _____
Playing a musical instrument _____
Games _____
Other, e.g. reading _____

Emergency:
In case of emergency please contact/notify:

Name: _____ Relationship: _____
Address: _____ Telephone No.: _____
_____ Fax No.: _____
_____

Remarks:
_____
_____

I understand a host family will be selected from those available based on information which I have provided and there is no guarantee that all of my personal preferences will be met.

Signature: _____ _____
Student **Parent**

Date: _____