

## HOMESTAY APPLICATION FORM

### Personal Information:

Full Name: <input style="width: 90%;" type="text"/>	
Birth Date: <input style="width: 25%;" type="text"/> mm/dd/year	Marital Status: <input style="width: 60%;" type="text"/>
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address: <input style="width: 95%;" type="text"/>	
Telephone: <input style="width: 25%;" type="text"/> (    )	Fax: <input style="width: 25%;" type="text"/> (    )
Cell phone: <input style="width: 25%;" type="text"/> (    )	E-mail: <input style="width: 60%;" type="text"/>
Nationality: <input style="width: 25%;" type="text"/>	First Language: <input style="width: 60%;" type="text"/>
Profession: <input style="width: 60%;" type="text"/>	
Name of School in Canada: _____ School Address: _____	
English Speaking Ability: <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/> Fluent	

### OTHER SERVICES:

Airport Pickup: <input type="checkbox"/> Yes <input type="checkbox"/> No	Airport Drop-off: <input type="checkbox"/> Yes <input type="checkbox"/> No
I will arrive in: <input style="width: 20%;" type="text"/> (city)	Date: <input style="width: 15%;" type="text"/> (mm/dd/year)
Via: <input style="width: 25%;" type="text"/> (airline)	Flight: <input style="width: 15%;" type="text"/> (flight number) at: <input style="width: 15%;" type="text"/> (Time)
Medical Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, _____ days	

### EMERGENCY CONTACT:

Parents Name: <input style="width: 40%;" type="text"/>	Relationship: <input style="width: 20%;" type="text"/>
Telephone: <input style="width: 25%;" type="text"/> (    )	Fax/E-mail: <input style="width: 40%;" type="text"/>
Address: <input style="width: 95%;" type="text"/>	
Address: <input style="width: 95%;" type="text"/>	

**HOMESTAY:**

Number of meals: ( ) No meals ( ) 2 meals ( ) 3 meals

I need homestay from \_\_\_\_\_ (dd/mm/yy) to \_\_\_\_\_ (dd/mm/yy)

**Student's profile:**

Personality / Humor: ( ) Extroverted ( ) Introverted ( ) Eccentric ( ) Discrete

Hobbies and interests:

Allergies or special medication:

Are you vegetarian? ( ) Yes ( ) No Allergy to foods:

Favorite food:

I prefer a homestay where: ( ) smoking is permitted ( ) smoking is not permitted ( ) smoking is permitted outside

**Size of the family:**

	1 <sup>st</sup> choice	2 <sup>nd</sup> choice	3 <sup>rd</sup> choice
Bachelor (female):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bachelor (male):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Couple only:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Woman with child(ren):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Couple with child(ren):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No preference:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Choose a number for each of the following (1 = least important; 9 = most important):

- A lot of freedom: 1  2  3  4  5  6  7  8  9
- As much contact as possible: 1  2  3  4  5  6  7  8  9
- Comfortable accommodation: 1  2  3  4  5  6  7  8  9
- Spotless, orderly home: 1  2  3  4  5  6  7  8  9
- Share some meals with the family: 1  2  3  4  5  6  7  8  9
- Use kitchen facilities: 1  2  3  4  5  6  7  8  9
- Other \_\_\_\_\_: 1  2  3  4  5  6  7  8  9

**HOMESTAY (CON'T):**

I accept a family with cat(s): inside the house? Yes  No  outside the house? Yes  No

I accept a family with dog(s): inside the house? Yes  No  outside the house? Yes  No

I prefer no pets:

I prefer Chinese family which I can enjoy Chinese food. Yes  No

I prefer Canadian family which I can practice my English. Yes  No

I prefer the host family which can pick up and drop off for every school day, I like to pay extra fee for the services .  
Yes  No

Other requirement:

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**PARENTS SIGNATURE:**

(Parents Signature)

(mm/dd/year)

(Parents Name)

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