



ISLAND CATHOLIC SCHOOLS
International Student Program
Host Family Application Form

Applicant's Name _____ Occupation _____

Spouse's Name _____ Occupation _____

Address _____

_____ Postal Code _____

Telephone Number: Home _____ Work/Cell _____

Email address: _____

Please provide the following information:

1. List the people who live in your home:

Name	Age	Relationship	School/ Occupation	First Language
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2. Have you ever had an international student stay in your home? If yes, what nationality? How long and when did he/she stay?

3. Why are you interested in hosting an international student?

4. Have you ever lived/traveled abroad? _____

5. Briefly describe your home and neighbourhood (*proximity to bus stop and amenities*).

6. Describe the room where the student will sleep.
Location _____ Size _____
Furnishings _____

7. Do you have wireless internet in your home? _____

8. Do you have pets? If yes, please list. _____

9. Do any members of your household smoke? _____

10. What are your family's hobbies and interests?

11. What kinds of activities would you do that would include the student?

12. What kind of assistance are you prepared to give to your student with school assignments?

13. Please write anything else that you feel is important for the student to know about your household. (Food, laundry, family rules, etc.)

14. What is the work schedule of family members? Who will be at home during the day when the student is at home? After school and weekends?

17. Write a short message that you would give to a prospective student coming to stay with you.

15. Please list two references (non-relatives) that we can contact.

Name	Address	Phone	Occupation	Relationship
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16. All permanent household members 18 years and older agree to undergo a Criminal Record

Check. Yes No

ALL INFORMATION WILL BE TREATED AS CONFIDENTIAL

Please return to:

St. Andrew's High School
880 McKenzie Avenue
V8X 3G5
Attention: Hilary Parker

Fax: 250-479-5356 Scan/e-mail: hparker@cisdv.bc.ca