

Alexander College

#300 - 4680 Kingsway, Burnaby, B.C. V5H 4L9. Phone (604) 435-5815. Fax (604) 435-5895

HOMESTAY STUDENT APPLICATION

Personal Information

Surname (Family Name): _____ Given Names: _____
(hereinafter known as the "Homestay Student")

Permanent Address: _____ e-mail _____ City: _____
Country: _____ Postal code _____

Tel No.: _____ Fax No.: _____

Male Female Age _____ Birth date: _____

Emergency Contact Information

Contact Name: _____ Relationship: _____

Telephone No. (daytime) _____ Telephone No. (evenings) _____

Homestay Details

State of Health Very Good Good Fair Poor
Do you have any illnesses? No Yes specify _____
Do you have any allergies? No Yes specify _____
Do you take any medication: No Yes specify _____
Do you have medical insurance? No Yes specify _____
Are there any foods you can't or won't eat? No Yes specify _____
Which sports activities do you participate in? _____
What are your hobbies? _____
How do you spend your free time? _____

Do you smoke? Yes No Do you want to live with smokers? Yes No
Are you allergic to pets? Yes No specify _____
Do you want to live with young children: Yes No Either

Please write the date you would like homestay from _____ to _____

Do you need airport pickup Yes No

Flight Details

Airlines _____ Flight No: _____

Arrival Date: _____ Arrival Time: _____

I have read and agree to the terms and condition _____

Signature

