



# Host Family Application Form

Family Surname: \_\_\_\_\_

Application Procedure	OFFICE USE
<p>To apply to be a Host Family for the Stewart College of Languages Homestay Program,</p> <ol style="list-style-type: none"> <li>1. Read the <b>Information Guide for Families</b></li> <li>2. Ensure that your home is located within the approved area (see Information Guide for Host Families).</li> <li>3. Submit <b>all of the following items</b> to Stewart College for your application to be considered: <ul style="list-style-type: none"> <li><input type="checkbox"/> Fully <b>completed Host Family Application Form</b></li> <li><input type="checkbox"/> <b>Valid Criminal Record Checks</b> (no more than one year old from date application is received by us) for all residents of your home who are 18 years or older,</li> <li><input type="checkbox"/> Hand-drawn or computer-generated <b>floor plan for each level of your home</b>. Plan must identify all rooms and their purpose in the.</li> <li><input type="checkbox"/> <b>Photographs</b> of: <ol style="list-style-type: none"> <li>i. Front exterior of home as viewed from front curb of street</li> <li>ii. Common living areas of home (living room, kitchen, dining room)</li> <li>iii. Student bedroom(s)</li> <li>iv. Main bathroom(s) to be used by student</li> <li>v. All family members (preferably together in one photograph). <i>Electronic photo files may be emailed to <a href="mailto:languagues@stewartcollege.com">languagues@stewartcollege.com</a> with the subject header "Photos for XXXXX Family Homestay application".</i></li> </ol> </li> </ul> </li> </ol>	<p>RECEIVED:</p> <p><input type="checkbox"/> C.R. CHECKS</p> <p><input type="checkbox"/> FLOOR PLAN</p> <p><input type="checkbox"/> PHOTOGRAPHS</p> <p>LOCATION</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>KIDS &lt;18</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>PETS</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>SMOKING OK</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>ROOMS: _____</p> <p>VISIT DATE: ___/___/___</p> <p>APPROVED:</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>

**Please return your completed Host Family Application Form and all the items listed above to:**

Homestay Coordinator  
Stewart College of Languages  
850 Courtney Street  
Victoria, BC, V8W 1C4

If you have any questions or require further information, please do not hesitate to contact us at [languagues@stewartcollege.com](mailto:languagues@stewartcollege.com) or 388-7774.

**Fax: 388-7728**

*All information provided remains strictly confidential and is used only by Stewart College of Languages.*

## Address Information

Home Address: \_\_\_\_\_  
*Street Address* *Postal Code*

Home Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Preferred Email for Homestay Correspondence: \_\_\_\_\_

May we forward this contact information to students and where applicable, agents and/or host families hosting students from the same group?      Yes       No

## Main Contacts

	Primary Contact Person	Secondary Contact Person (if applicable)
Surname	_____	_____
First Name:	_____	_____
Birth Date (mm/dd/yy):	_____	_____
Relationship:	To Secondary Contact: _____	To Primary Contact: _____
Occupation & Employer:	_____	_____
Work Schedule:	_____	_____
Work Telephone:	<input type="checkbox"/> OK To Call <input type="checkbox"/> Emergency Only	<input type="checkbox"/> OK To Call <input type="checkbox"/> Emergency Only
Cell Phone:	<input type="checkbox"/> OK To Call <input type="checkbox"/> Emergency Only	<input type="checkbox"/> OK To Call <input type="checkbox"/> Emergency Only

**Other Resident Members in the Home (including current students)**

Name (SURNAME, First Name)	Male / Fem	Birth Date (mm/dd/yy)	Relationship to primary contact	Occupation	Departure Date (students only)
	M / F				
	M / F				
	M / F				
	M / F				
	M / F				

**Student Preference**

*We have a greater need for host families who are available to host male students or who have no gender preference.*

GENDER:  Female Student  Male Student  No Preference

AGE:  11-14 yrs old, daily transfer to school required  15-17 yrs old  18+ yrs old

Would you host a student who is willing to smoke outside only?  Yes  No

How many people in your household smoke? \_\_\_\_\_

**Pet Information**

- Cats: #: \_\_\_\_\_ Name(s), size(s) & breed(s): \_\_\_\_\_
- Dogs: #: \_\_\_\_\_ Name(s), size(s) & breed(s): \_\_\_\_\_
- Other: #: \_\_\_\_\_ Name(s), size(s) & breed(s): \_\_\_\_\_

**Language**

What languages are spoken in the home? \_\_\_\_\_

What language is spoken predominantly? \_\_\_\_\_

**Why do you want to host an International Student?**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Home Information**

*Each resident member of the home over 10 years of age must have a private bedroom with a solid door.*

Type of home:  Apartment /Condo  Townhouse  House  Owned  Rented

# of levels: \_\_\_\_\_ # of student bedrooms: \_\_\_\_\_ # of bathrooms: \_\_\_\_\_

Description of home (style of decorating/architecture, type of flooring, square footage etc.):

\_\_\_\_\_  
 \_\_\_\_\_

Do you have: a) a washer  Yes  No b) a dryer  Yes  No

**Please draw a detailed floor plan of every level of your home and attach it to this application form.**

**Amenities available to students**

- TV  DVD/VCR  Bicycle  Piano

Please list any other musical instruments / sports equipment you have in your home that the student may use.

\_\_\_\_\_  
 \_\_\_\_\_

## Student Rooms

Every student room must have a window that opens and is at least 24" wide by 24" high in size.

How many bedrooms do you have available for students?  1  2  3 (Max. 3)

	Student Room 1	Student Room 2	Student Room 3
Location:	_____	_____	_____
Size of Room:	_____	_____	_____
Size of window(s):	_____	_____	_____
Furnishings:	_____	_____	_____
Bed size:	_____	_____	_____
Type of flooring:	_____	_____	_____
Type of heating:	_____	_____	_____
Type of Bathroom	<input type="checkbox"/> Shared with Family <input type="checkbox"/> Shared with Student <input type="checkbox"/> Private	<input type="checkbox"/> Shared with Family <input type="checkbox"/> Shared with Student <input type="checkbox"/> Private	<input type="checkbox"/> Shared with Family <input type="checkbox"/> Shared with Student <input type="checkbox"/> Private
Internet in Room (for laptop)	<input type="checkbox"/> Internet already installed <input type="checkbox"/> Student can hookup Internet at their expense <input type="checkbox"/> Internet not available	<input type="checkbox"/> Internet already installed <input type="checkbox"/> Student can hookup Internet at their expense <input type="checkbox"/> Internet not available	<input type="checkbox"/> Internet already installed <input type="checkbox"/> Student can hookup Internet at their expense <input type="checkbox"/> Internet not available
Type of Internet:	<input type="checkbox"/> Cable <input type="checkbox"/> ADSL <input type="checkbox"/> Wireless	<input type="checkbox"/> Cable <input type="checkbox"/> ADSL <input type="checkbox"/> Wireless	<input type="checkbox"/> Cable <input type="checkbox"/> ADSL <input type="checkbox"/> Wireless

## Computer Information

Is there a computer with internet access in another part of the home that the student may use?  Yes  No

If yes, where is it located? \_\_\_\_\_

Please comment on any conditions or restrictions related to the use of this computer or Internet time by students:  
\_\_\_\_\_  
\_\_\_\_\_

## Diet Information

Students must receive three well balanced meals each day, including a packed lunch on school days, and easy access to snacks. Breakfast and lunch may be self-serve from food put out by the family, but dinners must be together with the family in the evening.

Who is the main cook in your home? \_\_\_\_\_

What kind of food do you usually eat at home? \_\_\_\_\_

Do you make your students' breakfast or are they 'self-serve'? \_\_\_\_\_

Do you make your students' lunches or are they 'self-serve'? \_\_\_\_\_

Do you have any special dietary practices or restrictions? \_\_\_\_\_

## Religion

Do you go to church or other religious services on a regular basis?  Yes  No

Details: \_\_\_\_\_

## Health Issues

Please list any family medical conditions (e.g. allergies, diabetes, depression, epilepsy etc.): \_\_\_\_\_  
\_\_\_\_\_

## Schedules and Hobbies

International students who apply for homestay look forward to spending time with their host family in the evenings and on weekends. Host families are expected to involve students in family activities, outings and events, which will familiarize students with Victoria, Canadian culture and will help them to feel at ease with your family and your home.

Please give a general description of your family's normal daytime routine and evening / weekend commitments:

Daytime: \_\_\_\_\_

Weekend: \_\_\_\_\_

Please outline each family member's hobbies and interests as well as the activities that you enjoy together as a family. What kind of leisure activities can you offer to a student?

\_\_\_\_\_  
\_\_\_\_\_

## Bus Information & Daily Transfer

Do you have a car which you can use to pick up and drop off the student at the airport or bus depot if needed?  Yes  No

Students 11-14 years old must be transported by car to and from Stewart College each day (dropoff 8:30 – 9:00 a.m. and pickup 4:45 – 5:00 p.m.).

Are you able to provide daily transfer to and from school for a young teen student (11-14 yrs old)?  Yes  No

Older students depend on the bus system for transportation. Host Families must personally escort the student on the bus both to and from Stewart College on or before the student's first day of school.

How long does it take to walk from your home to the nearest bus stop (for downtown bus(es))? \_\_\_\_\_ minutes

How long does it take by bus to get downtown, near the Bay Centre or closer to Stewart College? \_\_\_\_\_ minutes

Does the student need to change buses to get downtown?  Yes  No

## Safety Information

Do you have working smoke alarms?  Yes  No

Is your property/fire insurance in effect if you have a paying boarder?  Yes  No  
Please ensure that you and your home are adequately insured while a paying boarder resides with you.

## References

How did you hear about the Stewart College Homestay Program? \_\_\_\_\_

Please list any organizations with whom you have hosted students, so that they may be contacted as a reference:

Organization	Telephone #	Name
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Organization	Telephone #	Name
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If you have not hosted students from other organizations, please provide two personal references who are familiar with your family and your home environment (no relatives).

Name	Relationship to you	Telephone #
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Name	Relationship to you	Telephone #
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## Agreement

- I (We) confirm the accuracy of all information enclosed in the Host Family Application Form.
- I (We) have read and understand the information provided in the Information Guide for Host Families.
- I (We) have enclosed Criminal Record Checks and Form 1 Releases for each permanent household resident aged 18 years or older, as a condition of our being able to host students for Stewart College of Languages.
- I (We) agree to advise Stewart College within 24 hours if any household resident is arrested for an offense.

Date (mm/dd/yy)	Printed Name (Primary Contact)	Signature
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Date (mm/dd/yy)	Printed Name (Secondary Contact)	Signature
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