



HOMESTAY APPLICATION

PERSONAL INFORMATION

LAST NAMES (S): _____ NAME (S): _____
ADDRESS: _____ CITY: _____ COUNTRY: _____
E-MAIL: _____ TELEPHONE: _____ WhatsApp: _____
DATE OF BIRTH: _____ AGE: _____ Male _____ Female _____ Single _____ Married
Day / Month / Year

Nationality:	Languages Spoken:			
Occupation / School:				
English Level:	Very good	Good	Fair	Poor
School that you will be attending during your stay in Vancouver:				

HOMESTAY PERIOD

Start Date:	End Date:
Day / Month / Year	Day / Month / Year

ARRIVAL INFORMATION

Do you need AIRPORT PICK-UP?	Yes	No		Arrival date:
Airline Name:	Flight Number:	Arrival Time:		

Departure INFORMATION

Do you need AIRPORT DROP-OFF?	Yes	No		Departure date:
Airline Name:	Flight Number:	Departure Time:		

HOMESTAY INFORMATION

Room preference:	Single Room	Share Room	
Meals preference:	2 meals	3 meals	No meals

Do you prefer to stay with a host family that has:

Young children	Yes	No	Does not matter	Dogs	Yes	No	Does not matter
Teenagers	Yes	No	Does not matter	Cats	Yes	No	Does not matter
Do you have any allergies to animals?				Yes	No	What kind?	
Do you have any allergies to food?				Yes	No	What kind?	
Do you have any medical problems?				Yes	No	What kind?	
Do you have any medical insurance?				Yes	No	When will you purchase it?	
Do you smoke?	Yes	No	Do you object to smoke (from other family members)?			Yes	No
Do you have any food dislikes or restrictions?							
Your hobbies, interests and any other request:							

AGREEMENT AND MEDICAL AUTHORIZATION:

I, the undersigned, an applicant for the Homestay Program, do waive and release claims against Northwest Homestay for injury, loss, damage, accident, delay, or expenses resulting from my participation in the program.

I also release them and agree to indemnify them with regard to any financial obligations or liabilities that I may personally incur or any damage or injury to the person or property of others that I may cause while participating in this program. I understand that Northwest Homestay is not responsible for any injury or loss suffered by me during periods of independent travel or absence from the school.

If I become ill, injured or incapacitated, Northwest Homestay, the host family, or the local coordinators may take such actions as any of them considers necessary, including medical treatment for me and transporting me back to my country, at my own expense.

I understand that my participation at the homestay program may be terminated at the sole discretion of Northwest Homestay without a refund of fees and that I may be sent home at my expense if I do not adhere to the rules standards and instructions. I agree that Canadian law shall apply to this agreement and I agree to submit to the jurisdiction of Canadian law. I agree to pay promptly all telephone bills charged by me to the host family phone in case I did not use a pre-paid phone card. I agree to a minimum stay of 4 weeks, and to advise the Homestay Coordinator at least 2 weeks before I plan to leave. If the applicant is less than 19 years old, please have a parent co-sign below.

I have read and understood all information on this form.	
Student signature	Date (Day / Month / Year)
Parent's signature	Date (Day / Month / Year)