



World Classroom Program



International Education Programs
c/o York Region Learning Connections

10909 Yonge Street, Suite 202
Richmond Hill, ON L4C 3E3 Canada

Telephone: (905) 883-0047
Fax: (905) 884-2613
Email: homestay@yrdsb.edu.on.ca

**PLEASE PRINT CLEARLY
INCLUDE A RECENT WALLET-SIZED PHOTO AND RETURN BOTH TO YOUR SCHOOL.**

STUDENT INFORMATION

SURNAME (family name)		FIRST NAME	
DATE OF BIRTH (MM/DD/YEAR)	AGE	PRESENT GRADE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
EMAIL ADDRESS	SCHOOL		
TEACHER		ROOM NUMBER	

Attach
Photo
Here

HOST FAMILY INFORMATION

MOTHER OR OTHER SURNAME (family name)	MOTHER'S FIRST NAME	OCCUPATION
FATHER OR OTHER SURNAME (family name)	FATHER'S FIRST NAME	OCCUPATION
STREET ADDRESS		
TOWN/CITY	PROVINCE	POSTAL CODE
HOME TELEPHONE NUMBER	CELL TELEPHONE NUMBER	EMAIL ADDRESS
MOTHER'S WORK TELEPHONE NUMBER	FATHER'S WORK TELEPHONE NUMBER	FAX TELEPHONE NUMBER

CHILDREN LIVING IN THE HOME:

FULL NAME	AGE	<input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE
FULL NAME	AGE	<input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE
FULL NAME	AGE	<input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE
FULL NAME	AGE	<input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE

OTHERS LIVING IN THE HOME (if applicable):

FULL NAME	AGE	RELATIONSHIP TO STUDENT
FULL NAME	AGE	RELATIONSHIP TO STUDENT

EVERYONE LIVING IN THE HOME, WHO IS 18 YEARS OR OLDER, WILL BE REQUIRED TO HAVE A POLICE CHECK.

HOSTING PREFERENCE

OUR FAMILY PREFERS TO HOST:	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	<input type="checkbox"/> EITHER	WOULD YOU CONSIDER EXTENDING THE HOSTING PERIOD IF A STUDENT WISHES TO CONTINUE ATTENDING A YORK REGION SCHOOL?
WOULD YOU HOST A STUDENT WHO SMOKES?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	

Host Family Application Form

DWELLING INFORMATION

CAN YOU ACCOMMODATE THE STUDENT IN A PRIVATE BEDROOM WITH A WINDOW? YES NO

FAMILY PREFERENCES

LANGUAGE (Please note that most visiting students are attending our schools to improve their English. They view the homestay placement as an opportunity to practice and improve their English.)

PRIMARY LANGUAGE SPOKE IN THE HOME: _____

HEALTH ISSUES

DOES ANYONE LIVING IN YOUR HOME HAVE A MEDICAL CONDITION WHICH WOULD AFFECT THE HOMESTAY STUDENT? YES NO

IF YES, EXPLAIN: _____

PETS & ANIMALS

DO YOU HAVE ANY PETS OR ANIMALS IN YOUR HOME? YES NO IF YES, HOW MANY AND WHAT TYPES? _____

SMOKING

DOES ANYONE IN YOUR HOME SMOKE? YES NO IF YES, DO FAMILY MEMBERS SMOKE INDOORS? OUTDOORS?

WOULD YOU HOST A STUDENT WHO SMOKES? YES NO

DIETARY

DOES YOUR FAMILY FOLLOW ANY SPECIAL DIETARY PRACTICES?: YES NO

IF YES, SPECIFY: _____

IS YOUR FAMILY VEGETARIAN? YES NO

IS FISH EATEN? YES NO

IS CHICKEN EATEN? YES NO

ARE DAIRY PRODUCTS CONSUMED? YES NO

FAMILY INTERESTS & ACTIVITIES

INDICATE THE ACTIVITIES THAT YOUR FAMILY IS INTERESTED IN AND PARTICIPATES IN REGULARLY:

- SWIMMING
- MUSIC
- READING
- TENNIS
- GOLF
- WATER SPORTS
- CONCERTS
- COMPUTERS
- BASEBALL
- CAMPING
- SKIING
- DANCE
- VIDEO GAMES
- SOCCER
- MARTIAL ARTS
- SNOW BOARDING
- THEATRE
- MOVIES
- HOCKEY
- OTHER: _____

COMMENTS: _____

HOUSEHOLD ROUTINES

WHAT HOUSEHOLD ROUTINES DO YOU EXPECT THE VISITING STUDENT TO OBSERVE? _____

TRANSPORTATION

HOW WILL THE STUDENT GET TO SCHOOL?

SCHOOL BUS PUBLIC TRANSIT WALK

OTHER _____

HOW LONG WILL IT TAKE FOR THE STUDENT TO GET TO SCHOOL?

MINUTES: _____

PARTICIPATION IN THIS PROGRAM IS DEPENDENT UPON SUCCESSFULLY MATCHING STUDENT PROFILES, THE PRINCIPAL'S APPROVAL OF THIS STUDENT'S APPLICATION AND THE ACCEPTANCE OF THE INTERNATIONAL STUDENT TO ATTEND THIS SCHOOL.

PRINCIPAL'S NAME	PRINCIPAL'S SIGNATURE	DATE