

Homestay Application Form

2013-2014

The Eastern Townships School Board's International Student Program welcomes students from all over the world to attend our schools, to further their studies and to experience Canadian culture.

In a homestay situation, international students have the opportunity to improve their English skills and to immerse themselves in Canadian family life and culture. In return for the homestay fee, the student will be provided with:

- a comfortable private room, including a bed, dresser, desk, lamp and closet. The room shall have adequate heat, light and ventilation;
- access to a bathroom and bathing facilities;
- three nutritious meals daily and other reasonable snacks;
- access to laundry facilities; and
- a key to the home (including security codes if the home is equipped with a security system) and phone numbers to reach you during working hours.

Thank you for your interest in the International Education Program. Please review the Homestay Family Application and follow the instructions for completion and submission.

HOMESTAY FAMILY APPLICATION FORM

- 1. Complete all sections of the Homestay Family Application form.
- 2. The school boards require all applicants and members of the household over the age of 18 to submit a Police Records Check.
- 3. At least one applicant must be a minimum of 25 years of age.
- 4. Upon acceptance, host families should consult with their insurance company to ascertain the level of insurance in their home with regards to liability.
- 5. The Eastern Townships School Board is not liable for any damages caused by the student during their stay in the host home and assumes no financial responsibility of any incident causing such damages.
- 6. The International Student Program of the Eastern Townships School Board reserves the right to decline any application at any time during the recruitment process and the duration of the student's stay. In the event of an emergency the International Student Program reserves the right to immediately remove the student without notice. All other removal notification is subject to approval by the Eastern Townships School Board contingent on circumstances.



Personal Information

A. Host Parent Information

(Surname)	(First/Middle)	(First/Middle Names) (Cell Phone)			(marital status) (e-mail)	
(Home Phone)	(Cell Phone)					
(Current Home Address – Street, Pr	rovince, Postal Code)					
(Full Mailing Address if different fro	om above)					
(Occupation/Company)	(Address)	(Telephone)			(Work Schedule)	
(Emergency Contact)						
Are you willing to submit t	o Police Records Check	?	YES		NO 🗆	
B. Spouse/Partner In	nformation					
(Surname)	(First/Middle 1	(First/Middle Names)			(marital status)	
(Home Phone)	(Cell Phone)				(e-mail)	
(Current Home Address – Street, Pr	rovince, Postal Code)					
(Full Mailing Address if different fro	om above)					
(Occupation/Company)	(Address)	(Telephone)			(Work Schedule)	
(Emergency Contact)						
Are you willing to submit to Police Records Checks? YES				NO \Box		
How did you hear about the	his program?					
Language(s) spoken at hor	me					

Have you ever had	a foreign stu	dent stay in your home?	If yes, what nationality, how long
and when?			
Yes/No	Nationality _	L	ength of Stay



Household Resident Information

Please provide the following information for all members of your family (including non-family members residing in your home and frequent visitors/other houseguests): Please note that all residents 18 and over must complete applications for Police Records Check,

Full name	Gender	Date of Birth	Relationship	School attending	Grade	First
	(M/F)	(mm/dd/yyyy)		or Occupation		Language

School Information:

 Nearest elementary school_____distance_____

 Nearest high school_____distance_____

Home

Briefly describe your home (number of bedrooms, bathrooms, social areas, levels, etc.)

Level(s) _____ Bathroom(s) _____ Bedroom(s) _____ Backyard _____

Front yard _____ Balcony _____ Social Areas _____

Amenities: (e.g. internet, hot tub, trampoline, cabin, pool, piano)

Describe the room where the student(s) will sleep.
Location: Size:
Furnishings: Single bed \Box Double bed \Box Lamp \Box
Desk \Box Chair \Box Private bathroom \Box Access to laundry facilities \Box
Access to home computer \Box Internet \Box
Do you own or rent your home? Own \Box Rent \Box
If you rent, when does the lease end?
Do you have Homeowners Liability Insurance? Yes 🗌 No 🗌



Length of Stay

Academic year (September-June)	0
Semester: Fall O Winter	0
Short-term (two – three month program)	Ο

Family Information

Does any family member smoke?

Do you allow smoking in your home?

What are your family's rules about drinking of alcohol? ____

What are your family's rules about the use of the telephone?

What are your family's hobbies and interests?

(circle) skating skiing water sports golfing fishing horse riding hiking bicycling community sports school sports dance lessons music/drama other (describe)

List your house pets if you have any?

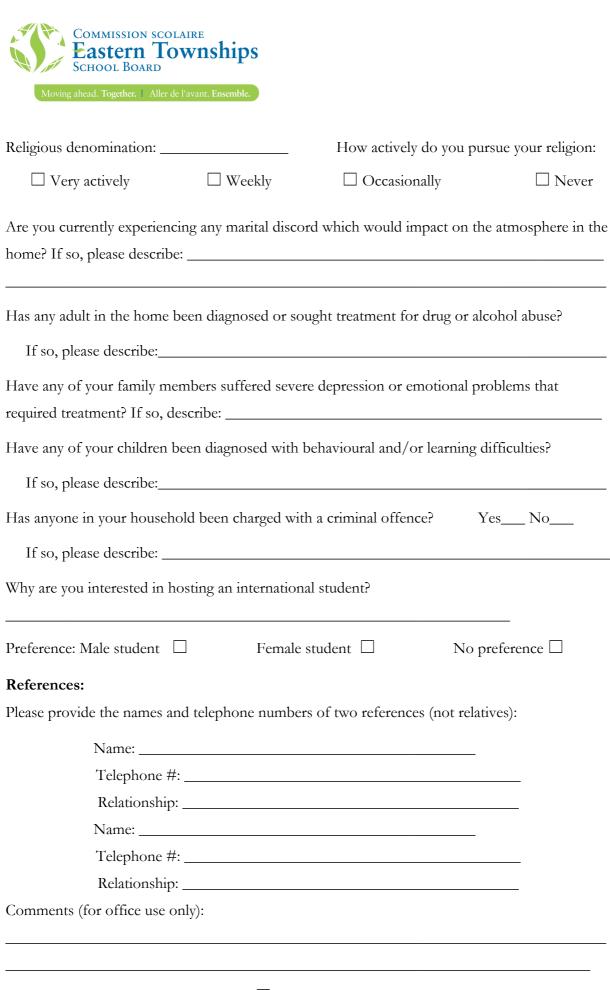
Are you willing to transport your student to various activities and to encourage/support his/her participation?

In our program, activities are very important. With what activities are you presently involved?

How much and what kind of assistance are you prepared to give your student(s) with school assignments?

Write anything else that you feel is important for student(s) to know about your household. (food, laundry, family rules, etc.)

What is the work schedule of family members?



Criminal Record (s) Check Completed \Box



Declaration

I agree to provide a clean, furnished, private room in a warm and hospitable environment.

I understand that the Eastern Townships School Board is not liable for any damages or loss caused by the student.

I am aware that in hosting an international student, I am completely responsible for him/her. I am aware that if I fail to properly supervise or protect the student, I could be held legally responsible.

I am aware that I must attend an annual host family orientation meeting and training session in order to continue to host students.

I am aware that I am responsible for arranging adequate liability insurance to cover an international student living in my home.

Name of Applicant Host Mother (please print):_____

Applicant Host mother (signature)

Date

Name of Applicant Host Father (please print):____

Applicant Host father (signature)

Date

Return completed application to :

International Student Program 340 rue St-Jean-Bosco Magog, Quebec J1X 1K9

Att : Eva Lettner E-mail : lettnere@etsb.qc.ca