

Homestay Application Form

Personal Information

Last Name	First Name
Gender	Date of Birth
Cell Phone Number	E-mail Address
Level of English	Current Grade
First Language	Preferred Language
Describe yourself:	

Parent or Emergency Contact

Name	Telephone	Relationship

Homestay Information

Start Date	End Date
Do you smoke? <input type="checkbox"/> No <input type="checkbox"/> Yes	Will you stay with a family that smokes? <input type="checkbox"/> No <input type="checkbox"/> Yes
Do you like pets? <input type="checkbox"/> No <input type="checkbox"/> Yes	Do you prefer a family with pets? <input type="checkbox"/> No <input type="checkbox"/> Yes
Do you prefer a family with children?	<input type="checkbox"/> No <input type="checkbox"/> Yes
What type of Room do you prefer?	<input type="checkbox"/> Shared Room <input type="checkbox"/> Private Room
Are you willing to live in a Basement Room ?	<input type="checkbox"/> No <input type="checkbox"/> Yes
What type of Bathroom do you prefer?	<input type="checkbox"/> Shared <input type="checkbox"/> Private
What type of Transportation do you prefer?	<input type="checkbox"/> Public transportation <input type="checkbox"/> Pick-up/drop-off
How many meals do you prefer per day?	<input type="checkbox"/> 3 meals <input type="checkbox"/> No meal
Do you have any medical problems? If Yes, please describe:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you have allergy problems? If Yes, please describe:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you have any special dietary restrictions? If Yes, please describe:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you have any special requests/needs? If Yes, please describe:	<input type="checkbox"/> No <input type="checkbox"/> Yes

What are your hobbies and interests?

AIRPORT PICK-UP INFORMATION

Do you require Airport Pickup?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Date of Arrival at Toronto Pearson Airport	
Time of Arrival	
Terminal Number	
Flight Number	

* **Note:** If there are changes to this information, you must notify Future Hope Academy 48 hours in advance of arrival. If you do not, we cannot guarantee your pick-up.

Agreement

I understand that by filling in this registration form, I agree to, and will obey all the following conditions as a homestay student:

1. Before confirmed arrangements can be made with a host family, the non-refundable placement fee, the first and the last month deposit homestay fees (2 months homestay fees in total) must be received in Canadian funds.
2. I agree to inform Future Hope Academy one month before I want to move out.
3. I agree to make prompt payments of all additional homestay fees.
4. I will participate in my host family's daily activities and respect the host family's home.
5. I will be responsible to keep my accommodation clean. At the end of my homestay I will leave the accommodation in the same condition I moved in, and will accept responsibility for any damage, loss, or unpaid bills caused by myself or by my friends in the host family's home.
6. I will request permission if I invite any friends or family members to the host family's home. I accept complete responsibility for the behavior and action of my guests, while they are in the host family's home.
7. I will inform the landlord in advance if I want friends/relatives to sleep over.
8. I agree not to smoke or drink alcohol in the host family's home, unless invited.
9. I will inform my host family in advance if I am planning to be away for evening meals or if I will return later than expected.
10. Future Hope Academy is not responsible for any loss or damage to your belongings while staying with our homestay family.
11. The arrangement for visiting parents will require additional accommodation fees.
12. Future Hope Academy is not responsible for any conflicts between students and the landlord.

Student Print Name:

Signature:

Parent's Signature (if student is under 18 years old):

Date: