



# Calvin Christian School

## International Student Homestay Application

Students Applying for Grades 4-12

**PERSONAL INFORMATION**

**Date of Application:**

Surname (Family Name):		Given Names:		English Name:	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (month/day/year):		Current Age:		
First Language:			Other Languages Spoken:		

**HOME ADDRESS (in home country)**

Street Address			
City	Province/State	Country	Postal Code
Telephone Number		Fax Number (if applicable)	E-mail address (if applicable)

**PARENTS' INFORMATION**

Father's Surname	First Name	Occupation	Date of Birth
Mother's Surname	First Name	Occupation	Date of Birth

**OTHER FAMILY MEMBERS**

Name	Gender (M/F)	Age

## **GENERAL INFORMATION**

Please provide as much information as possible to help us place you with an appropriate Homestay family.  
(Please print)

1. Do you have any pets? No Yes (please list) \_\_\_\_\_
2. Would you mind living with a family that has pets? No Yes No preference
3. Our school and most of our Homestay families provide a non-smoking environment. Would you prefer a home that was: Non-smoking Smoking No preference
4. Do you have any special dietary requirements, e.g. vegetarian?  
No Yes (please list) \_\_\_\_\_
5. What kinds of foods do you like to eat? \_\_\_\_\_

What foods do you dislike? \_\_\_\_\_

6. Some of our Homestay families have children who will be younger or older than you. Although we find that the majority of students indicate they would prefer to live in a home with someone of the same gender and age, it is not always possible. Please express your thoughts about being placed in a home with children who may be younger/older than you, or have no children at all.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. What kinds of books do you like to read? \_\_\_\_\_

8. Describe your activities/hobbies (please select all that apply):

Sports    Type of sports \_\_\_\_\_

Music    Types of music \_\_\_\_\_

Do you like to sing? No Yes

Do you play instruments? No Yes

If yes, what kind? \_\_\_\_\_

Movies    What kind of movies? \_\_\_\_\_

Art Cooking/Baking Theatre Dance

Computer/Internet Exercise/Fitness Programs

Gardening Travel Photography

Other \_\_\_\_\_

9. Do you belong to any youth clubs or groups?

No

Yes (please list) \_\_\_\_\_

10. How do you and your family usually spend a weekend together?

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

11. What time do you start school everyday? \_\_\_\_\_

12. How much time do you spend on doing homework per day on average? \_\_\_\_\_

13. Are you active in any groups?

No

Yes (please provide details) \_\_\_\_\_

\_\_\_\_\_

14. Please describe any part-time jobs or work experience you may have had: \_\_\_\_\_

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

15. Do you usually help with household chores?  No  Yes

If yes, please describe: \_\_\_\_\_

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

16. Do your parents require you to be home at a specific time in the evening?  No  Yes

If yes, what time: weekdays \_\_\_\_\_ weekends \_\_\_\_\_

17. What courses do you presently study? \_\_\_\_\_

18. What do you expect from attending a Canadian school? \_\_\_\_\_

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

19. Have you ever been away from your family for long periods of time?

No  Yes (how long) \_\_\_\_\_

20. Describe any concerns you may have about living in Canada:

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

21. How can we help you adjust to your new home? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

22. Please describe any medical conditions your Homestay family should be aware of:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

23. Do you have any serious/life threatening medical conditions that may require immediate medical attention?  
 No  
 Yes (please describe) \_\_\_\_\_  
\_\_\_\_\_

24. Please provide any further information you feel would be useful in helping us to place you in the best possible Homestay situation:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

25. Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

26. Please attach photos of you and your family members, and your home (optional)

27. Why do you want to attend Calvin Christian School?

---

---

---

---

28. How do you think you will contribute to the Calvin community? \_\_\_\_\_

---

29. List three words your friends would use to describe you \_\_\_\_\_

30. Do you attend church on a regular basis?  No  Yes If yes, which church do you attend? \_\_\_\_\_

31. What does Jesus Christ mean to you? \_\_\_\_\_

---