

HOMESTAY PROGRAM STUDENT APPLICATION

For Office Use Only:

Program #:

Student #:

G E N E R A L	Name: _____ <small style="display: block; text-align: center;">LAST FIRST</small>	
	Address: _____ <small style="display: block; text-align: center;">STREET CITY COUNTRY POSTAL CODE</small>	
	Phone: _____	Email: _____ Date of Birth: _____
	Sex: Male _____ Female _____	Age: _____ Nationality: _____
F A M I L Y	Father's Name: _____ Occupation: _____ Mother's Name: _____ Occupation: _____ Brother & Sisters (Name/Age/Sex): _____ _____	
A C A D E M I C	Name of Your School: _____ Major/Grade: _____ Favorite Subjects: _____ Career Interest: _____ Number of years of English study: _____ Speaking Ability: <input type="checkbox"/> Little <input type="checkbox"/> Good <input type="checkbox"/> Fluent	
P E R S O N A L	Have you travelled overseas? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? _____ Please check one or more: Personality Characteristics: What activities do you enjoy? <input type="checkbox"/> shy <input type="checkbox"/> affectionate <input type="checkbox"/> curious <input type="checkbox"/> studying <input type="checkbox"/> dancing <input type="checkbox"/> movies <input type="checkbox"/> quiet <input type="checkbox"/> cheerful <input type="checkbox"/> serious <input type="checkbox"/> reading <input type="checkbox"/> watching TV <input type="checkbox"/> shopping <input type="checkbox"/> humorous <input type="checkbox"/> sociable <input type="checkbox"/> reliable <input type="checkbox"/> museums <input type="checkbox"/> hiking <input type="checkbox"/> cooking <input type="checkbox"/> other: _____ <input type="checkbox"/> sports (specify) _____ What kinds of books do you like reading? What type of music do you enjoy? <input type="checkbox"/> non-fiction <input type="checkbox"/> poetry <input type="checkbox"/> science fiction <input type="checkbox"/> classical <input type="checkbox"/> rock <input type="checkbox"/> folk <input type="checkbox"/> mysteries <input type="checkbox"/> classics <input type="checkbox"/> newspapers <input type="checkbox"/> jazz <input type="checkbox"/> country <input type="checkbox"/> popular <input type="checkbox"/> other: _____ <input type="checkbox"/> Other: _____ What qualities do you value in others? What kinds of food do you like/dislike? <input type="checkbox"/> loyalty <input type="checkbox"/> kindness <input type="checkbox"/> sense of humour <input type="checkbox"/> Like _____ <input type="checkbox"/> patience <input type="checkbox"/> intelligence <input type="checkbox"/> honesty <input type="checkbox"/> Dislike _____	
M E D I C A L	Condition of Health: _____ Please list any medications you take: _____ Do you have any allergies or require special medical treatment? _____ Are you allergic to pets? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No	
R E L E A S E	<ul style="list-style-type: none"> ▪ I hereby authorize ELITE to seek medical attention for me in the event of sickness, accident or any emergency during the program. ▪ I have read the Elite Student Handbook OR attended an orientation and will abide by the rules and regulations outlined in it. ▪ I understand that all host families are volunteers. ▪ I have attached a letter to the host family and at least four photos of myself. 	
	Signature of Student _____ <small>▪ If you live away from your parents, please give your parents address and telephone number.</small>	Date _____ Signature of Parent _____ Date _____