Homestay Family Program Application						
Horizon School Division #67 6302-56 Street Taber, Alberta Canada T1G 1Z9		HOR	ZON SCHOOL DIVISION			
I. Homestay Family Application Please print clearly - all parts of the application must be completed						
Last Name:	First Name:		Spouse:			
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Address (mailing and land location):						
Town/City:		Province				
Telephone:	Fax:	E	Email:			
Occupation:	1	Spouse's Oc	cupation:			
Employer's Name:		Employer's Name:				
Address:		Address:				
Telephone:		Telephone:				
Please ALL persons living in your home.						
NAME			AGE			
OCCUPATION/SCHOOL/HOBBIE	S					
NAME			AGE			
OCCUPATION/SCHOOL/HOBBIES						
NAME			AGE			
OCCUPATION/SCHOOL/HOBBIE	S		i			

NAME			
		AGE	
OCCUPATION/SCHOOL/HOBBIES			
NAME		AGE	
OCCUPATION/SCHOOL/HOBBIES			
NAME		AGE	
OCCUPATION/SCHOOL/HOBBIES			
a. Have you ever hosted an international student before?		Yes	No
b. Please give specifics as to your hours of work and on-going comm	itments:	165	NU
	N	L NI-	Other
c. Will there be parental supervision in the evenings?	Yes	No	Other
d. What activities do you and your family enjoy that you would be will	ing to inclu	ude your inte	ernational
student in?			
e. Do you belong to any community groups or organizations? (culturations)	al, sports)		
f. Does your belief system restrict you from providing for religious and	d cultural 1	traditions otl	her than
your own?			
g. How many smokers, if any, are in your home?			
h. Do you have any pets? Please list:			
i. Como interretional atudante en unatarione, en have distant restric	tione Cor		
i. Some international students are vegetarians or have dietary restric any necessary dietary requirements?	tions. Car	i you respec	ct and meet
· · · · · · · · · · · · · · · · · · ·			
j. International students need to be treated as members of your famil and respect. Can you meet this very important challenge?	y - with lov	ve, nurturing	, guidance

k. How do you feel an international student can benefit f	rom being placed with you?				
I. Please provide two character references:					
Name:	Telephone:				
Name:	Telephone:				
I/W e,, have read the rules and responsibilities of the Horizon School Division #67 Homestay Family Program contained herein and I /W e agree to fulfill the necessary requirements. I/W e understand and agree that should I/W e not fulfill my/our commitment herein; my/our services will be terminated.					
I agree to indemnify and hold harmless the Horizon School Division No. 67, its elected officials and officers, employees, agents, volunteers and representatives, or any of them, from any claims, demands, expenses, costs (including legal costs), suits, debts, liabilities and causes of action for which they may be liable as a result of personal injury or property damage that I or the student cause or contribute, or are held responsible for, jointly or severally, in connection with the student's participation in study in Canada and from any financial obligations student may incur.					
Signature of Homestay Parent	Signature of Witness				
Signature of Homestay Parent	Print Name:				
	Address				
Date:	Telephone:				

II. Application Checklist

Your application must include all the items indicated below. Please use this checklist to ensure your application is complete.

O A complete Homestay Family Program Application

O Police records check on each individual 18 years and older residing in the home

O Please provide at least 3 recent photos, for example: a picture of your whole family, a picture of the exterior of your home and a picture of the room where the student will stay.

Please submit to:

Horizon School Division Homestay Program c/o Sheila Kurtz 6302-56 Street Taber, Alberta T1G 1Z9

III. Easy Reference Guides

Get a head start on making your student's transition to life in Canada easier. You may wish to check out the following items in advance:

O Location, telephone number and worship times of various churches or religious organizations close to your home.

O School bus routes and times in your area (if required)

- O Public library hours
- O Names, addresses and telephone numbers of medical clinics and dental clinics close to home.

O Public swim times at local pools, public skating times, etc.