

HOMESTAY STUDENT PROFILE

Student information	
First /Given Name: Last/Family/Surname: English/Nickname: Entering Grade:	Birth Date (mm/dd/yyyy):// Age: Gender: Female Male Citizenship:
Home Address and Contact Info	rmation
Street Address:	
Province/State: :	
Code/Zip:	
Start Date	
Year: What grade do you expect to complete at MA: Agency Information (if using)	Term: September February
Agency Name:	Agent's Email:
Name of Agent Representative:	Agent's Phone Number (country/code/number):

Arrival/Departure In	formatio	n
Date of Departure (mm/dd/yyyy):		/ Date of Arrival (mm/dd/yyyy)://
Airport:		Airport:
Fight #:		Fight #:
Arrival Time:		Arrival Time:
General Information		
participate in the Homestay Program. Some families work full-time, while ot be open and willing to share and enjo	hers work part-tii y a meaningful h	ects the diversity of all Canadians. Many different kinds of Canadian families me and/or are retired. Every host family will have its own unique lifestyle, so domestay experience with the host family we have selected for you. Due to be required to use taxi or city transit periodically at your expense.
Getting to Know You About You	u <u> </u>	
Your English level	None	Beginner Intermediate Advanced
What grade are you in currently?		
What are your favourite subjects at school?		
What language(s) do you speak?		
What language(s) do you read/write?		
How many years have you studied English in school?		
Have you ever studied and or travelled abroad?	No	Yes, if yes, when, where and for how long:
Are you allergic to Animals? (Note: Most Canadian families have at	No	Yes (If yes, which animal(s)).

No

Do you have any other allergies?

(medicines, plants, etc.)

Yes - If Yes, name allergy and describe its effects.

Munro Academy: Homestay Student P	rofile
Do you take any medication?	No Yes - If Yes, name the medication and medical condition:
Do you have any special physical needs?	No Yes - If Yes, describe:
English, from your doctor, that explain procedures that are unacceptable to	re any health problems, allergies and/or require medication, you must bring a letter, written in inst the problem, medication required, and medication dosage. If there are certain medical you for religious reasons, bring a signed and witnessed medical directive with you, written in d to see your medical directive, along with any international medical insurance you may have
Do you smoke?	No Yes Occasionally
What are your hobbies and interests (sports, reading, sciences, etc.)?	
What kind of music do you like?	
Do you play a musical instrument?	No Yes - Name instrument(s) if yes:
Are you willing to participate in family activities?	No Yes
What activities would you like to do with your host family? (Select all that apply)	Play Sports Attend Movies Watch TV Go for Walks Sightsee Go Camping Be part of the Family Other, Explain:
Your character: (Check all that apply)	Outgoing Independent Shy Talkative Adaptive Easy going Quiet Energetic Other, Describe:
Your preferences: (Check all that apply)	Family with young children (age 0-11) Family with teenagers (age 12-19) Family hosting another international student Adults(s) with adult children Adult(s) without children No preferences
Food Preferences	
Do you have food allergies?	No Yes,if yes, describe:
Do you require a special diet?	No Yes, if yes, describe:

Yes

No

Do you enjoy cooking?

A little

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for breakfast, lunch and dinner are provided by the host. In some cases the student will help herself/ himself to food that is provided by the host family.

	Like	Ok	Dislike
Meat (Pork, Beef, Lamb, etc.)			
Fish/Seafood			
Poultry (Chicken, Turkey, etc.)			
Eggs			
Vegetables			
Dairy Products (Milk, Cheese, Yogurt, etc.)			
Fruit			
Sandwiches			
Beans/Lentils/Rice			
Other:			

Homestay Information C The following should be received 6 w	
Completed "Homestay Student	
Arrival and Departure Details (c	his form)
Medical letter from doctor (if ne	ed)
coordinator will select a host family bas be met.	on the information I have provided and that they cannot guarantee that all my preferences will
	Homestay Coordinator to release information in this application to my host family.
- Darantia Ciamatura	
Parent's Signature	Date
Student's Signature	 Date