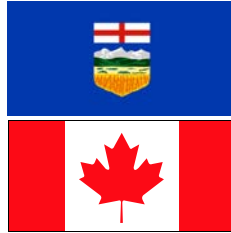


Horizon School Division Homestay Program Application

Horizon School Division #67
 6302-56 Street
 Taber, Alberta
 Canada
 T1G 1Z9



I. Student Information

Family Name:	Given Names:
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English Courtesy Name:

Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of Birth: (yy/mm/dd)	Nationality:	First Language:
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Student email:

Home Mailing Address:

Check off adjectives which best describe you:

Curious <input type="checkbox"/>	Serious <input type="checkbox"/>	Friendly <input type="checkbox"/>	Sophisticated <input type="checkbox"/>
Messy <input type="checkbox"/>	Thoughtful <input type="checkbox"/>	Fun <input type="checkbox"/>	Family-orientated <input type="checkbox"/>
Open-Minded <input type="checkbox"/>	Humorous <input type="checkbox"/>	Intellectual <input type="checkbox"/>	Nature-loving <input type="checkbox"/>
Neat <input type="checkbox"/>	Competitive <input type="checkbox"/>	Cautious <input type="checkbox"/>	Out-going <input type="checkbox"/>
Active <input type="checkbox"/>	Talkative <input type="checkbox"/>	Quiet <input type="checkbox"/>	Organized <input type="checkbox"/>
Adventurous <input type="checkbox"/>	Other:		

Please check YES or NO. Please give details.

1. Have you ever been to Canada?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

2. Have you ever traveled abroad on your own?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

3. Are there meat products you cannot consume?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4. Do you have any food or other allergies?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5. Do you have any medical conditions?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
6. Are you under a Physician's care? If yes, please attach Physician's Report.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
7. Are your immunizations up to date? Attach Physician's Report and Immunization Records.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
8. Do you like participating in sporting activities? What sports do you play?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
9. Is regular church attendance important to you? (If so, specify which denomination)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
10. Do you have any special requirements that your home stay family should be aware of?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
11. Do you know how to use a computer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
12. Have you ever lived away from home before?*	YES <input type="checkbox"/>	NO <input type="checkbox"/>
13. Do you smoke?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

14. What are your hobbies and interests? What do you do in your spare time?

15. What types of books do you like to read?

16. What kind of music do you like to listen to?

17. What television programs do you like to watch?

18. What makes you happy or sad?

19. What foods do you dislike?

20. What qualities do you value in yourself? In others?

21. What do you expect from your school?

22. What do you expect from your host family?

23. What do you expect from this program? What plans do you have while in this program?

24. What are your future plans?

Comments or special requests:

II. Host Family Structure

Do you have any concerns about any of the following? Please explain your concerns.

A Host family with pets?

A Host Family with small children?

A Host Family with other teenagers?

A Host Family with another international student?

III. Message to Host Family

Attach additional sheets if needed.

IV. Message to Host Family from Parents

Attach additional sheets if needed.

IV. Your Family Members

Please list all family members.

Name	Relationship	Age
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Occupation/What they like to do.

Name	Relationship	Age
------	--------------	-----

Occupation/What they like to do.

Name	Relationship	Age
------	--------------	-----

Occupation/What they like to do.

Name	Relationship	Age
------	--------------	-----

Occupation/What they like to do.

Name	Relationship	Age
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Occupation/What they like to do.

Name	Relationship	Age
------	--------------	-----

Occupation/What they like to do.

Name	Relationship	Age
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Occupation/What they like to do.

Do you get along well with your family?

What do you and your family like to do together?

What chores do you have to do at home?

What rules are there in your household?

Check off adjectives which best describe your family's lifestyle:

Strict <input type="checkbox"/>	Casual <input type="checkbox"/>	Social <input type="checkbox"/>	International <input type="checkbox"/>
Affectionate <input type="checkbox"/>	Home-oriented <input type="checkbox"/>	Independent <input type="checkbox"/>	Academic <input type="checkbox"/>
Active <input type="checkbox"/>	Modern <input type="checkbox"/>	Religious <input type="checkbox"/>	Sophisticated <input type="checkbox"/>
Artistic <input type="checkbox"/>	Traditional <input type="checkbox"/>	Relaxed <input type="checkbox"/>	Friendly <input type="checkbox"/>

Other: