



CESTAR HIGH SCHOOL

Homestay Program Host Application Form

Name of Applicant	Address of Home
Phone Contacts	Main Intersection
Email	Closest TTC station/Distance to Station

Information about the Family

Please give details about every member of the family (starting with yourself) that lives in the home including college aged children that return home on holidays.

Name	Relation	Age	Occupation	Police Check?
	Self			Y N n/a
				Y N n/a
				Y N n/a
				Y N n/a



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Do you have any pets? [] No [] Yes Please list all pets _____

Do you or any family members smoke? [] No [] Yes If yes, do you smoke inside the home? [] No [] Yes

Will you accept a smoker in the house if they smoke outside? [] No [] Yes

Please list the activities in which your family participates:

Information about the Home

Please fill out information about the second room only if you want to take more than one student.

Type of Home (single family/apartment/etc)	Size of 1 st Room: Size of Bed: Other furniture:
Location of the 1 st Room (basement/2 nd floor) Location of the 2 nd Room (basement/2 nd floor)	Size of 2 nd Room: Size of Bed: Other furniture:
Washroom for 1 st room (private or shared) Location of the Washroom	Date 1 st room is available: Date 2 nd room is available:
Washroom for 2 nd room (private or shared) Location of the Washroom	Access to Laundry?
Type of Internet? (bandwidth, etc)	Type of TV? (cabel/satellite/etc)



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Air Conditioning?	Other amenities that would be attractive to a teenager? (basketball hoop, piano, pool, table tennis, etc)
Gender Preference for Guest Students?	

Meals

Students need good food to grow and study. Please let us know about your dietary habits.

Please outline a few of the meals your family typically eats in a week. (eggs for breakfast, spaghetti for supper,etc)
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Are there any dietary restrictions in your home?			
Vegetarian	Vegan	Lactose Intolerant	Gluten Intolerant



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Diabetic	Kosher	No-pork	Allergies
Other?			

Are you comfortable accommodating the following diets in your home?			
Vegetarian	Vegan	Lactose Intolerant	Gluten Intolerant
Diabetic	Kosher	No-pork	Allergies

EXPERIENCE

Have you hosted students before: [] Yes [] No If yes, how long have you hosted? _____

If you've hosted students before, please tell us from which countries? _____

Please tell us how you heard about Homestay Program? _____

Why would students enjoy living in your home? (tell as much as you can about yourself and your home)