



**School District #22 (Vernon)**  
International Student Program

## SCHOOL DISTRICT NO. 22 (VERNON)

1401 – 15th Street  
Vernon, British Columbia  
Canada, V1T 8S8

Phone: (250) 542-3331  
Fax: (250) 549-9200

Website: www.sd22.bc.ca  
Email: international@sd22.bc.ca

### STUDENT HOMESTAY APPLICATION FORM

THIS INFORMATION WILL BE SHARED WITH THE HOST FAMILY.

#### PERSONAL INFORMATION

NAME: \_\_\_\_\_  
(Family Name) (Given Names)

DATE OF BIRTH: \_\_\_\_\_  MALE  FEMALE  
mm / dd / yyyy

STUDENT'S TELEPHONE NUMBER (include area code): \_\_\_\_\_

STUDENT'S EMAIL ADDRESS: \_\_\_\_\_

#### PERSONAL CHARACTERISTICS:

- Outgoing       Studious       Quiet/Shy       Active (re: sports, outdoor activities)       Independent  
 Introvert       Extrovert       Cheerful       Sociable

Please write a statement about yourself. What is your best feature? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

#### RECREATION AND HOBBIES: (Please specify)

Which sports do you wish to participate in? \_\_\_\_\_

What kind of music do you listen to? \_\_\_\_\_

Do you play a musical instrument? If yes, what? \_\_\_\_\_

Social Interaction with friends: What do you like to play?  computer games     board games     sports

What do you like to read? \_\_\_\_\_

PREFERENCES: Food: \_\_\_\_\_  
(Vegetarian, Meat Eater)

Animals: \_\_\_\_\_

Other: \_\_\_\_\_

HEALTH: (Please specify)

Do you have any allergies?  Yes  No If Yes, what are you allergic to? \_\_\_\_\_

Are you currently under a doctor's care?  Yes  No

Any chronic conditions, eg. asthma? \_\_\_\_\_  
(Use additional paper if needed or add doctor's reports)

Special medications being taken: \_\_\_\_\_

**SMOKING IS NOT PERMITTED IN OUR HOMESTAY PROGRAM.**

*\* Incomplete or inaccurate information about student's physical or mental well-being may result in refusal of application or return of student to their native country immediately.*

## FAMILY INFORMATION

FATHER'S NAME: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ WORK NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_  
mm / dd / yyyy

EMAIL ADDRESS: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ WORK NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_  
mm / dd / yyyy

EMAIL ADDRESS: \_\_\_\_\_

## SIGNATURES

I understand a host family will be selected from those available based on information which I have provided and there is no guarantee that all of my personal preferences will be met.

SIGNATURE:

\_\_\_\_\_  
Student

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Date