



# Homestay Application Form

## Personal Information

Mr.  Ms. Nationality: \_\_\_\_\_ Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province/State: \_\_\_\_\_  
Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone #: + - - Email: \_\_\_\_\_  
Address in Canada (If Applicable): \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone # in Canada: -

## EMERGENCY CONTACT INFORMATION

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Nationality: \_\_\_\_\_ Phone: + -  
Email: \_\_\_\_\_

## PERSONAL INTEREST

Please indicate yes or no. Do you smoke?  Yes  No Is a smoking home OK?  Yes  No  
Is a home with a pet OK?  Yes  No Do you have allergies?  Yes  No  
(If yes, details) \_\_\_\_\_  
Do you have food allergies?  Yes  No (If yes, details)  
\_\_\_\_\_  
Do you have food restrictions? Do you require a special diet (For example, no pork, no fish, no red  
meat, no eggs, etc.)?  Yes  No (If yes, details)  
Special Medications/Medical Problems:

## ARRIVAL INFORMATION

Check-in date (MM/DD/YY) Airport transfer  Pick-up only  Pick-up and drop-off  None For  
Brisbane, indicate Airport location:  Check-out date (MM/DD/YY)  
Airline and flight number \_\_\_\_\_

Student name (Print)	Student signature	Parent signature (if student is underage*)
Date (MM/DD/YY)	Student signature	Date (MM/DD/YY)
Parent signature (if student is underage*)		