



BOARD OF EDUCATION OFFICE

33046 Fourth Avenue, Mission, BC V2V 1S5 Tel 604-826-6286 Fax 604-820-2335

E-mail Contacts:

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INTERNATIONAL PROGRAM HOST FAMILY APPLICATION FORM

*Thank you for your application. Usually, we place only one student per family each semester.
Placements are typically made for one or two semesters.
We do not guarantee placement of a student.*

Date: _____
Applicant #1 _____
Applicant #2 _____
Address: _____

City/Postal Code: _____
Email address: _____
Home Phone: _____
Work Phone: _____ (Host Mother) Cell Phone: _____
Work Phone: _____ (Host Father) Cell Phone: _____
Emergency Contact: _____ Emergency Phone # _____

School Information:

Nearest elementary school _____ distance _____

Nearest high school _____ distance _____

Is there a city bus stop near your home?: _____ distance? _____

➤ How did you hear about this program? _____

➤ Language spoken at home _____

➤ Have you ever had a foreign student stay in your home? If yes, what nationality, how long and when did he/she stay?

Yes/No _____ Nationality _____ Length of Stay _____

Agency _____

List all people who live in your home:

ADULTS	AGE	DATE OF BIRTH	RELATIONSHIP	OCCUPATION	FIRST LANGUAGE
STUDENT/CHILDREN	AGE	DATE OF BIRTH	RELATIONSHIP	SCHOOL	FIRST LANGUAGE
ADULT CHILDREN					LOCATION

➤ Briefly describe your home (number of bedrooms, bathrooms, social areas, levels, etc.)

Level(s) _____ Bathroom(s) _____ Bedroom(s) _____ Backyard _____
 Front yard _____ Balcony _____ Social Areas _____
 Amenities: (e.g. internet, hot tub, trampoline, cabin, pool, piano)

➤ Describe the room where the student(s) will sleep.

Location: _____ Size: _____
 Furnishings: _____

➤ Does any family member smoke? _____

➤ Do you allow smoking in your home? _____

➤ What are your family's rules about drinking of alcohol? _____

➤ What are your family's rules about the use of the telephone? _____

➤ What are your family's hobbies and interests?

(circle) skating skiing water sports golfing fishing horse riding hiking bicycling
 community sports school sports dance lessons music/drama other (describe)

➤ List your house pets if you have any? _____

➤ Are you willing to transport your student to various activities and to encourage/support his/her participation? _____

➤ In our program, activities are very important. With what activities are you presently involved? _____

➤ How much and what kind of assistance are you prepared to give your student(s) with school assignments? _____

➤ Write anything else that you feel is important for student(s) to know about your household. (food, laundry, family rules, etc.)

➤ What is the work schedule of family members? _____

➤ Do you prefer: (circle one) Boy Girl

➤ Do you speak another language? If yes, which language? _____

➤ Religious denomination: _____ How actively do you pursue your religion:

- Very actively Weekly Occasionally Never

➤ Why are you interested in hosting an international student?

➤ Are you currently experiencing any marital discord which would impact on the atmosphere in the home? If so, please describe: _____

➤ Has any adult in the home been diagnosed or sought treatment for drug or alcohol abuse? If so, please describe: _____

- Have any of your family members suffered severe depression or emotional problems that required treatment? If so, describe: _____

- Have any of your children been diagnosed with behavioral and/or learning difficulties? If so, please describe: _____

- Has anyone in your household been charged with a criminal offence? Yes___ No___
If so, please describe: _____

- What is the best day and time for an interview and visit from Mission Public Schools International Program staff?
If so, please describe: _____

➤ **References:**

Please provide the names and telephone numbers of two references (not relatives):
One reference should be completed by a professional, ie. Doctor, lawyer, clergy.

Name: _____

Telephone #: _____

Relationship: _____

Name: _____

Telephone #: _____

Relationship: _____

Comments (for office use only):

Criminal Record Check Completed _____ Driver's Abstract _____

House Insurance _____

***For further information contact Terri Szlovicsak, Homestay Co-ordinator at 604-826-6286 ext 3322*

Return completed application to Mission Public Schools International Student Program, 33046 Fourth Avenue, Mission, BC V2V 7A1

- I am aware that in hosting an international student, I am completely responsible for him/her. I am aware that if I fail to properly supervise or protect the student, I could be held legally responsible.
- I am aware that I must attend an annual host family orientation meeting and training session in order to continue to host students.
- I am aware that I am responsible for arranging adequate liability insurance to cover an international student living in my home.
- I agree to abide by the rules of the Host Family Agreement (available on website: <http://international.mpsd.ca>) and understand that failure to comply with the terms of the agreement may result in the immediate removal of the student from my home.

Name of Applicant Host Mother (please print): _____

Applicant Host mother (signature)

Date

Name of Applicant Host Father (please print): _____

Applicant Host father (signature)

Date

***Our Risk Management procedures are governed by the expectations and protocols of B.C.'s Public Schools Insurer – B.C. School Protection Program.**