



## HOMESTAY FAMILY PROGRAM APPLICATION



Holy Spirit Catholic School Division  
620 12B Street North  
Lethbridge, AB T1H 2L7

### I. HOMESTAY FAMILY APPLICATION

*Please print clearly – all parts of the application must be completed*

Last Name:	First Name:	Spouse:
Address:		
Town/City:	Province:	Postal Code:
Telephone (Home & Cell) :	Fax:	Email:
Occupation:	Spouse's Occupation:	
Employer's Name:	Employer's Name:	
Address:	Address:	
Phone:	Phone:	
<i>Please list ALL other persons living in your home.</i>		
Name:	Age:	
Occupation / School /Hobbies:		
Name:	Age:	
Occupation / School /Hobbies:		
Name:	Age:	
Occupation / School /Hobbies:		

Name:		Age:	
Occupation / School /Hobbies:			
Name:		Age:	
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Name:		Age:	
Occupation / School /Hobbies:			
a) Have you ever hosted an international student before?	Yes	No	
b) Please give specifics as to your hours of work and on-going commitments:			
c) Will there be parental supervision in the evenings?	Yes	No	Other
If "other," please explain:			
d) What activities do you and your family enjoy that you would be willing to include your international student in?			
e) Do you belong to any community groups or organizations? (cultural, sports)			
f) Does your belief system restrict you from providing for religious and cultural traditions other than your own?			
g) How many smokers, if any, are in your home?			
h) Do you have any pets? Please list:			

i) Some international students are vegetarians or have dietary restrictions. Can you respect and meet any necessary dietary requirements?

j) International students need to be treated as members of your family – with love, nurturing, guidance and respect. Can you meet this very important challenge?

k) How do you feel an international student can benefit from being placed with you?

*Please provide two (2) character references:*

Name:	Phone:
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Name:	Phone:
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I/We \_\_\_\_\_ of \_\_\_\_\_, have read the rules and responsibilities of the Holy Spirit Roman Catholic Separate Regional Division No. 4 Homestay Family Program contained herein and I/we agree to fulfill the necessary requirements. I/We understand and agree that should I/we not fulfill my/our commitment herein, my/our services will be terminated.

I agree to indemnify and hold harmless the Holy Spirit Roman Catholic Separate Regional Division No. 4, its elected officials and officers, employees, agents, volunteers and representatives, or any of them, from any claims, demands, expenses, costs (including legal costs), suits, debts, liabilities and cause of action for which they may be liable as a result of personal injury or property damage that I or the student cause or contribute, or are held responsible for, jointly or severally, in connection with the student's participation in study in Canada and from any financial obligations student may incur.

Signature of Homestay Parent:

Witness:

Signature:

Signature of Homestay Parent:

Print Name:

Address:

Date:

Phone:

## II. APPLICATION CHECKLIST

*Ensure your application is complete and that all of the items below are included in your package:*

- A complete Homestay Family Program Application
- Police Records Check (including Vulnerable Sectors Check) on each individual 18 year and older residing in the home

*Please submit completed Homestay Family Program Applications to:*

Holy Spirit Catholic School Division Homestay Program  
c/o Wendy Urquhart, International Education Consultant [urquhartw@holyspirit.ab.ca](mailto:urquhartw@holyspirit.ab.ca)  
620 12B Street North  
Lethbridge, AB T1H 2L7  
(403) 331-4458

## III. EASY REFERENCE GUIDES

*In order to make your student's transition to life in Canada easier, you may wish to check out the following items in advance:*

- Location, telephone numbers and worship times of various churches or religious organizations close to your home.
- School bus routes and times in your area (if required).
- Public library hours.
- Names, addresses and telephone numbers of medical clinics and dental clinics close to home.
- Public swim times at local pools, public skating times, etc....