



Victoria International Academy*

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Homestay Application for Students

PERSONAL DETAILS

LAST NAME	FIRST NAME	DATE OF BIRTH (DAY / MONTH / YEAR)
HOME ADDRESS	CITY	COUNTRY
Postal Code	Phone (Country Code + Area Code + Number)	Fax (Country Code + Area Code + Number)
Nationality	Native Language	

HOMESTAY DETAILS

Do you smoke? No Yes

Do you prefer to stay with a family:

With Children	<input type="checkbox"/>	Without Children	<input type="checkbox"/>	No Preference	<input type="checkbox"/>
With Pets	<input type="checkbox"/>	Without Pets	<input type="checkbox"/>	No Preference	<input type="checkbox"/>
Smoking Family	<input type="checkbox"/>	Non-Smoking Family	<input type="checkbox"/>	No Preference	<input type="checkbox"/>

Do you have any allergies? No Yes _____

Are you taking any medication? No Yes _____

Do you have any disabilities? No Yes _____

Are there any foods you cannot eat? No Yes _____

English Level: Beginner Intermediate Advanced

Level of education completed: _____

What is your major area of study? _____

What will your visa status in Canada be during your course of study? _____

What are your hobbies and interests? _____

Homestay start date: _____

Do you require airport pickup? No <input type="checkbox"/> Yes <input type="checkbox"/>	FLIGHT DETAILS			
	Arrival Date	Flight Number	Arrival Time	Arrival Airport
Do you require airport drop off? No <input type="checkbox"/> Yes <input type="checkbox"/>	Departure Date	Flight Number	Departure Time	Department Airport

AGREEMENT

If I plan to move out of my host family, I agree to tell the school homestay coordinator and my host family 30 days before I move.

Signature _____

Date _____

You will be contacted for payment and other information upon the receipt of this form by Victoria International Academy of English Ltd.