



## **HOMESTAY APPLICATION FORM AND FAMILY PROFILE**

			Occupation	:				
D.O.B.	family name	given names	Nationality:					
Father:	family name	given names	ames					
D.O.B.	Nationality:							
Children:	name		age	DOB	gender			
Other adults: (aged 18 or over)	name		age ar	nd relationship to fami				
International: Students								
		• • • • • • • • • • • • • • • • • • • •						
Homestay	Contact Deta							
<b>Homestay</b> Address:								
_		ails:	Vork ph:					
Address: Home Ph:	Contact Deta	<b>ails:</b>						
Address: Home Ph: Cell Mother:	Contact Deta	<b>ails:</b>	Vork ph:					
Address: Home Ph: Cell Mother: Email:	Contact Deta	ails:	Vork ph:					
Address: Home Ph: Cell Mother: Email:	cact Number (Moth	ails:v	Vork ph:					
Address: Home Ph: Cell Mother: Email: Daytime Cont Family Inf Ethnicity of He	cact Number (Moth	ails:	Vork ph:					

Do you follow any special die	tary regime (e.g.	vegetarian,	don't eat c	chicken etc	) - please sta	te:
Do any household members	smoke?		Yes	_	No	
Do you have any pets?:						
Have you had homestay stud	ents before		Yes		No	
If yes, what ethnicity and age	have you experie	enced?				
Could you and your family ple and environment so that our I					•	family
Medical Information:  Does any member of the fam should be made aware of? (E	ily have an existir	ng medical (	condition th			ent
If yes please state which fami			condition:			
International students will us event of illness. Please give y			ntial careg	iver's gene	eral practitior	ner in the
Doctor name or practice				phone		
House Details:						
Please include three pho	tos: 1 x Exterio	or of Hous	e, 1 x Bed	droom &	1 x Family	
Total Number of: Bedrooms:	Ba	athrooms: .		Toile	ts:	
Rooms available:	Own bed Shared b Ensuite	room athroom/toi	let 🔲	Yes	<u> </u>	No No No
Other facilities available (e.g.	pool, piano etc)					
Transport to school by: Can the student leave belong		us 📮 n during the	Walk summer va	•	ped off Yes □	No

Referees:			
international stude	ent in you	r home. If you ha	de information on your suitability to care for an ve provided residential care before, the person or ion should be one of your referees.
Name:			
Occupation:			
Phone:			Email:
Best time to conta	act:		
Name:			
Occupation:			
Phone:			Email:
Best time to conta	act:		
<b>Declaration:</b>			
must be p 2. We will rin 3. We will inf 4. The Code Police Vet  Note - Your internal supervision	resent). In the sche iorm the sche of Practic is. By sign and care. It is informational study in the schedule	ool immediately if chool of any chance requires that eving this form you a lent must not be left	a student changes homestay. ge in holiday arrangements. eryone over the age of 18 in a homestay undergo a are agreeing to this condition.  at home without reasonable provision being made for
Homestay signatu	ıro:		
, ,	лe.		
Date:			
Passport status:		visitor	expiry date:
	_	work visa	expiry date:
		NZ resident vis	a
		NZ citizen	

3