

HOMESTAY APPLICATION FORM

Primary Caregiver's Name Last Name: First Name:		Secondary Caregiver's Name Last Name: First Name:				
Date of birth:		Date of birt	h:			
Address:			···			
Phone Numbers		T				
Home:						
Mobile:		Mobile:				
Work Number:		Work Number:				
mail address:		Email address:				
Occupation:		Occupation:				
Bank Account: (For homestay payments)						
Family profile:						
Total number of household members						
Complete these details for each person living in	the ho	ome:				
Family Members:	DOB		M/F	Attending School/University		
Other International Students & Ethnicity:	DOB		M/F	Attending School/University		
Please write a brief paragraph describing your fa				ment. This enables our students to		
have some information about your family before	e sne ai	rrives at you	r nome:			

Family Interests:										
☐ Animals	☐ Cricket			☐ Hockey		Rowing			Table Tennis	
☐ Athletics	☐ Cycling			☐ Horse Riding		Rugby			Tennis	
☐ Badminton	☐ Dance			☐ Volleyball		☐ Sa	☐ Sailing			Theatre
☐ Basketball	☐ Family Outings			☐ Mountain Biking		Skateboard			Touch Rugby	
Beaches	Fencing			Movies		Skiing			Trampoline	
☐ Board Games	Fishing			Netball	etball		☐ Snow Boarding			Travel
☐ Sports	☐ Garde	ening		Outdoors		□Socce		cer		Swimming
☐ Church	☐ Golf			Reading		Squash				Walking
☐ Computers	☐ Gymnastics			Rock Climb	oing	SUP			Water polo	
☐ Cooking	☐ Hiking			Rollerbladi	ng	□Surfing			Water Sports	
Your Home Facilities: Please provide brief details about your home and the bedroom you intend to provide for a student. Please note, we do not allow students to share a room, except for some short-stay group tours.										
☐ Pool ☐ Near Beaches				☐ Near Shops						
☐ Garden ☐ Boat			oat Diano			Piano				
☐ Wifi – Unlimited Fibre ☐ Spa			Pool Holiday H			ome				
☐ Wifi Other ☐ Table Tenn			ole Tennis		☐ Trampoline					
☐ Pool table ☐ E		Ens	Ensuite for student		☐ Other					
Transport to School:	Advise how	your stude	nt v	vill get to and	I from so	hool				
☐ Walking		Approx Mins		☐ By Bus				Bus No.		Aprox Mins
☐ By Car		Approx Mins								
Pets – Please list all pets										
Diet – Do you have a special diet? e.g. Gluten free										
Would you accept a student with a special diet?										
Total number of bedrooms in your home?										
Total number of bedrooms for students Number of Bathrooms in your home										
Religion – Churchgoer Yes/No										
Main language spoken in home?										
Second language spoken in home?										
Do members of your home smoke?										

Does either host parents go away overnight or weekends?	for
Do both caregivers have a full driver's license?	
We ask our host families to meet and farewell t students at the airport. Is this possible for you?	heir
Do you give consent for the school to use your photo	os in
our homestay booklets and other promotional materia	
Can you pick your student up from school if she is unw	
Are you and your family members, fully vaccinated aga	
Covid-19? If yes, please attach your vaccine passports.	
If no, do you mind if we share your vaccination status v	with
prospective students.	
Does any family member have a medical condition the	
Please give details or if this is too sensitive, please talk	to our International Department.
Do you have any relatives/friends who sometimes sta	y with you who you have not mentioned above? Please
provide details:	
Reasons for offering homestay accommodation:	
neadona (a. c. c. n.g. nemesta) accommodation	
Do you wish to host any particular nationality?	
Any other comments or requests?	
,	
Experience Hosting International Students:	
Details of an emergency contact outside of your house	hold:
Full Name:	Relationship:
Address:	Email Address:
	AA L'II AI
Home No:	Mobile No:

PART 2 - ADDITIONAL ATTACHMENTS

Photos – We require 3 photos (.jpeg or .png file) which will also be held on file and sent, as part of your family profile, to a new student.

- 1. The outside of your home
- 2. The student's bedroom
- 3. Your family members

Send digital copies as an attachment to: international@carmel.school.nz

Referees

student in your home	referees who can provide information on your suitability to care for an international e. If you have provided residential care before, the person or organisation who employed
you in that situation s	should be one of your referees.
Name:	
Occupation:	
Phone:	
Email:	
Name:	
Occupation:	
Phone:	
Email:	

TERMS AND CONDITIONS

Thank you for offering to become a homestay for International students attending Carmel College and taking the time to complete the Application Form. As part of this application process, please read the 'Guidelines for Hosting an International Student' and sign our 'Homestay Carer Agreement' and carefully read the terms and conditions it contains.

I/we acknowledge that the information provided above is true and correct.						
Name:	Signature:	Date:				

A few points to note before submitting your forms:

- Every person living in your home (or someone who regularly stays overnight in your home) who is 18 years of age or over must submit a police vetting form
- Being a homestay family should not be relied upon as a constant source of income. Students come for short or long stays and when one leaves we may not be able to place a student with you again immediately.
- Homestay payments should be considered more of a reimbursement for costs associated with having an additional person in your family rather than an additional source of income.
- We are generally only able to accept homestay families who are within a few bus stages of our school.
 This is because students like to be able to easily get to and from school and to meet their friends at weekends and after school.
- Our peak demand periods for homestay families are: late January and July/ August