



# HOMESTAY APPLICATION FORM

Phone: (416) 480-0678  
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E-mail: shs@homestayservices.ca  
Web: www.homestayservices.ca

Name of Applicant: \_\_\_\_\_  
(Family name) (First name) [ ] [ ]  
Female or Male

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_  
Day / Month / Year

Nationality: \_\_\_\_\_ Language: \_\_\_\_\_

Homestay requested: [ ] 4 weeks [ ] Additional Meals per day: [ ] 2 [ ] 3

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_  
(Approximate) Day / Month / Year (Approximate) Day / Month / Year

Level of English: [ ] No English [ ] Beginner [ ] Intermediate [ ] Advanced

## DETAILS ABOUT YOUR ARRIVAL

Arrival Date: \_\_\_\_\_ Flight Info: \_\_\_\_\_  
Day / Month / Year Airline / Flight Number / Arrival Time in Toronto

Do you require Airport Pickup upon arrival in Toronto? [ ] Yes [ ] No

## LIVING IN THE HOME

Many Canadians live with pets, usually cats and dogs, which are very clean and friendly. Please understand that there will be a much larger range of Homestays if you are able to live with pets. Family pets will not enter your bedroom unless you allow them in.

Will you live with a cat? [ ] Yes [ ] No Will you live with a dog? [ ] Yes [ ] No

Will you live with children? [ ] Yes [ ] No Will you live with teenagers? [ ] Yes [ ] No

Adults only in the home? [ ] Yes [ ] No Do you smoke? [ ] Yes [ ] No

Do you require Internet Access in your Homestay? [ ] Yes [ ] No

Please tell us about your hobbies and include additional student comments:

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## INFORMATION ABOUT HEALTH

Do you have any allergies? [ ] Yes [ ] No If yes, please explain:

Do you have any medical concerns? [ ] Yes [ ] No If yes, please explain:

Do you have any food restrictions? [ ] Yes [ ] No If yes, please explain: