

BODWELL HIGH SCHOOL & ACADEMY

955 Harbourside Drive, North Vancouver, B.C. Canada V7P 3S4
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AFFIX PHOTO HERE

APPLICATION FOR HOMESTAY

FIRST DAY (APPROX. MOVE-IN)			LAST DAY (APPROX. MOVE-OUT)			LEVEL OF EDUCATION COMPLETED			ENGLISH LEVEL		
YEAR	MONTH	DAY	YEAR	MONTH	DAY						

AIRPORT PICK-UP REQUIREMENT (Parents and family members are advised to make their own airport pick up arrangements.)

Do you need airport pick-up on arrival at Vancouver? YES NO

ARRIVAL DATE			ARRIVAL TIME			AIRLINE			FLIGHT NUMBER		
YEAR	MONTH	DAY	HOUR	MIN	AM/PM						

STUDENT - PERSONAL DATA

FAMILY NAME (SURNAME)				GIVEN NAME(S)				SEX	
								M F	

DATE OF BIRTH			COUNTRY OF BIRTH			CITIZENSHIP			FIRST LANGUAGE		
YEAR	MONTH	DAY									

HOW LONG HAVE YOU BEEN IN CANADA? YEAR(S) MONTH(S) PREVIOUS HOME:

PLEASE CHECK 4 ITEMS THAT BEST DESCRIBE YOUR CHARACTER:

outgoing	shy	cheerful	serious
hardworking	optimistic	independent	quiet
neat	studious	other:	

PLEASE CHECK 4 ITEMS IN WHICH YOU ARE INTERESTED:

sports	reading	movies	cycling
shopping	fishing	arts & crafts	cooking
music	writing	other:	

DO YOU HAVE YOUR OWN COMPUTER THAT NEEDS A HOOK UP? YES NO

DO YOU SMOKE? YES NO DO YOU DRINK (ALCOHOL)? YES NO

LIST FOODS YOU DO NOT LIKE TO EAT LIST FOODS YOU CAN NOT EAT (ALLERGIES)

WHAT ARE YOUR EXPECTATIONS ABOUT HOMESTAY? DO YOU HAVE ANY SPECIAL REQUESTS OR CONCERNS?

WOULD YOU LIKE TO LIVE IN A HOMESTAY THAT HAS:

	YES	OK	NO	(IF NO, PLEASE LIST REASONS WHY)
DOG				_____
CAT				_____
YOUNG CHILDREN				_____
TEENAGERS				_____
ANOTHER STUDENT				_____
MORE THAN 2 OTHER STUDENTS				_____

FAMILY - FATHER (OR MALE GUARDIAN)

FAMILY NAME (SURNAME)			GIVEN NAME(S)		
DATE OF BIRTH YEAR MONTH DAY 		MARITAL STATUS		RELATIONSHIP TO THE STUDENT	
STREET ADDRESS (if different from student's)				CITY	
PROVINCE (STATE)		COUNTRY		POSTAL CODE	
TELEPHONE (WORK OR HOME) Country Cd Area Code Local Number + () -		TELEPHONE (MOBILE) Country Cd Area Code Local Number + () -		E-MAIL ADDRESS	

FAMILY - MOTHER (OR FEMALE GUARDIAN)

FAMILY NAME (SURNAME)			GIVEN NAME(S)		
DATE OF BIRTH YEAR MONTH DAY 		MARITAL STATUS		RELATIONSHIP TO THE STUDENT	
STREET ADDRESS (if different from student's)				CITY	
PROVINCE (STATE)		COUNTRY		POSTAL CODE	
TELEPHONE (WORK OR HOME) Country Cd Area Code Local Number + () -		TELEPHONE (MOBILE) Country Cd Area Code Local Number + () -		E-MAIL ADDRESS	

EMERGENCY CONTACT IN CANADA (Guardian/Relative/Friend in Canada for International Students)

FAMILY NAME (SURNAME)		GIVEN NAME(S)		RELATIONSHIP
STREET ADDRESS			CITY	
PROVINCE (STATE)		COUNTRY		POSTAL CODE
TELEPHONE (WORK OR HOME) Country Cd Area Code Local Number + () -		TELEPHONE (MOBILE) Country Cd Area Code Local Number + () -		E-MAIL ADDRESS

PAYMENT POLICY

1. To pay the school a non-refundable placement fee for homestay.
2. To make a commitment of at least 4 months to the program, unless otherwise stated in the application, and pay the homestay fee in advance for the first 4 months.
3. Refund for early termination of homestay will only be considered under very special circumstances.
4. If the school receives any requests for change, or a cancelation of reservation due to study permit delay, at least one week (five working days) before the start of a new semester, then a full refund will be given, except the homestay placement fee which is not refundable.
5. If the request for change or cancelation is less than one week (five working days) before the start of a new semester, then one week's (that is, seven days') penalty will be applied. The paid homestay fees, not including placement fee, will be refunded, less the withholding of a week's fee.
6. If the request for change or cancelation is received after the start of a new semester, then one month's notice, or payment in lieu of notice, will be required for any change or cancelation.

PLEASE READ AND SIGN BELOW

I declare that the information given in this application is complete and correct to the best of my knowledge and I have read and fully accepted the payment policy. I have also read the guidelines for the homestay program and agree to follow all the rules and regulations.

Student's Signature: _____ Parent's Signature: _____

Date: _____ Date: _____