

Student Information				
Last/Family/Surname		First/Given Name	English Name	
Nationality		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yyyy)	
Street Address		City	Country	
Code (zip)		Telephone Number (Country/City Code)	Email	
What year and which term will you start?				
Year	Term <input type="checkbox"/> September <input type="checkbox"/> November <input type="checkbox"/> February <input type="checkbox"/> April		What Grade do you expect to complete at FCA?	
Agency Information (if using)				
Agency Name		Name of Contact	Agent's Email:	
<i>Where possible, all correspondence from the FCA & Homestay office will be sent to the agent, parent, student.</i>				
Arrival/Departure Information				
Date of Arrival (mm/dd/yyyy)		Airport	Flight #	Arrival time
Date of Arrival (mm/dd/yyyy)		Airport	Flight #	Departure time
What year and which term will you start?				
Year	Term <input type="checkbox"/> September <input type="checkbox"/> November <input type="checkbox"/> February <input type="checkbox"/> April		What Grade do you expect to complete at FCA?	



NOTE: Canada is a multicultural society that values and respects the diversity of all Canadians. Many different kinds of Canadian families participate in the Homestay Program.

Some families work full-time, while others work part-time and/or are retired. Every host family will have its own unique lifestyle, so be open and willing to share and enjoy a meaningful Homestay experience with the host family we have selected for you.

Due to the geography of your Homestay family, students maybe required to use taxi or city transit periodically at your expense.

Please answer the following

Are you allergic to Animals? <i>Note: Most Canadian families have at least one pet in the home.</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, which animal(s):
Do you have any other allergies? (medicines, plants, etc.)	<input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, name allergy and describe its effects:
Do you take any medication?	<input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, name the medication and medical condition:
Do you have any special physical needs?	<input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, describe:

MEDICAL INFORMATION: If you have any health problems, allergies and/or require medication, you must bring a letter, written in English, from your doctor, that explains the problem, medication required, and medication dosage. If there are certain medical procedures that are unacceptable to you for religious reasons, bring a signed and witnessed medical directive with you, written in English, when you come. We will need to see your medical directive, along with any international medical insurance you may have when you first arrive.

What grade or level are you currently enrolled?	
What are your favorite subjects at school?	
What language(s) do you: Speak?	
What language(s) do you: Read/Write?	
How many years have you studied English in school?	

Have you ever studied and or travelled abroad?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, when, where and for how long:
Will you bring your own computer? Note: Use of the family computer will be limited.	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you smoke?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Occasionally
What are your hobbies and interests?	
What kind of music do you like?	
Do you play a musical instrument?	<input type="checkbox"/> No <input type="checkbox"/> Yes Name instrument(s) if yes:
Are you willing to participate in family activities?	<input type="checkbox"/> No <input type="checkbox"/> Yes
What activities would you like to do with your host family? (Select all that apply)	<input type="checkbox"/> Play Sports <input type="checkbox"/> Attend Movies <input type="checkbox"/> Watch TV <input type="checkbox"/> Go for Walks <input type="checkbox"/> Sightsee <input type="checkbox"/> Go Camping <input type="checkbox"/> Be part of the Family <input type="checkbox"/> Other, Explain:
More about you	
Your character: (Check all that apply)	<input type="checkbox"/> Outgoing <input type="checkbox"/> Independent <input type="checkbox"/> Shy <input type="checkbox"/> Talkative <input type="checkbox"/> Adapt <input type="checkbox"/> Easily <input type="checkbox"/> Quiet <input type="checkbox"/> Energetic <input type="checkbox"/> Other, Describe:
Your preferences: (Check all that apply)	<input type="checkbox"/> Family with young children (age 0-11) <input type="checkbox"/> Family with teenagers (age 12-19) <input type="checkbox"/> Adults(s) with adult children <input type="checkbox"/> Adult(s) without children <input type="checkbox"/> Family hosting another international student <input type="checkbox"/> No preferences
Your English level:	<input type="checkbox"/> None <input type="checkbox"/> Survival <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced
Do you have food allergies?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe:
Do you require a special diet?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe:
Are you able to cook?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> A little

Food Preferences

Food for breakfast, lunch and dinner are provided by the host. Students will be taught to prepare their own breakfast and lunch.

	Like	OK	Dislike
Meat (Pork, Beef, Lamb, etc.)			
Fish/Seafood			
Poultry (Chicken, Turkey, etc.)			
Eggs			
Vegetables			
Dairy Products (Milk, Cheese, Yogurt, etc.)			
Fruit			
Sandwiches			
Beans/Lentils			
Other:			

Home Stay Information Checklist - The following **MUST** be received 6 weeks in advance of arrival

- Completed "Homestay Student Profile" (this form)
- Completed "Homestay FCA Student Letter of Agreement" (signed by parent and student)
- Arrival and Departure Details (on this sheet)
- Medical letter from doctor (if required)

I understand and agree with the information contained on this form. I further understand that Fredericton Christian Academy and the Homestay coordinator will select a host family based on the information I have provided and that they cannot guarantee that all my preferences will be met.

I hereby authorize Fredericton Christian Academy and Homestay Coordinator to release information in this application to my host family.

Student Signature

Date (mm/dd/yyyy)

Parent Signature

Date (mm/dd/yyyy)