



Fraser Valley Academy of Dance

ACADEMY HOMESTAY PROGRAM STUDENT APPLICATION FORM

**ALL INFORMATION WILL BE TREATED AS
CONFIDENTIAL**

Please return this form to
Mrs. Carlyne Carney, School Administrator

Our Homestay Hosts are chosen from the families within our Academy. We know them and they understand our students' commitment and dedication to their training. All hosts are still thoroughly screened and comply with strict standards, expectations and guidelines. Please provide the following information, in English, to assist us in selecting the most suitable Academy Homestay Family for you.

Student Information	
STUDENT LAST NAME	STUDENT FIRST NAME
BIRTHDATE (MONTH / DAY / YEAR)	CURRENT AGE
COUNTRY OF BIRTH	CITIZENSHIP
GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	

List the people in your family who live in your home:

NAME	AGE	RELATIONSHIP	NAME	AGE	RELATIONSHIP
1.			2.		
3.			4.		
5.			6.		
7.			8.		

Please tell us your preference for a homestay family:

CHILDREN AGE 0 TO 12 YEARS: <input type="checkbox"/> YES <input type="checkbox"/> NO	COUPLE WITH NO CHILDREN: <input type="checkbox"/> YES <input type="checkbox"/> NO
TEENAGERS AGE 13 TO 19 YEARS: <input type="checkbox"/> YES <input type="checkbox"/> NO	OLDER COUPLE: <input type="checkbox"/> YES <input type="checkbox"/> NO

DO YOU LIKE PETS? DOGS: YES NO CATS: YES NO

DO YOU HAVE PETS? YES NO IF YES, WHAT KIND? _____

DO YOU SMOKE? YES NO CAN YOU LIVE WITH SMOKERS? YES NO

WHAT EXPECTATIONS DO YOU HAVE OF YOUR HOST FAMILY? _____

Please tell us about yourself:

DO YOU HAVE ANY ALLERGIES? YES NO
 IF YES, PLEASE DESCRIBE _____

DO YOU TAKE ANY MEDICATION? YES NO
 IF YES, PLEASE DESCRIBE _____

LIST ANY DIETARY RESTRICTIONS (ALLERGIES, RELIGIOUS, STRONG LIKES OR DISLIKES OR OTHER TYPES) _____



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Student Information

STUDENT LAST NAME

STUDENT FIRST NAME

Please tell us your interests:

<input type="checkbox"/> OUTGOING	<input type="checkbox"/> INDEPENDENT	<input type="checkbox"/> LIKE TO BE WITH FRIENDS	<input type="checkbox"/> WANT TO BE PART OF A FAMILY
<input type="checkbox"/> FRIENDLY	<input type="checkbox"/> QUIET & SHY	<input type="checkbox"/> LIKE SPORTS	<input type="checkbox"/> WANT AN ACTIVE FAMILY
<input type="checkbox"/> ADAPTABLE	<input type="checkbox"/> LIKE TO BE ALONE	<input type="checkbox"/> LIKE SHOPPING	<input type="checkbox"/> LIKE TO PLAY WITH CHILDREN
<input type="checkbox"/> TALKATIVE	<input type="checkbox"/> EASILY WORRIED	<input type="checkbox"/> LIKE COMPUTERS	<input type="checkbox"/> LIKE TO GO TO NEW PLACES
<input type="checkbox"/> HUMOROUS	<input type="checkbox"/> WILL ASK FOR HELP	<input type="checkbox"/> LIKE MUSIC	<input type="checkbox"/> LIKE TO BE AT HOME

LIST FOUR OF YOUR FAVOURITE SPORTS, LEISURE TIME ACTIVITIES, HOBBIES AND EXTRACURRICULAR ACTIVITIES

WHAT DO YOU LIKE TO DO WITH YOUR FAMILY? _____

WHAT DO YOU LIKE TO DO WITH YOUR FRIENDS? _____

WHAT ARE THE RULES IN YOUR HOME? _____

WHAT TIME IS YOUR CURFEW? _____

WHAT ARE YOUR FAVOURITE FOODS? _____

WILL YOU BRING A COMPUTER TO YOUR HOMESTAY? YES NO

HOW LONG DO YOU STUDY EACH DAY? _____ HOW MANY HOURS DO YOU DANCE EACH WEEK? _____

Please sign below to complete the application

I understand and appreciate that the opportunity to live in a homestay provides a valuable opportunity to learn about other families and cultures. I understand and accept that all my preferences may not be met. I agree to abide by the expectations and responsibilities of personal behaviour while living in an FVAD Academy Homestay. While living with a homestay family, I will take part in household activities and family life. I will obey family rules and show respect for all family members. I understand that a copy of this application will be sent to my homestay host.

Signature of Legal Guardian

Signature of Student

Date Signed

Printed Name of Legal Guardian