



Fraser Valley Academy of Dance

# ACADEMY HOMESTAY PROGRAM APPLICATION FORM FOR HOST FAMILIES

**ALL INFORMATION WILL BE TREATED AS  
CONFIDENTIAL**

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

Family Information	
APPLICANT'S NAME	OCCUPATION/EMPLOYER
SPOUSE'S NAME	OCCUPATION/EMPLOYER
ADDRESS	CITY
POSTAL CODE	EMAIL ADDRESS
HOME NUMBER	CELL NUMBER

Please provide the following information

1. List the people who live in your home:

NAME	AGE	RELATIONSHIP	SCHOOL/OCCUPATION	FIRST LANGUAGE	SECOND LANGUAGE

2. Have you ever hosted an international student in your home? If yes, what nationality; how long and when did he/she stay? Which homestay organization place your student? \_\_\_\_\_

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3. Why are you interested in hosting an international student? \_\_\_\_\_

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4. Describe your home:

LEVELS:	NUMBER OF BEDROOMS:	NUMBER OF BATHROOMS:	SOCIAL AREAS:
TYPE OF HOME <input type="checkbox"/> SINGLE, DETACHED <input type="checkbox"/> DUPLEX <input type="checkbox"/> APARTMENT <input type="checkbox"/> Other (Explain): _____			
DISTANCE FROM FVAD (km)	DISTANCE FROM ROBERT BATEMAN SECONDARY (km)		



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5. Describe the room where the student will sleep:

LOCATION:	SIZE:
FURNISHINGS:	

6. Do you have any pets?  Yes  No If yes, please list: \_\_\_\_\_

7. Do any members of your household smoke?  Yes  No

8. What are your family's rules about the use of the phone or internet? \_\_\_\_\_

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9. What are your family's hobbies and interests? \_\_\_\_\_

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10. What kinds of activities would you do that would include the student? \_\_\_\_\_

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11. What kind of assistance are you prepared to give to your student with school assignments? \_\_\_\_\_

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12. Please write anything else that you feel is important for the student to know about your household (food, laundry, family rules) \_\_\_\_\_

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13. What is the work schedule of family members? Who will be at home when the student is at home? After school? On weekends? \_\_\_\_\_

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14. Are you prepared to drive the student to their academic school in Abbotsford daily?  Yes  No

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15. Are you prepared to collect the student from FVAD daily? To drive them and collect them on rehearsal days and non-school days?  Yes  No

16. Please list two references (non-relatives) that we can contact:

NAME	PHONE	OCCUPATION	RELATIONSHIP
NAME	PHONE	OCCUPATION	RELATIONSHIP

17. All adults in the household will undergo a Criminal Records Check  Yes  No

18. Only adult drivers in the household previously approved may drive your international student. All such drivers must provide a Drivers' Abstract.  Yes  No

19. Your international student may have differing religious beliefs than you. Are you willing to accommodate their religious beliefs, and assist in locating their local place of worship?  Yes  No

20. The Academy Homestay Program accommodates students visiting for varying durations. Host families may choose to provide homestay of specific durations only. Please select all that apply for you.

- Summer Host (1-4 weeks)
- Short-term Host (1-5 months)
- Long-term Host (6-12 months)

Please sign below to complete the application

I confirm that the above information is correct to the best of my knowledge. I understand that submitting this application does not guarantee acceptance as an Academy Homestay Program host family. A visit to my home will be arranged and a Host Family Contract signed prior to acceptance into the program.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Applicant Name (printed)