



## APPLICATION TO PROVIDE HOMESTAY

Please complete this form as fully and as accurately as possible. The information provided here is used in conjunction with an initial home visit to help us place a student in your home who best fits with your family and your lifestyle.

Under the terms of the Privacy Act 1993, the information provided below is for the sole use of placing an International Student in your home. St Bede's College will not disseminate this information with any outside agency for purposes other than intended. This information is available for you to see or amend at any time.

You are not obliged to answer any question, however, the more information we have, the better able we are at placing a suitable student with you.

If there are any questions you are unsure how to answer, please contact:  
Madeleine Castle, email: [mcastle@stbedes.school.nz](mailto:mcastle@stbedes.school.nz)

### PERSONAL DETAILS

Family Name \_\_\_\_\_  
(Legal surname according to passport)

Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone Number: \_\_\_\_\_

#### HOST CAREGIVER 1

Family Name: \_\_\_\_\_  Mr  Mrs  Miss  Ms  Dr  
(Legal surname according to passport)

Fore names: \_\_\_\_\_

DoB: \_\_\_\_\_

Mobile Ph: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

#### HOST CAREGIVER 2

Family Name: \_\_\_\_\_  Mr  Mrs  Miss  Ms  Dr  
(Legal surname according to passport)

Fore names: \_\_\_\_\_

DoB: \_\_\_\_\_

Mobile Ph: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Are you currently hosting an International Student?  YES  NO

If yes, for which school/agency: \_\_\_\_\_

Have you hosted International students before?  YES  NO

If yes, for which school/agency: \_\_\_\_\_



# ST BEDE'S COLLEGE

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### HOUSEHOLD AND FAMILY MEMBERS

Please include all those people who live at your address, there is no need to include children who no longer live at home.

Name	M/F	DoB	Relationship	Occupation

### FAMILY INFORMATION

Please indicate which of the following your family enjoys.

- |   |   |                                      |   |
|---|---|--------------------------------------|---|
| <input type="checkbox"/> Animals            | <input type="checkbox"/> Beach          | <input type="checkbox"/> Board Games | <input type="checkbox"/> Cars                 |
| <input type="checkbox"/> Computers          | <input type="checkbox"/> Cooking        | <input type="checkbox"/> Crafting    | <input type="checkbox"/> Current Affairs      |
| <input type="checkbox"/> Dance              | <input type="checkbox"/> Family outings | <input type="checkbox"/> Fishing     | <input type="checkbox"/> Gardening            |
| <input type="checkbox"/> Home Improvement   | <input type="checkbox"/> Movies         | <input type="checkbox"/> Music       | <input type="checkbox"/> Nutrition & Wellness |
| <input type="checkbox"/> Outdoor Activities | <input type="checkbox"/> Photography    | <input type="checkbox"/> Piano       | <input type="checkbox"/> Reading              |
| <input type="checkbox"/> Tramping           | <input type="checkbox"/> Travel         | <input type="checkbox"/> TV          | <input type="checkbox"/> Video Gaming         |
| <input type="checkbox"/> Watersports        | <input type="checkbox"/> Yoga           | Other: _____                         |   |

Which sports are your family involved in or enjoy?

- |                                    |                                       |                                   |                                  |
|------------------------------------|---------------------------------------|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Athletics | <input type="checkbox"/> Basketball   | <input type="checkbox"/> Cricket  | <input type="checkbox"/> Cycling |
| <input type="checkbox"/> Football  | <input type="checkbox"/> Golf         | <input type="checkbox"/> Hockey   | <input type="checkbox"/> Netball |
| <input type="checkbox"/> Rugby     | <input type="checkbox"/> Rugby League | <input type="checkbox"/> Running  | <input type="checkbox"/> Sailing |
| <input type="checkbox"/> Skiing    | <input type="checkbox"/> Snowboarding | <input type="checkbox"/> Softball | <input type="checkbox"/> Squash  |
| <input type="checkbox"/> Swimming  | <input type="checkbox"/> Tennis       | Other _____                       |                                  |

Do you have any pets?

YES       NO

- |                                    |   |                              |                                 |
|------------------------------------|---|------------------------------|---------------------------------|
| <input type="checkbox"/> Cat       | <input type="checkbox"/> Chickens (outside) | <input type="checkbox"/> Dog | <input type="checkbox"/> Rabbit |
| <input type="checkbox"/> Cage bird | Other: _____                                |                              |                                 |

Please indicate how many pets you have and if they are inside(I) or outside (O)

Is English the first language spoken in your home?       YES       NO

Are any other languages spoken in your home?       YES       NO

If Yes, which languages: \_\_\_\_\_



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What is your family's main religion? \_\_\_\_\_

Does your family regularly attend church?       YES       NO

Does anyone in the household smoke?  
 YES       NO      We need to know in case a student has asthma.

Would you host a student who smokes?       YES       NO

Does anyone in the household have any other medical conditions we should be aware of?  
 YES       NO      Eg. Blindness, Diabetes, epilepsy etc  
 If yes, please state which family member and what condition.

Who: \_\_\_\_\_ Medical condition: \_\_\_\_\_  
 \_\_\_\_\_

Are there any dietary restrictions that may affect any students we place with you?  
 YES       NO

Please outline these restrictions \_\_\_\_\_

Which statement best describes your family lifestyle?  
 We are a quiet family, who like to stay at home and usually stay around the home in our spare time  
 We are an active family that likes to get out and do things in our spare time.

### ACCOMMODATION DETAILS

Type of accommodation       House       Townhouse       Flat/Unit

No. of storeys \_\_\_\_\_

No. of available bedrooms            No. of bathrooms     

Will the student be the sole occupant of the room?       YES       NO

Student Bedroom 1       Single  
     Double  
     Twin  
     Own Bathroom

Student Bedroom 2       Single  
     Double  
     Twin  
     Own Bathroom



# ST BEDE'S COLLEGE

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What other amenities does your home offer?

<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Spa Pool	<input type="checkbox"/> Garden	<input type="checkbox"/> Boat
<input type="checkbox"/> Beach nearby	<input type="checkbox"/> Park Nearby	<input type="checkbox"/> Holiday Home	<input type="checkbox"/> Piano
<input type="checkbox"/> Tennis Court	<input type="checkbox"/> Shops Nearby	Other: _____	

### TRANSPORT

How will the student travel to and from school

Car	Bike	Bus	Walk	Other
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Which bus will the student take to School \_\_\_\_\_

Which bus will the student take from School \_\_\_\_\_

How long will this take To get to School: \_\_\_\_\_

How long will this take To get From School: \_\_\_\_\_

Transport Costs      One-way \$ \_\_\_\_\_      Return \$ \_\_\_\_\_

### DECLARATION

I ..... (full name) declare that to the best of my knowledge the answers provided in this application form and any other information provided to St Bede's College in support of my application is correct and I understand that if any false or deliberately misleading information is given, or any material suppressed, I will not be accepted, or, if I am accepted, my role as a Home Stay family may be terminated.

**Signature**

**Date**

\_\_\_\_\_