



DATE OF APPLICATION	(DD/MM/YYYY)
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International Education Services
36 Regatta Avenue
Richmond Hill, ON L4E 4R1 Canada
www.yrdsb.ca/international

Telephone: (905) 884-3434
Fax: (905) 773-2406
homestay@yrdsb.ca

PLEASE PRINT CLEARLY

- ➔ The Host must agree to provide a standard of care expected of a reasonable parent, and accept the conditions of the Host/Custodian Participation AND Parental Consent & Custodianship Agreements which outline the responsibilities of Host and Custodian.
- ➔ Anyone living in the home, 18 years of age and older, is required to undergo a police vulnerable sector check (PVSC) prior to becoming a Host. A clear result is required in all cases. A PVSC may include finger printing (at the expense of the applicant) if an individual is matched in the police database. Until such time as this process is completed, families will be required to complete an interim office declaration (available from our office). A clear PVSC is required yearly for all members of the household 18 years of age and older.
- ➔ Photos of your home and the rooms occupied by visitings students will be taken and shared with prospective students.
- ➔ Student placements are not guaranteed at any time throughout the application process.
- ➔ Households where tenants (renters/boarders) occupy rooms are not eligible to be host families.
- ➔ Households must be smoke-free.

HOST FAMILY INFORMATION

FAMILY NAME

STREET ADDRESS		NEAREST INTERSECTION	
TOWN/CITY	PROVINCE	POSTAL CODE	HOME TELEPHONE NUMBER

ADULTS LIVING IN THE HOME

LAST NAME (HOST #1)	FIRST NAME (HOST #1)	DOB (YYYY/MM/DD)	LAST NAME (HOST #2)	FIRST NAME (HOST #2)	DOB (YYYY/MM/DD)
		/ /			/ /
GENDER		MARITAL/RELATIONSHIP STATUS	GENDER		MARITAL/RELATIONSHIP STATUS
FEMALE MALE			FEMALE MALE		
EMPLOYER & OCCUPATION (if retired, indicate past occupation)			EMPLOYER & OCCUPATION (if retired, indicate past occupation)		
BUSINESS TELEPHONE NUMBER (include area code)			BUSINESS TELEPHONE NUMBER (include area code)		
CELL TELEPHONE NUMBER (include area code)			CELL TELEPHONE NUMBER (include area code)		
PRIMARY EMAIL ADDRESS ALL COMMUNICATION WILL BE SENT TO THIS EMAIL			SECONDARY MAIL ADDRESS		

CHILDREN & OTHER FAMILY/HOUSEHOLD MEMBERS

LAST NAME	FIRST NAME	AGE	DOB (YYYY/MM/DD)	RELATIONSHIP	<input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE
			/ /			
LAST NAME	FIRST NAME	AGE	DOB (YYYY/MM/DD)	RELATIONSHIP	<input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE
			/ /			
LAST NAME	FIRST NAME	AGE	DOB (YYYY/MM/DD)	RELATIONSHIP	<input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE
			/ /			
LAST NAME	FIRST NAME	AGE	DOB (YYYY/MM/DD)	RELATIONSHIP	<input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE
			/ /			
LAST NAME	FIRST NAME	AGE	DOB (YYYY/MM/DD)	RELATIONSHIP	<input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE
			/ /			
LAST NAME	FIRST NAME	AGE	DOB (YYYY/MM/DD)	RELATIONSHIP	<input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE
			/ /			

AVAILABILITY

HOW MANY STUDENTS CAN YOU ACCOMMODATE IN SEPARATE, PRIVATE ROOMS?				HAVE YOU PREVIOUSLY HOSTED INTERNATIONAL STUDENTS?			
ONE		TWO		YES		NO	
SCHOOL YEAR	FULL SCHOOL YEAR	SEM 1	SEM 2	SUMMER	JULY	AUGUST	JULY & AUG
							UNAVAILABLE

HOSTING PREFERENCE

OUR FAMILY PREFERS TO HOST (CHECK ALL THAT APPLY): ☐ MALE ☐ FEMALE ☐ ELEMENTARY STUDENT ☐ SECONDARY STUDENT

YRDSB - Host/Custodianship Application

DWELLING INFORMATION

TYPE OF DWELLING:	HOUSE	CONDOMINIUM / APARTMENT	WASHROOM FACILITIES:	SHARED	PRIVATE
DO YOU HAVE PRIVATE BEDROOM ACCOMMODATIONS INCLUDING WINDOW, BED, BEDDING, CLOSET?	YES	NO	LOCATION OF BEDROOM	2ND FLOOR	MAIN FLOOR
(SHARED ACCOMMODATIONS WILL NOT BE CONSIDERED)			(BASEMENT ACCOMMODATIONS WILL NOT BE CONSIDERED)		
HIGH-SPEED INTERNET IS AVAILABLE?	YES	NO	IS A STUDY AREA AVAILABLE IN THE BEDROOM WITH A DESK, CHAIR AND DESK LAMP?	YES	NO

NOTE: IT IS RECOMMENDED THAT YOU REVIEW YOUR EXISTING DATA PLAN TO ACCOMMODATE ADDITIONAL INTERNET USAGE AND UPGRADE AS REQUIRED. (UNLIMITED IS ADVISED)

HOME ENVIRONMENT

LANGUAGE

PRIMARY LANGUAGE SPOKE IN THE HOME:

Visiting students are attending our schools to improve their English. They view the homestay placement as an opportunity to practice and improve their English; therefore, English must be spoken while hosting.

MEDICAL CONDITIONS

DOES ANYONE LIVING IN YOUR HOME HAVE A MEDICAL CONDITION WHICH WOULD AFFECT THE HOMESTAY STUDENT?
(This includes conditions such as ADD/ADHD, anxiety, depression or OCD.)

YES NO IF YES, EXPLAIN:

DIETARY

DOES YOUR FAMILY FOLLOW ANY SPECIAL DIETARY PRACTICES DUE TO ALLERGIES OR RELIGIOUS REASONS? YES NO

IF YES, EXPLAIN:

IS YOUR FAMILY VEGETARIAN? YES NO

☐ FISH IS EATEN ☐ CHICKEN IS EATEN ☐ DAIRY PRODUCTS

HOBBIES, INTEREST & ACTIVITIES

INDICATE THE ACTIVITIES IN WHICH YOUR FAMILY IS INTERESTED AND PARTICIPATES REGULARLY.

SPORTS ENTERTAINMENT DESCRIBE:

PETS & ANIMALS

DO YOU HAVE ANY PETS OR ANIMALS IN YOUR HOME?

YES NO IF YES, HOW MANY AND WHAT TYPES?

SMOKING

DOES ANYONE IN YOUR HOME SMOKE? YES NO

IF YES, DO THEY SMOKE: INDOORS? OUTDOORS

WOULD YOU HOST A STUDENT WHO SMOKES? YES NO

HOUSEHOLD ROUTINES

WHAT HOUSEHOLD ROUTINES DO YOU EXPECT THE VISITING STUDENT TO OBSERVE?

WORK ROUTINES

WHAT IS THE WORK SCHEDULE OF THE HOST(S)?

SIGNATURE

I/We understand and acknowledge that if the Police Vulnerable Sector Screening conducted on any member of the household age 18 years or older is not clear, this application will not be considered and we will be ineligible to participate in the homestay program.

I/We understand and acknowledge that any changes to the information contained in this application, such as but not limited to, host family information, children and other family members, marital status, medical condition, dwelling details, home environment, etc. will be reported to Homestay Services immediately when the change occurs.

I/We declare that all the information provided in this application is complete, correct, and to the best of our knowledge.

This application supersedes and replaces any previous version.

SIGNATURE HOST #1	DATE (YYYY/MM/DD)	SIGNATURE HOST #2	DATE (YYYY/MM/DD)
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Personal information is collected pursuant to the education act, as amended, and will be used to assess and document families who wish to be homestay families. Please contact the information access and privacy office for more information about the collection and use of personal information 905-727-0022 x2015 (retained by YRDSB for a period of 12 months from the date of last application)

FOR OFFICE USE ONLY

HOMESTAY REPRESENTATIVE	DATE RECEIVED (MM/DD/YYYY)	DATE ACKNOWLEDGED (MM/DD/YYYY)
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