



OTTAWA-CARLETON  
DISTRICT SCHOOL BOARD

# Ottawa International Student Programs (OISP) Homestay Application



☎ Telephone (613) 686 6764; Fax (613) 693-0878  
✉ Email [oispsupport@canadahomestayinternational.com](mailto:oispsupport@canadahomestayinternational.com)

Please check one of the following:

- I require homestay and custodianship arrangements  
 I require homestay arrangements only.

PERSONAL INFORMATION					
SURNAME (FAMILY NAME)		GIVEN NAMES		ENGLISH NAME (if applicable)	
PERMANENT MAILING ADDRESS					
STUDENT'S EMAIL			TELEPHONE		
PARENT'S EMAIL			TELEPHONE		
<input type="checkbox"/> Male <input type="checkbox"/> Female		DATE OF BIRTH (Month Day Year)		ESTIMATED DATE OF ARRIVAL	
PLEASE CHECK (✓) THE WORDS THAT BEST DESCRIBE YOUR NATURE					
<input type="checkbox"/> outgoing <input type="checkbox"/> shy	<input type="checkbox"/> cheerful <input type="checkbox"/> quiet	<input type="checkbox"/> hardworking <input type="checkbox"/> neat	<input type="checkbox"/> optimistic <input type="checkbox"/> independent	<input type="checkbox"/> studious <input type="checkbox"/> serious	<input type="checkbox"/> Other:
PLEASE CHECK (✓) THE ACTIVITIES WHICH INTEREST YOU					
<input type="checkbox"/> Baseball <input type="checkbox"/> Basketball <input type="checkbox"/> Biking <input type="checkbox"/> Board Games <input type="checkbox"/> Computers	<input type="checkbox"/> Concerts <input type="checkbox"/> Cooking <input type="checkbox"/> Dance <input type="checkbox"/> Fishing <input type="checkbox"/> Fitness	<input type="checkbox"/> Golf <input type="checkbox"/> Hiking/walking <input type="checkbox"/> Hockey/Skating <input type="checkbox"/> Horseback Riding	<input type="checkbox"/> Martial Arts <input type="checkbox"/> Music: listening <input type="checkbox"/> Music: playing Your instrument: _____	<input type="checkbox"/> Paint/Draw <input type="checkbox"/> Photography <input type="checkbox"/> Reading <input type="checkbox"/> Skiing/ Snowboarding	<input type="checkbox"/> Soccer <input type="checkbox"/> Swimming <input type="checkbox"/> Tennis <input type="checkbox"/> Video Games
LIST FOODS YOU <i>DO NOT LIKE</i> TO EAT			LIST FOODS YOU <i>CANNOT</i> EAT		
PLEASE INDICATE PREFERENCES FOR YOUR HOMESTAY (CHOICES ARE NOT GUARANTEED):					
		YES	OK	NO	(If No, please tell us why)
young children		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
teenagers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
another student		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
couple with no children		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
no strong preferences		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
PERSONAL HABITS:					
I like to wake up: <input type="checkbox"/> very early <input type="checkbox"/> when I have to. When I wake up I like <input type="checkbox"/> to be quiet <input type="checkbox"/> to talk <input type="checkbox"/> to listen to music.					
On school nights I usually go to bed at _____ am/pm.					
My curfew on school nights is _____ am/pm or <input type="checkbox"/> I don't have a curfew on weeknights.					
My curfew on weekends is: _____ am/pm or <input type="checkbox"/> I don't have a curfew on weekends.					
When I go out with my friends, we like to: _____					
I tidy up my own bedroom and make my own bed <input type="checkbox"/> yes <input type="checkbox"/> no, my _____ does it for me.					
My attitude towards school is: <input type="checkbox"/> I like it a lot <input type="checkbox"/> it's OK <input type="checkbox"/> I don't really like it.					
I usually do my homework: <input type="checkbox"/> right after school <input type="checkbox"/> after dinner <input type="checkbox"/> before going to bed.					
ENGLISH SPEAKING ABILITY <input type="checkbox"/> beginner <input type="checkbox"/> low intermediate <input type="checkbox"/> intermediate <input type="checkbox"/> advanced <input type="checkbox"/> fluent					



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<b>MEDICAL INFORMATION</b>			
<b>Do you have any special medical conditions or needs?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If <i>Yes</i> , please explain. _____			
<b>Are you taking any medication?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If <i>Yes</i> , please explain. _____			
<b>Do you have any allergies?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If <i>Yes</i> , please explain. _____			
<b>Do you smoke?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If <i>Yes</i> , you must agree <b>not</b> to smoke inside your school and your Homestay Host's home (you may be allowed to smoke outside).			
<i>Do you agree not to smoke inside (including your bedroom)?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<i>Will you accept Placement in a home where there are smokers?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>YOUR FAMILY MEMBERS</b>			
NAME	RELATIONSHIP	AGE	OCCUPATION
<b>AGENT INFORMATION</b>			
AGENCY NAME:		CONTACT:	
EMAIL:		TELEPHONE #:	
FAX:			
<b>OTHER CONTACT (ENGLISH SPEAKING) IF DIFFERENT FROM AGENT</b>			
NAME:		RELATIONSHIP TO STUDENT:	
EMAIL:		TELEPHONE #:	
FAX:			
<b>PERIOD OF HOMESTAY REQUIRED (INDICATE DATE/MONTH/YEAR)</b>			
HOMESTAY TO BEGIN:			
HOMESTAY TO END:			
NUMBER OF CONTINUOUS MONTHS HOMESTAY IS REQUIRED:			
<b>DECLARATION and DISCLAIMER</b>			
<p>I (we) declare that (1) the information given in this Homestay Application is complete and correct to the best of my (our) knowledge; (2) I (we) have read and fully accept all CHI Invoice Terms and Conditions; (3) I (we) have read and agree to comply with the CHI Homestay Guide for International Students; (4) I (we) agree to pay for any and all expenses incurred by or on behalf of the undersigned Student at the homestay host assigned to the Student by CHI (including but not limited to any losses or damages caused by the undersigned Student, the undersigned Student's long distance telephone expenses and medical expenses); (5) I (we) hereby waive, release and absolve and agree to indemnify and save harmless the The Canada Homestay Network Inc. (including CHI) and its officers, Directors, employees, agents and independent service providers (including but not limited to the homestay hosts and transportation service providers selected for the undersigned) from any and all liability for all the undersigned's losses and damages (including, but not limited to the loss or theft of the undersigned Student's money and the damage, loss or theft of the undersigned Student's personal belongings), personal injuries, or death, however caused; and (6) I (we) agree to obtain all necessary and sufficient insurance.</p>			
Student's signature _____		Date: _____	
Parent's signature (if Student is under the age of 18) _____		Date: _____	
Parent's signature (if Student is under the age of 18) _____		Date: _____	



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## STUDENT LETTER

In this letter to your host family, please tell us about yourself and about why you are applying to study in Canada. You may include your future goals, a little about your life at home and at school in your own country, what you are looking for in a homestay family, and any particular areas of interest you would like to learn about while in Canada.

Student  
Photograph

Student's Signature

Date:



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## PARENTAL LETTER OF INTRODUCTION

Please write a letter describing your child's personality, interests, relationships, future aspirations and home life. Feel free to add any other relevant information which may be helpful to a teacher or host family.

Parent's Signature

Date:



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