



LORD SELKIRK REGIONAL
COMPREHENSIVE SECONDARY SCHOOL
International Student Program

STUDENT HOMESTAY APPLICATION

PERSONAL INFORMATION			
		DATE OF APPLICATION:	
Surname (family name):			
Given Name(s):		English Name: (if applicable)	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (month/day/year)		Current Age:
First Language:		Other Languages Spoken:	

HOME ADDRESS			
Street Address			
City	Province/State	Country	Postal Code
Telephone Number (include country & city code)		Fax Number (if applicable)	
Email address			

PARENTS' INFORMATION			
Father's Surname	First Name	Occupation	Speak English?
Mother's Surname	First Name	Occupation	Speak English?

OTHER FAMILY MEMBERS		
Name	Gender (M/F)	Age



GENERAL INFORMATION

Please provide as much information as possible to help us place you with an appropriate homestay family. (Please print)

1. Do you live in apartment house condo
2. Do you have your own bedroom? Yes No
3. Do you have any pets? Yes (please list) _____ No
4. Would you live with a family that has pets? Yes No No preference
PLEASE NOTE THAT MANY OF OUR CANADIAN FAMILIES HAVE PETS THAT LIVE WITH THEM IN THEIR HOME.
5. **Do you smoke?** Yes No **PLEASE NOTE: ALL OUR SCHOOLS AND MOST OF OUR HOMESTAY FAMILIES PROVIDE A NON-SMOKING ENVIRONMENT.**
Would you prefer a home that was: Non-smoking Smoking No preference
6. Do you have any special dietary requirements, e.g. vegetarian, allergies.
 Yes (please list) _____ No
7. What kinds of foods do you like to eat? _____

- What foods do you dislike? _____
8. Describe your activities/hobbies (please select all that apply):
 Sports Music Art Cooking Theatre Dance
 Computer/Internet Exercise/Fitness Programs
9. Have you worked with computers?
 Yes, (please describe) _____ No
10. Do you belong to any youth clubs or groups?
 Yes (please list) _____ No
11. What is your religion? _____
12. How often do you attend church? _____
13. Please describe any part-time jobs or work experience you may have had:



14. Do you usually help with household chores? Yes No

If yes, please describe: _____

PLEASE NOTE THAT IN CANADIAN HOMES, FAMILY MEMBERS ALL HELP WITH BASIC HOUSEHOLD CHORES.

15. Do your parents require you to be home at a specific time in the evening? Yes No

If yes, what time: weekdays _____ weekends _____

16. What courses does your home school require you to take while studying in Selkirk?

17. What do you expect from attending a Canadian high school?

18. Do you want to earn a Manitoba High School graduation diploma after completing your Grade 12 at Lord Selkirk Regional Comprehensive Secondary School? Yes No

19. Have you ever been away from your family for long periods of time?

Yes (how long) _____ No

20. Describe any concerns you may have about living in Canada:

21. In most Canadian families children are of varying ages. Hopefully, this type of situation would be acceptable to you. Although many students indicate they would prefer to live in a home with someone of the same gender and age, it is not always possible for us to accommodate this wish. Please remember that although you may think this is the "best" situation, that personalities of the same age and gender may not always be similar. Also remember that once you are in school, you will make friends of your own age, and that these will be individuals who have similar interests to you. Your homestay family will welcome you inviting these friends into their homes for visits. Please express your thoughts about this.



22. Would you like to live in a home with young children? Yes No

23. Would you like to live in a home with a student(s) close to your own age? Yes No

24. How can we help you adjust to your new home?

25. Please describe any medical conditions your Homestay Family should be aware of:

26. Do you have any serious/life threatening medical conditions that may require immediate medical attention?

Yes (please describe) _____ No

27. Please provide any further information you feel would be useful in helping us to place you in the best possible Homestay situation:

28. Comments:



STUDENT MEDICAL INFORMATION

EMERGENCY CONTACT INFORMATION (please provide 2 contacts)

Surname		First Name		Relationship/Agency Name			
Street Address							
City		Province/State		Country		Postal Code	
Telephone (include country & city code)				Fax (include country & city code)			
E-mail Address							
Surname		First Name		Relationship/Agency Name			
Street Address							
City		Province/State		Country		Postal Code	
Telephone (include country & city code)				Fax (include country & city code)			
E-mail Address							



MEDICAL HISTORY

1. Previous surgery, injury and/or serious illness (with dates): _____

2. Fractures sustained (with dates): _____

3. Drug allergies: _____
4. Other allergies: _____
5. Regular medication taken (over the counter or prescription) _____
6. Do you use an inhaler? Yes No
7. Do you carry an Epi-pen for allergies? Yes No
8. Do you wear glasses? Yes No Contact lenses? Yes No
9. Do you require routine injections? Yes No
If yes, please describe: _____
10. Is there a family history of any illness that we should be aware of? Yes No
11. Have you ever had any of the following:

<input type="checkbox"/> Allergies to drugs	<input type="checkbox"/> Headache (migraine)	<input type="checkbox"/> Seizure disorder
<input type="checkbox"/> Food allergies	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Tonsillitis
<input type="checkbox"/> Pet allergies	<input type="checkbox"/> Malaria	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Anorexia, bulimia	<input type="checkbox"/> Measles	<input type="checkbox"/> Typhoid fever
<input type="checkbox"/> Appendicitis	<input type="checkbox"/> Menstrual cycle problems	<input type="checkbox"/> Vertigo, Dizziness
<input type="checkbox"/> Asthma	<input type="checkbox"/> Mumps	<input type="checkbox"/> Ulcers
<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Poliomyelitis	<input type="checkbox"/> Whooping cough
<input type="checkbox"/> Cough (persistent, recurring)	<input type="checkbox"/> Pneumonia	<input type="checkbox"/> Other
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Rheumatic Fever	_____
<input type="checkbox"/> German Measles	<input type="checkbox"/> Scarlet Fever	



12. Please list all vaccinations administered and dates:

THIS MEDICAL INFORMATION IS BEING COLLECTED SO THAT APPROPRIATE HEALTH CARE PLANS MAY BE DEVELOPED, IF NECESSARY. THIS INFORMATION WILL ONLY BE SHARED WITH APPROPRIATE INDIVIDUALS. THIS INFORMATION IS PROTECTED BY THE PERSONAL HEALTH INFORMATION ACT OF THE PROVINCE OF MANITOBA



STUDENT EVALUATION FORM

Name of Student: _____

Please indicate your level of English and your personal traits below.

1. Have you studied English? Yes, (for how long) _____ No

<u>English Knowledge</u>	poor	fair	average	good	very good
Speaking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Writing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Understanding	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

<u>Personality</u>	low	average	high
Independence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Flexibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talkativeness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sociability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maturity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sense of Humour	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Personal Motivation (the motivational force to experience life in a foreign country)

	low	average	high	very high
Genuine interest in cultural exchange	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parental/friend's influence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wish to improve English/academic ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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2. Please write a letter in English describing your lifestyle to your new homestay family.