



CAMOSUN COLLEGE INTERNATIONAL Student Homestay Application

If you would like homestay accommodation, please complete this form at least six weeks before your classes start.

Personal Information

Family Name:	First Name:
Camosun College Student Number: C _____	Birthdate:
Student email address:	Telephone:
Nationality:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

Additional Information

Agent Email: (if applicable)	
What is your first language?	How long have you studied English?
What program have you applied for?	
Have you ever lived away from your home/family <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how long?	
Approximately how long do you plan to be with a host in Canada? Please check one: <input type="checkbox"/> 1 month <input type="checkbox"/> 4 months <input type="checkbox"/> 8 months <input type="checkbox"/> 12 months <input type="checkbox"/> More than 12 months <input type="checkbox"/> Other Please specify:	
When do you plan to arrive in Victoria (mm/dd/yy)? ____/____/____ <i>Note: Please provide more detailed arrival information to your host and/or the Housing Coordinator at least two weeks before you plan to arrive.</i>	

Please answer the following questions. If you mark "yes" please describe in the space provided.

Are there any foods that you do not eat? <input type="checkbox"/> No <input type="checkbox"/> Yes Please specify:	
Do you have any allergies (food, pollen, pets)? <input type="checkbox"/> No <input type="checkbox"/> Yes Please specify:	
Do you have a medical or physical condition that may require special arrangements for your Homestay placement? <input type="checkbox"/> No <input type="checkbox"/> Yes Please specify:	
In Canada, many homes have pets. Do you have an allergy to animals? <input type="checkbox"/> No <input type="checkbox"/> Yes Please specify:	
Do you smoke?: <input type="checkbox"/> No <input type="checkbox"/> Yes	Do you drink alcohol?: <input type="checkbox"/> No <input type="checkbox"/> Yes
Do you play a musical instrument? <input type="checkbox"/> No <input type="checkbox"/> Yes Please specify:	Do you require a host with similar religious beliefs? <input type="checkbox"/> No <input type="checkbox"/> Yes Please specify:

Many hosts offer their homes for homestay because they want to help students and learn about different countries. Please answer the following questions about Homestay placements.

Why do you want to live in Homestay?

Would you prefer to be (choose one): treated as a member of the family, or to be more independent

Do you prefer a host family (choose one) without children with young children with teen/adult children

Homestay Student Agreement

I have completed this International Student Homestay Application with correct information. I know that the Housing Coordinator will make every effort to match a suitable host based on this information, but I understand it may not be possible to meet all of my preferences. I know that Homestay fees are required before I receive my Homestay placement information.

Also:

- I will comply with all requirements and regulations of the Camosun College International Homestay program.
- If I plan to move out from my host family's home, I agree to tell the complete the Departure Notice form which requires one month's notice, and be responsible for the accommodation fee until this date.
- I agree to purchase adequate medical insurance for the duration of my stay in Canada.
- I agree to purchase adequate insurance to cover my belongings and personal liability.
- I give permission to Camosun College to give this homestay application to my host family.

Signature of Student: _____ Date: _____

Homestay Fee Payment

Homestay fees (\$975) are non-refundable and required when you apply to homestay. After the first month, students pay their host families \$750/month directly.)

Homestay Service/Application Fee: \$225

First Month of Accommodation Fee: \$750

Homestay fees may be paid by bank draft, international money order or credit card payable to Camosun College.

Please pay in Canadian funds.

Credit Card

VISA Mastercard JCB American Express

International Bank Draft

Credit Card Number: _____

Expiry Date: _____ Cardholder Name: _____

Money Order

Cardholder Signature: _____

I authorize to charge \$975 to my credit card



Please mail this completed form to:

Housing Coordinator
Camosun College
3100 Foul Bay Road
Victoria, BC V8P 5J2
CANADA

Fax: 250-370-3689
Telephone: 250-370-3685
Email: homestay@camosun.bc.ca
www.camosun.ca/international/homestay