



Apex Language & Career College

Homestay Application Form

(Please print clearly and answer all questions)

Student Personal Information

Last (Family) Name: _____ First (Given) Name: _____

English Name (if applicable): _____ Male Female

Date of Birth: Day _____ Month _____ Year _____ Current Age: _____

Country of Citizenship: _____ Native Language: _____

Phone Number: _____ Email: _____

Address: _____

English Ability: Low Good Excellet

Medical Information

Do you have any medical conditions? Yes No

If yes, please explain: _____

Do you have any allergies? (i.e. food, animals, medication)? Yes No

If yes, please specify: _____

Do you have any special need? _____

Living Environment

Pets: Cats are OK No cats, please Dogs are OK No dogs, please No pets, please

Family: With children With teenagers Adults only Doesn't matter

Lifestyle

Do you like outdoor activities? Yes No

If yes, please list those that interest you: _____

Do you like sports? Yes No

If yes, please list those that interest you: _____

Do you enjoy cooking? Yes No

Other hobbies/things you like? _____

Things you dislike? _____

What time do you usually go to bed? _____

What time do you prefer to shower or bathe? Morning Afternoon Evening

Dietary Requirements Please describe the foods you are accustomed to eating:

- Meat: Never Sometimes Everyday
- Vegetables: Never Sometimes Everyday
- Rice: Never Sometimes Everyday
- Pasta: Never Sometimes Everyday
- Fish: Never Sometimes Everyday
- Fruit: Never Sometimes Everyday

Please describe any dietary restrictions: _____

What are your favorite foods? _____

About You

How would you describe yourself (check all that apply to you)?

- Outgoing Enthusiastic Cooperative Personable Studious
- Independent Adventurous Sensitive Dependable Motivated
- Friendly & Sociable Adaptable & Flexible Quiet & Shy Neat & Tidy

Tell us about your own family (i.e. family members, ages, what you like to do together, etc.)

What are your duties at home? _____

Immigration Status

- Study Visa Visitor's Visa Visiting Scholar Landed Immigrant

In Case of Emergency

Contact Person's Name: _____ Country: _____

Email: _____ Telephone Number: _____

Address: _____

Signature: _____

Date: _____

Please return the completed application form to the address below:

Apex Language & Career College
5516 Spring Garden Road Suite 200
Halifax, NS
Canada B3J 1G6

Tel: 1-902-446-1818
Fax: 1-902-446-4830
Email: info@alcc.ca
Website: www.alcc.ca