

Male Female _____
Family Name First Name (s)

Date of Birth: ____/____/____ (D/M/Y) Age: _____

Nationality: _____ Native Language: _____

Occupation: _____

Home Address: _____

City: _____ State: _____ Postal Code: _____

Country: _____ E-mail: _____

Phone number: [_____] [_____] [_____] Fax #: _____
Country Code Area Code Phone Number

My application is through an Agent: Yes No
If YES, Agency Name _____ E-mail: _____

English level:
 beginner low intermediate upper intermediate advanced
 advanced to fluent

Emergency Contact #1: Name: _____

Home Address: _____

City: _____ State: _____ Postal Code: _____

Country: _____ E-mail: _____

Phone number: [_____] [_____] [_____] Relationship _____
Country Code Area Code Phone Number

Emergency Contact #2: Name: _____

Home Address: _____

City: _____ State: _____ Postal Code: _____

Country: _____ E-mail: _____

Phone number: [_____] [_____] [_____] Relationship _____
Country Code Area Code Phone Number

Home-stay end date: ____/____/____ (D/M/Y) Total number of nights: _____

Arrival Information: ____/____/____ (D/M/Y) Arrival Time (in Victoria) _____

Flight Number: _____ Airport Pick up: Yes No

Do you have any medical conditions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, please explain. _____		
Do you need a special diet? (e.g. vegetarian)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, please explain. _____		
Do you have any allergies? (food, animals, medication?)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, please explain. _____		
Do you have any physical disabilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, please explain. _____		

Are you?				
<input type="checkbox"/> smoker	<input type="checkbox"/> non-smoker	<input type="checkbox"/> independent	<input type="checkbox"/> dependent	<input type="checkbox"/> active
<input type="checkbox"/> outgoing	<input type="checkbox"/> shy	<input type="checkbox"/> quiet	<input type="checkbox"/> creative	<input type="checkbox"/> positive
<input type="checkbox"/> early riser	<input type="checkbox"/> late riser			

What are you looking for in a home-stay situation?			
Do you want a family with children?	<input type="checkbox"/> No Preference	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you want a family with pets?	<input type="checkbox"/> No Preference	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any special requests for your home-stay arrangements?			
If Yes, please specify. _____			

Interests/hobbies:

We will do our best to meet your preferences, but please understand that choices will not always be guaranteed.

By signing this document, I waive all liability from inlingua Victoria and the host family.

Signature of Student/Guardian _____ Date _____

Signature of Representative _____ Date _____