



British Columbia Christian Academy

1019 Fernwood Avenue, Port Coquitlam, B.C. V3B 5A8 Tel: (604) 941-8426 Fax: (604) 945-6455 www.bcchristianacademy.ca

Homestay Program

STUDENT'S APPLICATION FORM:

PLEASE PRINT CLEARLY IN ENGLISH

1 NAME: FIRST MIDDLE LAST			2 ENGLISH or PREFERRED NAME:		
3 DATE OF BIRTH: Year Month Day		4 COUNTRY OF BIRTH:		5 GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
6 CITIZENSHIP:		7 COUNTRY OF RESIDENCE:		8 EMAIL ADDRESS: @	
9 FATHER'S NAME:		10 FATHER'S OCCUPATION:		11 FATHER'S CITIZENSHIP:	
12 MOTHER'S NAME:		13 MOTHER'S OCCUPATION:		14 MOTHER'S CITIZENSHIP:	
15 ADDRESS IN HOME COUNTRY:					
16 HOME PHONE NO(S):		17 CELL PHONE NOS(S):		18 WORK PHONE NOS(S):	
19 FAMILY MEMBERS: <u>NAME</u>		<u>RELATIONSHIP</u>		<u>OCCUPATION</u>	<u>AGE</u>
20 HOME LANGUAGE:		21 LENGTH OF HOMESTAY: FROM: TO:			

BRITISH COLUMBIA CHRISTIAN ACADEMY

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22 ENGLISH LEVEL OF CONVERSATION:	POOR	MEDIUM	GOOD	EXCELLENT
23 FAMILY TYPE:	WITH YOUNG CHILDREN:	WITH OLDER CHILDREN:	WITH NO CHILDREN:	NO PREFERENCE:
24 HOBBIES AND INTERESTS:				
25 DO YOU LIKE PETS:	DOGS	CATS	NO PETS	NO PREFERENCE
26 ANY FOOD YOU CANNOT EAT:				
27 ANY HEALTH PROBLEMS:				
28 ANY ALLERGIES:				
29 HAVE YOU EVER HOMESTAYED BEFORE?	NO	YES	WHERE?	WHEN?
30 PLEASE WRITE ANY ADDITIONAL REQUESTS OR COMMENTS THAT YOU WOULD LIKE TO SHARE WITH YOUR HOST FAMILY:				
31 NAME OF LEGAL GUARDIAN WHILE STUDYING IN BCCA:				
32 ADDRESS OF LEGAL GUARDIAN:				
33 HOME PHONE NO(S):	34 CELL PHONE NO(S):		35 WORK PHONE NO(S)	
36 EMAIL ADDRESS:				
SIGNATURE OF APPLICANT:		SIGNATURE OF PARENT / GUARDIAN:		SIGNATURE OF HOST:
PLEASE PRINT - NAME OF APPLICANT		NAME OF PARENT / GUARDIAN		NAME OF HOST
DATE:				

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