



# Maple Leaf Academy

#200, 731 - 6th Avenue S.W.  
Calgary, Alberta, Canada T2P 0T9

Tel. (403) 262-8851  
Fax. (403) 262-8911

04/02/2009

## INTERNATIONAL STUDENT HOMESTAY APPLICATION

Maple Leaf Academy offers a HOMESTAY program for International Students who wish to experience Canadian family living. This is a great learning experience to enhance and learn Canadian Culture. For further information or assistance, please contact Maple Leaf Academy.

### Homestay

DESCRIPTION - Includes 3 meals per day.

#### FEES

Placement Fee (non refundable)	\$150.00*
Monthly HOMESTAY fee (room & board)	\$850.00 - \$1,000.00

\*Monthly fee determined by distance from school and quality of accommodation..

**\*First and last months payments are due on the first day of homestay.**

**\*Change of Accommodation: 30 days notice.**

I wish to apply for Maple Leaf Academy's HOMESTAY Program. Please find enclosed my \$150.00 Placement Fee (non-refundable) in Canadian funds (payable to Maple Leaf Academy).

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Country: \_\_\_\_\_ Birthday: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Postal Code: \_\_\_\_\_

Home Telephone No.: \_\_\_\_\_ Work Telephone No.: \_\_\_\_\_

Gender: male \_\_\_\_\_ female \_\_\_\_\_ Occupation: \_\_\_\_\_

When would you like to begin? \_\_\_\_\_

When would you like to finish? \_\_\_\_\_

Please complete the questionnaire on the next page.

## QUESTIONNAIRE

1. What is your main purpose for learning English in Canada? \_\_\_\_\_  
\_\_\_\_\_
2. What size of family would you like to stay with? Why? \_\_\_\_\_  
\_\_\_\_\_
3. Do you have a special diet that you must follow? Y \_\_\_\_\_ N \_\_\_\_\_  
If yes, please explain. Include any likes & dislikes. \_\_\_\_\_  
\_\_\_\_\_
4. What are some of your hobbies & interests? Include any musical talents or interests. \_\_\_\_\_  
\_\_\_\_\_
5. Do you have any allergies? Y \_\_\_\_\_ N \_\_\_\_\_  
If yes state: \_\_\_\_\_
6. Do you:  
Smoke Y \_\_\_\_\_ N \_\_\_\_\_ Consume alcohol Y \_\_\_\_\_ N \_\_\_\_\_  
If you have answered yes to any of the above, please explain \_\_\_\_\_  
\_\_\_\_\_
7. Do you have any health problems or concerns? Y \_\_\_\_\_ N \_\_\_\_\_  
If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_
8. Do you take any medication? Y \_\_\_\_\_ N \_\_\_\_\_  
If yes, please explain. \_\_\_\_\_
9. Describe yourself. \_\_\_\_\_  
\_\_\_\_\_
10. List your health care program, the policy number and the emergency contact person for the specified agency.  
Program name \_\_\_\_\_  
Policy number \_\_\_\_\_  
Emergency contact name \_\_\_\_\_  
Emergency Telephone No. \_\_\_\_\_

### FOR OFFICE USE ONLY

Date of Interview: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ Time: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_

Best Suited Candidate: 1. \_\_\_\_\_  
2. \_\_\_\_\_

AUTHORIZED BY: \_\_\_\_\_  
Managing Director