



# Maple Leaf Academy

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

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

## HOMESTAY APPLICATION FORM 17 AND UNDER

If you wish to apply for Maple Leaf Academy's HOMESTAY Program please complete the form below to the best of your knowledge.

**Full Name:** \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

**Postal Code/Zip Code:** \_\_\_\_\_ **Country:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Birthdate:** (MM/DD/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_ **Gender:**  Male /  Female /  Other

**Occupation:** \_\_\_\_\_

**Home Telephone No.** \_\_\_\_\_ **Cell No.** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ @ \_\_\_\_\_

**I would like homestay from:** (MM/DD/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_ to (MM/DD/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_

**# of weeks:** \_\_\_\_\_ **# of days:** \_\_\_\_\_

**Placement preference:**

Family with children /  Family with teenagers /  Without children /  No Preference

**Do you smoke?**  Yes /  No **Do you drink?**  Yes /  No

*\*You are not allowed to smoke or drink under the age of 18 in Alberta.\**

**Pet preference?**  Dogs /  Cats /  No pets /  It does not matter

**Do you have any allergies?**  Yes /  No If yes, please list them below:

\_\_\_\_\_

**Please indicate any special dietary needs or medical concerns (including if you are vegetarian or vegan):**

\_\_\_\_\_

\_\_\_\_\_

**Do you have any health problems?**  Yes /  No If yes, please list them below:

\_\_\_\_\_



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Do you take any medication?  Yes /  No If yes, please list them below:

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To place you with a family that best meets your hobbies and interests, please check all that apply to you:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Hiking                     | <input type="checkbox"/> Swimming            | <input type="checkbox"/> Sports             |
| <input type="checkbox"/> Going to the movie theatre | <input type="checkbox"/> Bowling             | <input type="checkbox"/> Dancing            |
| <input type="checkbox"/> Billiards                  | <input type="checkbox"/> Winter Activities   | <input type="checkbox"/> Gardening          |
| <input type="checkbox"/> Indoor activities          | <input type="checkbox"/> Playing board games | <input type="checkbox"/> Listening to music |
| <input type="checkbox"/> Yoga                       | <input type="checkbox"/> Making puzzles      | <input type="checkbox"/> Photography        |
| <input type="checkbox"/> Watching TV                | <input type="checkbox"/> Painting / Drawing  | <input type="checkbox"/> Baking             |
| <input type="checkbox"/> Arts/ Crafts               | <input type="checkbox"/> _____               | <input type="checkbox"/> _____              |

### Emergency Contact

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

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_ @ \_\_\_\_\_

**\* Please note:**

*All meals will be provided by the host family.*

*The host family will be responsible for airport pick-up and drop-off.*

*\* Your homestay fee and airport pick-up and/or drop-off fee will be included in your tuition total and will appear on your invoice in Canadian Funds.*

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date