



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: _____

City: _____ **Country:** _____ **Postal Code/Zip Code:** _____

Birthday: (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, medical concerns (including if you are vegetarian or vegan) or other important considerations:

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



Maple Leaf Academy

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

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

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

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