



# 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 18+

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

Please note: this form is for students 18 years of age or older.

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

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

\_\_\_\_\_

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

**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:** \_\_\_\_\_ **How many meals?**  2 Meals /  3 Meals /  No Meals

**Placement preference:**  Family with children /  Family with teenagers /  Without children /  No Preference

**I would like Airport Pick-up:**  Yes /  No **I would like Airport Drop-Off:**  Yes /  No

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

**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):**

\_\_\_\_\_

\_\_\_\_\_

### Emergency Contact

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

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

*\* 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**

\_\_\_\_\_  
**Date**