



Maple Leaf Academy

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

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

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

Includes 3 meals per day.

FEES

Placement Fee (non refundable)	\$175.00*
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 requires 30 days notice.**

I wish to apply for Maple Leaf Academy's HOMESTAY Program. Please find enclosed my \$175.00 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