



Wellington Catholic
District School Board
We Have Faith in Education

HOMESTAY APPLICATION

Please forward application package to:

PIEA
Wellington Catholic International Programs
2448 Bon Echo Dr
Oakville, ON, L6H 7P9
Tel: 905-257-8382
Fax: 905-257-4107
Email: homestay@piea.ca

FOR OFFICE USE ONLY

Homestay assignment: _____

Program: _____ Date: _____

Copy sent to school/teacher: ___ Date: _____

PLEASE PRINT IN ENGLISH

STUDENT INFORMATION

Name: _____
(Family Name) (Given Name)

Date of Birth: _____
(mm/dd/yy) Male Female

Complete Mailing Address: _____

Phone: _____ Fax: _____ Email: _____

Languages Spoken: _____
(First Language) (Other)

Dates Required: _____ to _____

EMERGENCY CONTACT INFORMATION (PARENT OR CUSTODIAN)

(Family Name) (Given Name) (Relationship)

Phone: _____ Fax: _____ Email: _____

HOMESTAY COSTS

Placement fee (one-time non-refundable cost): **\$350CAD**

Weekly cost: **\$200 ~ \$225CAD** (depending on dates and services required)

Homestay placement fee must be received by PIEA in order to begin the Homestay application process.

Fees may be paid by electronic bank transfer, certified cheque/bank draft, or Visa/Mastercard. Please see website for details.

TELL US ABOUT YOURSELF

Proficiency in English: *(This is a personal assessment of your proficiency in English.)*

| | SPEAKING | LISTENING | READING | WRITING |
|--------------|----------|-----------|---------|---------|
| BEGINNER | | | | |
| INTERMEDIATE | | | | |
| ADVANCED | | | | |

My hobbies include: _____

Other countries I have visited: _____

Some things I really like: _____

Some things I dislike: _____

Please answer the following health questions as accurately as possible.

1. Have you any medical conditions that we should be made aware of? Yes No

If yes, please explain: _____

2. Are you taking any medication for this condition? Yes No

3. Do you smoke? Yes No

4. Would you object to staying in a home that has pets? Yes No

5. List any information about yourself that you feel would assist in selecting the most appropriate and satisfactory Homestay selection for you (include special needs, religious practices, allergies, etc.)

I certify that the information given herein is correct to the best of my knowledge.

(Date)

(Signature of Applicant or Parent / Guardian if under age 18)