



International Language Schools of Canada

Homestay Program for Fairleigh Dickinson University Students



STUDENT INFORMATION

First Name: _____ Last Name: _____

Male Female Birthdate (mm/dd/yy): ___/___/___ Nationality: _____ First Language: _____

Address: (Home/Apt #, Street): _____ City: _____

Province/State: _____ Country: _____ Postal Code: _____

Telephone (____) _____ Fax: (____) _____ Email: _____

Emergency Contact Name: _____ Emergency Tel: : (____) _____

HOMESTAY ACCOMMODATION INFORMATION

Homestay Full board (3 meals) Homestay Half board (no lunch)

Roomstay (no meals)

Check-in date (mm/dd/yy): ___/___/___ Time: _____ am pm

Check-out date (mm/dd/yy): ___/___/___ Time: _____ am pm

Airport transfer: yes no

If Yes, Airline and Flight No.: _____

Connecting Flight (if applicable): _____

Arrival Time: _____ am pm

Do you have any medical condition(s) we should be aware of? yes no

If yes, please specify name: _____

Do you take daily medication? yes no

If yes, please specify: _____

Do you have allergies? yes no

If yes, please specify: _____

Do you have medical insurance? yes no

If yes, please specify company: _____

Do you smoke? yes no
(most families do not allow smoking indoors)

Do you eat: Fish Red Meat Dairy Products Eggs

I am comfortable with children in the home between the ages of:

6 years and under 7-13 years of age 14-19 years of age no children

Are you comfortable with pets in the home? yes no some

If you chose 'some', please specify which pets you are uncomfortable with: _____

Are you comfortable with other students in the home? yes no
Students will speak a first language other than your own.

What languages do you speak? _____

Interests & Comments: _____

Requests are not guaranteed, but the Homestay staff at ILSC will do their best to accommodate student requests. It is recommended that students who request airport reception arrive and depart on the weekend. **Alternative Accommodation and Roomstay placements are based on availability and not guaranteed.** Homestay students are advised that neither ILSC nor the Homestay family can be held responsible for the loss or theft of personal belongings. Although the change of a loss due to theft is extremely small, we nonetheless advise students to ensure that they obtain adequate insurance coverage in their home countries for all personal belongings that they bring to Canada.

The information collected as part of this questionnaire is confidential. For your own welfare, it is essential that Fairleigh Dickinson or ILSC be aware of any pre-existing health problems or illness so that proper care and attention can be administered when necessary. This information is protected by the provisions of the *Freedom of Information and Protection of Privacy Act*, and will only be shared with ILSC or the university's personnel, or authorities on a need to know basis. If you have any questions, please contact the Campus Director.

STUDENT CONTRACT

I declare that the information I have given is correct and accurate.

Student signature: _____ Date: (mm/dd/yy) _____
or parent signature if under 19 years of age

ILSC Authorized signature _____ Date: (mm/dd/yy) _____

CREDIT CARD PAYMENT

MasterCard Visa Name of cardholder: _____ Cardholder signature: _____

Credit Card number: _____ Expiry date: _____ Total payment: \$ _____