APPLICATION FOR HOMESTAY SERVICES

Student Information

First Name _____ Last Name _____

Date of Birth _____ _____ _____
Year Month Day

College _____

Campus Address _____

_____

Program _____

Start Date _____ _____ _____
Year Month Day

Address - home country

Apartment _____ Street Number _____ Street Name _____

City _____ Region _____ Postal Code _____ Country _____

Telephone _____ Email _____

Stay Information

Duration of Homestay Services (Please notice that minimum stay is one semester (four months))

☐ September – December ☐ January- April

☐ September - April ☐ May-January

Type of Homestay Services (Please, choose one)

○ Room Stay (no meal plan)	$ 250/week	$1000/month
○ Room Stay (1 meal: breakfast or dinner)	$300/week	$1200/month
○ Semi-Board (two meals plan – breakfast and dinner)	$350/month	$1400/month
◉ Full-Board (three meals plan – breakfast, lunch, dinner)	$400/month	$1600/month

Special Requirements

Can you stay with children?	◉ Yes	○ No
Can you stay with pets?	◉ Yes	○ No
Do you smoke?	◉ Yes	○ No

Tel: +1 647 628-0986
1512-73 Widdicombe Hill Blvd.,
Toronto, ON, M9R 4B3

Other_____

_____

_____

_____

_____

Dietary Needs _____

_____

_____

_____

_____

Any Relevant Health Information _____

_____

_____

_____

_____

Arrival Information

Date of your arrival _____ _____ _____
Year Month Day

Flight _____

Do you need an airport pick up ◉ Yes ○ No

Do you need an airport drop off ◉ Yes ○ No

Emergency Contacts

In Canada
First and Last Name _____
Relationship to You _____
Telephone _____ Email _____

In Your Home Country
First and Last Name _____
Relationship to You _____
Telephone _____ Email _____

Signature: _____ Date: _____

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