

Homestay Application (Groups)

First Choice International Placement Inc.

Personal Information:

Family Name: _____ First Name: _____

Gender: Female Male Date of Birth: _____ (Day) _____ (Month) _____ (Year)

Address: _____

City: _____ State/Province: _____ Country: _____ Zip/Postal: _____

Telephone: _____ Fax: _____ Email: _____

Emergency Contact: _____ Emergency Phone: _____

Family Information: *(Parental information is required for students under the age of 19 years)*

Father's Name: _____ Mother's Name: _____

Father's Office Phone: _____ Mother's Office Phone: _____

Father's Email: _____ Mother's Email: _____

Do you have siblings? No siblings Older siblings Younger siblings Older and younger siblings

Agent/Group Coordinator Information:

Name of Agent or Group Coordinator: _____

Phone: _____ Fax: _____ Email: _____

Arrival Information:

Arrival Date: _____ Arrival Time: _____

Arrival Airline: _____ Flight #: _____

Departure Date: _____ Estimated Departure Time: _____

Homestay Preferences: *(No guarantee that individual preferences can be met during high volume seasons)*

Family Preference:

No children Young children only Teenagers only No preference

Pet Preference:

No pets Cats only Dogs only No preference

Do you smoke?

No Yes *(Some restrictions may apply as many families are non-smoking)*

Do you require special meals?

No Halal Vegetarian Other: _____



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#115 - 255 West 1st Street
North Vancouver, British Columbia, Canada, V7M 3G8
Phone: 604-984-0868 Fax: 604-984-2373
Email: info@fciplacement.com
Website: www.fciplacement.com

Diet Information: Do you have any dietary restrictions? No Yes *(Some limitations may apply)*

If yes, please explain: _____

Medical Information: Do you have any allergies? No Yes

If so, please explain: _____

Medical Insurance: I have purchased medical insurance with: _____

(Note: If you require information about medical insurance visit <http://www.studentguard.com>)

Personality Traits:

- Energetic Quiet Sociable Outgoing Calm Reserved

Interests & Hobbies: *(Please select all that apply)*

- | | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Aerobics | <input type="checkbox"/> Dance | <input type="checkbox"/> Horse Riding | <input type="checkbox"/> Piano | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Architecture | <input type="checkbox"/> Debate | <input type="checkbox"/> Ice Hockey | <input type="checkbox"/> Politics | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Badminton | <input type="checkbox"/> Drawing | <input type="checkbox"/> Ice Skating | <input type="checkbox"/> Reading | <input type="checkbox"/> Theatre |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Fashion | <input type="checkbox"/> Jogging | <input type="checkbox"/> Rowing | <input type="checkbox"/> Traveling |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Field Hockey | <input type="checkbox"/> Karaoke | <input type="checkbox"/> Running | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Camping | <input type="checkbox"/> Fishing | <input type="checkbox"/> Martial Arts | <input type="checkbox"/> Sailing | <input type="checkbox"/> Windsurfing |
| <input type="checkbox"/> Chess | <input type="checkbox"/> Football | <input type="checkbox"/> Meditation | <input type="checkbox"/> Scuba Diving | <input type="checkbox"/> Yoga |
| <input type="checkbox"/> Climbing | <input type="checkbox"/> Golf | <input type="checkbox"/> Movies | <input type="checkbox"/> Skateboarding | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Music | <input type="checkbox"/> Skiing | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Cycling | <input type="checkbox"/> Hiking | <input type="checkbox"/> Painting | <input type="checkbox"/> Snowboarding | <input type="checkbox"/> _____ |

Additional Placement Considerations: _____

Please fax completed application to 604-984-2373

or

Email a scanned copy to groups@fciplacement.com



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