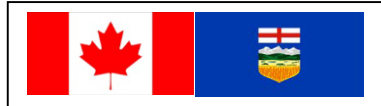




WELCOME TO OUR CATHOLIC SCHOOLS



International Student Services
Medicine Hat Catholic Board of Education
 1251 – 1st Avenue SW
 Medicine Hat, Alberta, Canada T1A8B4
 Toll Free: 1.866.864.0013
 E-mail: international@mchbe.ab.ca
 Web: www.mhcbce.ab.ca

(HOMESTAY FAMILY) - APPLICATION
MEDICINE HAT CATHOLIC BOARD OF EDUCATION

HOMESTAY FAMILY APPLICATION

➔ **Homestay Families are required to be the Custodian for the student. Refer to Citizen & Immigration Canada- CUSTODIANSHIP DECLARATION FORM # IMM 5646 (pages 1 & 2)** for minors for guidelines for citizenship. (attached)

Please print clearly – all parts of the application must be completed

Last Name:		First Name:		Spouse:	
Address:					
Town/City:		Province:		Postal Code:	
Telephone:		Fax:		Email:	
Occupation:			Spouse's Occupation:		
Employer's Name:			Employer's Name:		
Address:			Address:		
Phone:			Phone:		

Please list ALL other persons living in your home.

Name:		Age:	
Occupation / School /Hobbies:			
Name:		Age:	
Occupation / School /Hobbies:			

Name:		Age:	
Occupation / School /Hobbies:			
Name:		Age:	
Occupation / School /Hobbies:			
Name:		Age:	
Occupation / School /Hobbies:			
a) Have you ever hosted an international student before?	Yes	No	
b) Please give specifics as to your hours of work and on-going commitments:			
c) Will there be parental supervision in the evenings?	Yes	No	Other
If "other," please explain:			
d) What activities do you and your family enjoy that you would be willing to include your international student in?			
e) Do you belong to any community groups or organizations? (cultural, sports)			
f) Does your belief system restrict you from providing for religious and cultural traditions other than your own?			
g) How many smokers, if any, are in your home?			
h) Do you have any pets? Please list:			

i) Some international students are vegetarians or have dietary restrictions. Can you respect and meet any necessary dietary requirements?

j) International students need to be treated as members of your family – with love, nurturing, guidance and respect. Can you meet this very important challenge?

k) How do you feel an international student can benefit from being placed with you?

Please provide two (2) character references:

Name:

Phone:

Name:

Phone:

I/We _____ of _____, have read the rules and responsibilities of the **Medicine Hat Catholic Board of Education Homestay Family Program** contained herein and I/we agree to fulfill the necessary requirements. I/We understand and agree that should I/we not fulfill my/our commitment herein, my/our services will be terminated.

I agree to indemnify and hold harmless the **Medicine Hat Catholic Board of Education**, its elected officials and officers, employees, agents, volunteers and representatives, or any of them, from any claims, demands, expenses, costs (including legal costs), suits, debts, liabilities and cause of action for which they may be liable as a result of personal injury or property damage that I or the student cause or contribute, or are held responsible for, jointly or severally, in connection with the student's participation in study in Canada and from any financial obligations student may incur.

Signature of Homestay Parent:

Witness:

Signature:

Signature of Homestay Parent:

Print Name:

Address:

Date:

Phone:

II. APPLICATION CHECKLIST

Ensure your application is complete and that all of the items below are included in your package:

- A complete Homestay Family Program Application
- Police Records Check (including Vulnerable Sectors Check) on each individual 18 year and older residing in the home
- Intervention Record Check – Children’s Services (may be submitted separately once completed)
- Custodianship Documents – To be completed if approved for a homestay.
Notarized Citizen & Immigration Canada-
[CUSTODIANSHIP DECLARATION FORM # IMM 5646\(pages 1 & 2\)](#) for minors. This is not applicable if parents will live with the child in Medicine Hat for the duration of the studies. If using MHCBE Homestay, they will be the designated Custodian.

Please submit completed Homestay Family Program Applications to:

Submit e-copies to: international@mhcbce.ab.ca
Medicine Hat Catholic Board of Education
c/o Mr. Joe Colistro, Superintendent of Schools
1251 - 1st Avenue SW
Medicine Hat, AB
T1A8B4