



Medicine Hat Catholic Board of Education
International Student Program

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Web: www.mhcbe.ab.ca

HOMESTAY APPLICATION

STUDENT INFORMATION

Name: _____ Date of Birth: _____ Gender: _____
 Address: _____
 Telephone Number(s): _____ Email: _____
 Date and Time of Arrival in Canada: _____ Flight Number: _____
 Length of Stay in Canada: _____

Family Members:

Name	Relationship	Age	Occupation

Health (Allergies, Medication, Chronic Conditions):

Student Character (Please check all that apply):
 Outgoing Studious Quiet
 Energetic Independent Reserved Cheerful Sociable Adaptable

Dislikes:

Recreation/Hobbies:

Emergency Contact

Name: _____ Relationship: _____

Address: _____

Telephone Number(s): _____ Email: _____

Other Information:

I understand a host family will be selected from those available based on information which I have provided and there is no guarantee that all my personal preferences will be met.

Student Signature: _____

Parent Signature: _____

Date: _____