

HOMESTAY - STUDENT PROFILE & PLACEMENT FORM

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HOME STAY APPLICATION FEE - \$500 (NON-REFUNDABLE)

OUR HOME STAY PROGRAM INCLUDES **PRIVATE ROOM ** 3 MEALS A DAY LAUNDRY FACILITIES** UNLIMITED INTERNET****

PLEASE NOTE THAT HOME STAY PLACEMENT IS FOR ONE ACADEMIC YEAR- SEPTEMBER 1 TO JUNE 30. PLEASE NOTE THAT SPACE IS LIMITED AND THEREFORE APPLICATIONS ALONG WITH THE APPLICATION FEE MUST BE RECEIVED BEFORE MAY 1, 2022.

MOST HOME STAYS CHARGE BETWEEN \$1200 AND \$1500 PER MONTH. PLEASE NOTE SEPTEMBER AND JUNE'S PAYMENTS MUST BE MADE ON SEPTEMBER 1ST.

PLEASE NOTE: YOU WILL NEED TO ARRIVE TWO WEEKS PRIOR TO THE START OF SCHOOL TO SELF-ISOLATE. YOU WILL NEED TO PAY TWO WEEKS EXTRA OF HOMESTAY FEES IF YOU ARE DOING YOUR ISOLATION THERE AND NOT IN A HOTEL.

STUDENT INFORMATION (FOR APPLICANT, PARENTS OF APPLICANT, AND/OR AGENT TO COMPLETE)

GENERAL INFORMATION:

HOMESTAY APPLICANT NAME: _____ GENDER: MALE FEMALE

E-MAIL ADDRESS: _____ CELL PHONE #: _____

HOME COUNTRY: _____ DATE OF BIRTH: (MM/DD/YYYY) _____

September – June (Academic Year) January 30– June (Semester 2 only)

IN WHAT GRADE ARE YOU CURRENTLY ENROLLED? _____ LEVEL OF ENGLISH: FAIR GOOD EXCELLENT

PLEASE LIST YOUR FAVOURITE SUBJECTS AT SCHOOL: _____

WHAT LANGUAGES DO YOU: SPEAK? _____
READ/WRITE? _____

EXPECTED DATE OF ARRIVAL: (If exact date is unknown, please estimate date) _____

PLEASE NOTE THAT MOST MOVE-IN DATES BEGIN AT THE 1ST OF THE MONTH.

AGENT/PARENT/GUARDIAN INFORMATION:

NAME OF AGENT: _____ AGENT PHONE NUMBER: _____

AGENT E-MAIL ADDRESS: _____

PARENT/GUARDIAN NAME(S): _____

CELL PHONE # OF PARENT/GUARDIAN(S): _____

E-MAIL OF PARENT/GUARDIAN(S): _____

ARE PARENTS EXPECTING COMMUNICATION WITH THE HOME STAY PARENTS? YES NO (If yes, directly with home stay family or through the agent?):

LEVEL OF ENGLISH OF PARENTS: FAIR GOOD EXCELLENT

HOBBIES/INTERESTS/EXPERIENCES:

Please check all words that apply

Art Galleries Dancing Movies Reading Social Media
 Biking Fishing Music Running/Jogging Video Games
 Board Games Exercise/Fitness Painting Shopping Yoga
 Camping Hiking Photography Other: _____

WHAT TYPE OF MUSIC DO YOU LIKE? _____

DO YOU PLAY A MUSICAL INSTRUMENT? YES NO (If yes, please list): _____

DO YOU PLAY ANY SPORTS? YES NO (If yes, please list): _____

HAVE YOU TRAVELLED OUTSIDE YOUR HOME COUNTRY? YES NO (If yes, please list): _____

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METROPOLITAN PREPARATORY ACADEMY

CHARACTER/PERSONALITY PROFILE:

Please check all words that apply

- | | | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Active | <input type="checkbox"/> Creative | <input type="checkbox"/> Introverted | <input type="checkbox"/> Responsible | <input type="checkbox"/> Studious |
| <input type="checkbox"/> Adaptable | <input type="checkbox"/> Energetic | <input type="checkbox"/> Outgoing | <input type="checkbox"/> Sensitive | <input type="checkbox"/> Talkative |
| <input type="checkbox"/> Calm | <input type="checkbox"/> Enthusiastic | <input type="checkbox"/> Motivated | <input type="checkbox"/> Sociable | <input type="checkbox"/> Tidy |
| <input type="checkbox"/> Cooperative | <input type="checkbox"/> Independent | <input type="checkbox"/> Quiet | <input type="checkbox"/> Other: _____ | |

MEDICAL/HEALTH/FOOD:

DO YOU HAVE ANY MEDICAL CONDITIONS? YES NO (If yes, please list): _____

DO YOU TAKE ANY PRESCRIBED MEDICATIONS? YES NO (If yes, please list): _____

DO YOU HAVE ANY SPECIAL PHYSICAL NEEDS? YES NO (If yes, please list): _____

DO YOU HAVE FOOD ALLERGIES? YES NO (If yes, please list): _____

DO YOU HAVE ANY OTHER ALLERGIES? (medicines, animals etc.) YES NO (If yes, please list): _____

DO YOU REQUIRE A SPECIAL DIET? (e.g. vegetarian, vegan, etc.) YES NO (If yes, please list): _____

FOOD	LIKE	DISLIKE	OKAY	NOTES: (favourites/least favourites)
Meat (pork, beef, pork. etc)				
Fish/seafood				
Poultry (chicken, turkey, etc.)				
Eggs				
Vegetables				
Dairy products (milk, cheese, yogurt, etc.)				
Fruit				
Sandwiches				
Beans/lentils				
Pasta				
Rice, Noodles				
PLEASE LIST ANY OTHER FAVOURITE FOODS HERE: _____				
PLEASE LIST LEAST FAVOURITE FOODS HERE: _____				

MISCELLANEOUS STUDENT INFORMATION

Please add any additional information that will help offer the best possible homestay experience. (e.g. specific interests, academic goals, etc.)

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HOMESTAY PREFERENCES

WOULD YOU PREFER A HOMESTAY FAMILY WITH...? (Please check all that apply)

CLASSMATES NO CLASSMATES NO CHILDREN NO PREFERENCES

ARE YOU OKAY LIVING WITH A HOMESTAY FAMILY THAT HAS PETS YES NO PLEASE SPECIFY: _____

WOULD YOU PREFER YOUR ROOM TO BE...?

UPSTAIRS LOWER LEVEL NO PREFERENCE (PLEASE NOTE THAT WE CANNOT GUARANTEE PLACEMENT OF THE ROOM WITHIN THE HOUSE DUE TO AVAILABILITY AND DEMAND)

The Metropolitan Preparatory Academy homestay program promotes friendship and language learning during a cultural exchange between Canadian Families and international students. Canada is a multicultural society that values and respects the diversity of many cultures, religions, and races. There are many types of Canadian families that participate in the homestay program. Every host family will have its own unique lifestyle, so be open and willing to share and enjoy a meaningful homestay experience with the host family we have selected for you.

METROPOLITAN PREPARATORY ACADEMY (MPA) AGREEMENT

I UNDERSTAND THAT AND/OR AGREE TO:

- Pay the homestay fee to my host family on the first day of each month.
- Follow the homestay family house rules.
- I will not engage in or sign any contracts with my host that would incur any financial obligations or responsibility for either party. (e.g. bank account, mobile phone, rentals, or purchases of any kind)
- I will become familiar with and understand the routines of my homestay family, and follow those routines.
- I will conduct myself with appropriate behaviour in homestay. Please refer to the MPA student code of conduct.
- I will discuss with my hosts any of my special requirements, preferences, and interests to ensure they understand what I need to feel comfortable.
- Contact MPA staff if there are any difficulties and request assistance when necessary.
- If I (the student) decide to leave the homestay before the end of June I am aware that I must forfeit the current and June's payment.

IF A STUDENT HAS A LEGITIMATE PROBLEM THAT CANNOT BE RESOLVED AMICABLY BY BOTH PARTIES WE WILL RELOCATE THE STUDENT. IF A STUDENT REPEATEDLY IGNORES HOMESTAY RULES, THEY WILL BE REMOVED WITHOUT A HOMESTAY FEE REFUND FOR THE CURRENT MONTH AND LAST MONTH.

I UNDERSTAND AND AGREE WITH THE INFORMATION CONTAINED ON THIS FORM. I FURTHER UNDERSTAND THAT METROPOLITAN PREPARATORY ACADEMY STAFF WILL SELECT A HOST FAMILY BASED ON THE INFORMATION I HAVE PROVIDED AND THAT THEY CANNOT GUARANTEE THAT ALL OF MY PERSONAL PREFERENCES WILL BE MET.

STUDENT

PARENT/GUARDIAN

NAME: _____

NAME: _____

SIGNATURE: _____

SIGNATURE: _____

DATE: _____

DATE: _____

EMAIL COMPLETED FORM TO

HOMESTAY@METROPREP.COM