



**Canadian Rockies Public Schools**  
618 – 7<sup>th</sup> Avenue  
Canmore, Alberta, T1W 2H5  
Telephone: (403) 609-6072  
Fax: (403) 609-6071

## INTERNATIONAL STUDENT HOMESTAY PLACEMENT

### Photograph



### Student Data:

\_\_\_\_\_ *Full Last Name*

\_\_\_\_\_ *Given Names*

\_\_\_\_\_ *Address*

\_\_\_\_\_ *City*                      *State/Province*                      *Postal Code*

\_\_\_\_\_ *Country*

\_\_\_\_\_ *Home Telephone No. (Area Code)*                      *Home Fax No.*

\_\_\_\_\_ *City/Country of Birth*                      *Country of Legal Residence*

\_\_\_\_\_ *Birth Date: Day/Month/Year*                      *Gender*

### Family Data:

#### Father:

\_\_\_\_\_ *Surname*                      *Given Names*

\_\_\_\_\_ *Occupation*                      *Business Telephone No.*

#### Mother:

\_\_\_\_\_ *Surname*                      *Given Names*

\_\_\_\_\_ *Occupation*                      *Business Telephone No.*

**Other Family:**

*First Name*

*Gender*

*Age*

*Relationship*

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**Interests and Hobbies:**

Please list your hobbies and any interest you may have.

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**Host Family Placement:**

Do you have any physical handicaps? \_\_\_\_\_

Are you receiving treatment for a chronic condition? \_\_\_\_\_

If yes, please indicate what condition. \_\_\_\_\_

Do you have any allergies? \_\_\_\_\_

Please specify any living conditions you would be unable to tolerate, e.g. plants, house pets, chemicals, smoke, etc.

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Do you have any special eating habits? \_\_\_\_\_

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Have you had any other experience in living away from home? \_\_\_\_\_

What are your household responsibilities at home? \_\_\_\_\_

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What is your curfew at home? \_\_\_\_\_

**Student's Letter:**

Name of Student: \_\_\_\_\_

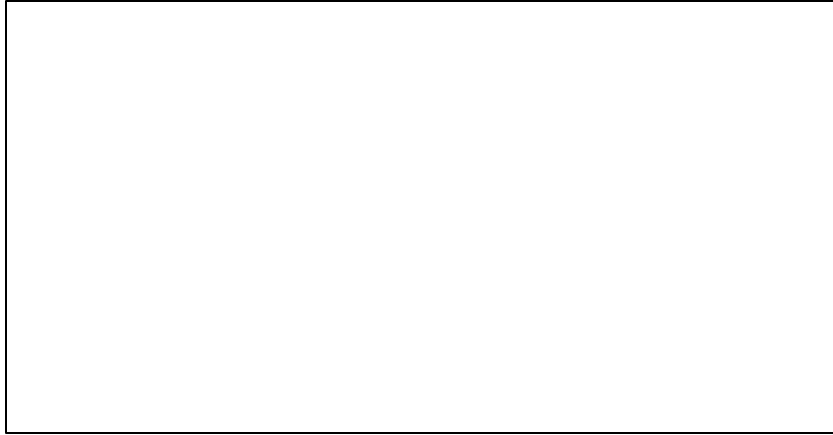
Please prepare a short letter to your future host family in the space provided below. Tell why you want to attend high school and live in Canada with a Canadian family. Write about your skills, interest, expectations, family and friends.

**Parents' Letter:**

Please prepare a short letter to the host parents who will share their home with your child during the coming year. Describe your teenager's personality and character. What do you want to the host family to know about your son or daughter? What advice can you offer to the host family to help them get to know your son or daughter better?

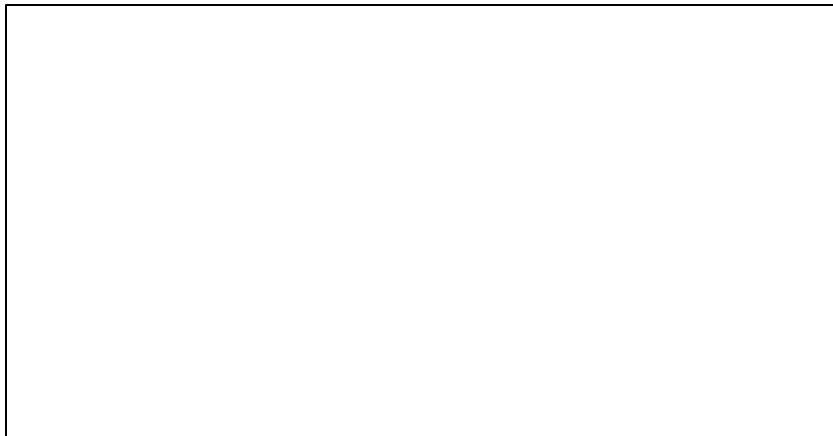
## Family Album

Please place photographs showing you, your family and/or friends.



Please describe the photograph above: \_\_\_\_\_

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Please describe the photograph above: \_\_\_\_\_

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## Statement of Health

Student's Name: \_\_\_\_\_

Has the applicant ever had any of the following? If yes, give dates and detailed information regarding any impairment in the spaces provided below.

	Yes	No	Date
Chicken Pox	_____	_____	_____
Measles	_____	_____	_____
Mumps	_____	_____	_____
Poliomyelitis	_____	_____	_____
Rheumatic Fever	_____	_____	_____
Rubella	_____	_____	_____
Scarlet Fever	_____	_____	_____
Malaria	_____	_____	_____
Hepatitis	_____	_____	_____
Allergies	_____	_____	_____
Asthma	_____	_____	_____
Appendicitis	_____	_____	_____
Diabetes	_____	_____	_____
Dyslexia/Word	_____	_____	_____
HIV	_____	_____	_____

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Has the applicant experienced disease, impairment or abnormality of any of the following:

Abdominal Organs	Yes _____	No _____
Genital-Urinary System	Yes _____	No _____
Bones/Joints	Yes _____	No _____
Heart or Blood Vessels	Yes _____	No _____
Blood, Endocrine System	Yes _____	No _____
Lungs, Respiratory System	Yes _____	No _____
Brain, Nervous System	Yes _____	No _____
Ears or Hearing	Yes _____	No _____
Tonsils, Nose or Throat	Yes _____	No _____
Eyes or Vision	Yes _____	No _____

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_

Is applicant currently using any prescription drugs and/or medication? \_\_\_\_\_

If yes, give details and list specific drugs being used: \_\_\_\_\_  
\_\_\_\_\_

### **Medical Release Authorization**

I hereby authorize the Canadian Rockies Regional Division No. 12 and the host parents to seek medical attention for me/my child in the event of sickness, accident, or other emergency during the program. I also certify that the above information is correct to the best of my knowledge. This authorization shall be valid for the entire duration of the academic year.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent(s) \_\_\_\_\_ Date \_\_\_\_\_