



Medicine Hat Catholic Board of Education  
International Student Program

# HOMESTAY APPLICATION

1251 – 1<sup>st</sup> Avenue S.W.  
Medicine Hat, Alberta, Canada T1A 8B4  
Toll Free: 1.866.864.0013  
Email: [international@mhcbe.ab.ca](mailto:international@mhcbe.ab.ca)  
Web: [www.mhcbe.ab.ca](http://www.mhcbe.ab.ca)

## 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: \_\_\_\_\_