



WHANGAPARAOA COLLEGE

HOMESTAY ACCOMMODATION APPLICATION

HOMESTAY ADDRESS

Address _____

Postcode _____

Home phone number: _____

Email address: _____

Bank account details for direct credit payments _____

MAIN CAREGIVER DETAILS

(The person who will be responsible for the student and with whom the school should contact for information, consent and in the event of an emergency)

Full Name _____ Male/Female

Date of Birth _____ Nationality _____

Current occupation _____

Place of work _____

Mobile number _____

Email address _____

SECONDARY CAREGIVER DETAILS

Full Name _____ Male/Female

Date of Birth _____ Nationality _____

Current occupation _____

Place of work _____

Mobile number _____

Email address _____

OTHER OCCUPANTS IN THE HOUSE

Name	M/F	Date of birth	Occupation/School	Mobile No	Relationship to main contact

ACCOMMODATION ARRANGEMENTS

No of Bedrooms in the house 2 3 4 5 or more
No of bathrooms in the house 1 2 3 or more
No of bedrooms available for students 1 2 single/double

GENERAL INFORMATION

Have you ever hosted a student in your house before Yes No _____ years hosted
Ethnicity of student(s) hosted _____
Name of organisation _____
Language(s) spoken in the home _____
Host family members attending Whangaparaoa College _____
Religion _____ Does anyone in the house smoke Yes No
Usual dietary practice (eg vegetarian) _____
Any family medical conditions _____
Do you have pets No Yes If so, what kind _____
Musical instrument available for the student to use _____

FACILITIES

Spa pool Swimming pool Table tennis Near shops Near bus stop Boat Pool table
 Near beaches Basketball hoop Other, please specify _____
Family interests (*please tick all that apply*) Outdoor Music TV Movies Reading
 Walking Beaches Theatre Fishing Sports Other _____
Internet access Broadband Limited Unlimited
How will the student be transported to and from school? _____
Are you on a bus route Yes No
If yes, time by bus to Whangaparaoa College _____
If no, time to walk to Whangaparaoa College _____
Can you please describe a typical Saturday and Sunday _____

PREFERENCES

Ages of student 11-13 14-15 16-17 18+ Any age Gender: Male Female
No of Students 1 2
Length of stay short term (no more than 6 weeks) long term (1 term or more) either
Would you be willing to pick up your student from the airport when they first arrive Yes No
Other _____

REFERENCES

Please attach two character references or supply names and contact details of two referees.

REFERENCE 1

Name _____

Phone number _____

Relationship to you _____

REFERENCE 2

Name _____

Phone number _____

Relationship to you _____