



OTTAWA-CARLETON  
DISTRICT SCHOOL BOARD

# Ottawa Carleton Education Network (OCENET) Homestay Application



☎ Telephone (613) 686 6764; Fax (613) 693-0878

✉ Email [ocenet@canadahomestayinternational.com](mailto:ocenet@canadahomestayinternational.com)

Website: [canadahomestayinternational.com](http://canadahomestayinternational.com)

Please check one of the following:

- I require homestay and custodianship arrangements
- I require homestay arrangements only.

STUDENT PERSONAL INFORMATION					
SURNAME (FAMILY NAME)	GIVEN NAMES	ENGLISH NAME (if applicable)			
PERMANENT MAILING ADDRESS					
STUDENT'S EMAIL	TELEPHONE				
PARENT'S EMAIL	TELEPHONE				
<input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH (Month Day Year)	NATIONALITY	LANGUAGE		
ENGLISH SPEAKING ABILITY <input type="checkbox"/> beginner <input type="checkbox"/> low intermediate <input type="checkbox"/> intermediate <input type="checkbox"/> advanced <input type="checkbox"/> fluent					
AGENT INFORMATION					
AGENCY NAME:		CONTACT:			
EMAIL:		TELEPHONE #:			
FAX:					
PERIOD OF HOMESTAY REQUIRED (INDICATE DAY/MONTH/YEAR)					
HOMESTAY TO BEGIN:					
HOMESTAY TO END:					
NUMBER OF CONTINUOUS WEEKS HOMESTAY IS REQUIRED:					
HOMESTAY PREFERENCES					
LIST FOODS YOU <i>DO NOT LIKE</i> TO EAT		LIST FOODS YOU <i>CANNOT</i> EAT			
PLEASE INDICATE PREFERENCES FOR YOUR HOMESTAY HOST FAMILY (CHOICES ARE NOT GUARANTEED):					
	YES	OK	NO	(If No, please tell us why)	
young children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	
teenagers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	
another student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	
couple with no children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	
cats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	
dogs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	
STUDENT PROFILE					
PLEASE CHECK (✓) THE WORDS THAT BEST DESCRIBE YOUR NATURE					
<input type="checkbox"/> Outgoing	<input type="checkbox"/> Cheerful	<input type="checkbox"/> Hardworking	<input type="checkbox"/> Independent	<input type="checkbox"/> Neat	<input type="checkbox"/> Other:
<input type="checkbox"/> Shy	<input type="checkbox"/> Serious	<input type="checkbox"/> Optimistic	<input type="checkbox"/> Quiet	<input type="checkbox"/> Studious	
PLEASE CHECK (✓) THE ACTIVITIES WHICH INTEREST YOU					
<input type="checkbox"/> Baseball	<input type="checkbox"/> Concerts	<input type="checkbox"/> Golf	<input type="checkbox"/> Martial Arts	<input type="checkbox"/> Paint/Draw	<input type="checkbox"/> Soccer
<input type="checkbox"/> Basketball	<input type="checkbox"/> Cooking	<input type="checkbox"/> Hiking/walking	<input type="checkbox"/> Movies	<input type="checkbox"/> Photography	<input type="checkbox"/> Swimming
<input type="checkbox"/> Biking	<input type="checkbox"/> Dance	<input type="checkbox"/> Hockey/Skating	<input type="checkbox"/> Music: listening	<input type="checkbox"/> Reading	<input type="checkbox"/> Tennis
<input type="checkbox"/> Board Games	<input type="checkbox"/> Fishing	<input type="checkbox"/> Horseback	<input type="checkbox"/> Music: playing	<input type="checkbox"/> Skiing/	<input type="checkbox"/> Video Games /
<input type="checkbox"/> Computers	<input type="checkbox"/> Fitness	Riding	Your instrument:	Snowboarding	Computer Games

**PERSONAL HABITS:**

I like to wake up:  very early  when I have to. When I wake up I like  to be quiet  to talk  to listen to music.  
 On school nights I usually go to bed at \_\_\_\_\_ am/pm.  
 My curfew on school nights is \_\_\_\_\_ am/pm or  I don't have a curfew on weeknights.  
 My curfew on weekends is: \_\_\_\_\_ am/pm or  I don't have a curfew on weekends.  
 When I go out with my friends, we like to: \_\_\_\_\_  
 I tidy up my own bedroom and make my own bed  yes  no, my \_\_\_\_\_ does it for me.  
 My attitude towards school is:  I like it a lot  it's OK  I don't really like it.  
 I usually do my homework:  right after school  after dinner  before going to bed.  
 I usually spend this much time online every day:  1 hour or less  1-2 hours  2-4 hours  more than 4 hours

**PLEASE DESCRIBE YOURSELF AND THE THINGS YOU WOULD LIKE TO DO WITH YOUR HOST.**

**MEDICAL INFORMATION**

**Do you have any special medical conditions or needs?**  Yes  No  
 If *Yes*, please explain. \_\_\_\_\_  
**Do you have a history of any psychiatric, emotional or medical difficulties?**  Yes  No  
 If *Yes*, please explain. More detailed medical history documents may be requested. \_\_\_\_\_  
**Are you taking any medication?**  Yes  No  
 If *Yes*, please explain. \_\_\_\_\_  
**Do you have any allergies?**  Yes  No  
 If *Yes*, please explain. \_\_\_\_\_  
**Do you smoke?** NOTE: If *Yes*, you must agree **not** to smoke inside your school and your Homestay Host's home (you may or may not be allowed to smoke outside on the Host's property).  Yes  No  
*Do you agree **not** to smoke inside (including your bedroom)?*  Yes  No  
*Will you accept a homestay Host where there are smokers?*  Yes  No  
 NOTE: A \$500.00 cleaning fee will be assessed if evidence of smoking is found in a student's room, and students may be expelled from the CHN homestay program.

**YOUR FAMILY MEMBERS**

NAME	RELATIONSHIP	AGE	OCCUPATION

**OTHER CONTACT (ENGLISH SPEAKING) IF DIFFERENT FROM AGENT**

NAME: \_\_\_\_\_ RELATIONSHIP TO STUDENT: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_  
 FAX: \_\_\_\_\_

**STUDENT PARTICIPATION AGREEMENT (SPA), including DECLARATION and DISCLAIMER**

Whereas the Participant has completed this CHN International Participant Homestay Application (“HA”) in accordance with the CHN Homestay Program Payment Policy and Procedures which the Participant and his/her parents and/or guardian(s) hereby acknowledge that they have read, understand and are in agreement with), and in consideration of the provision of Homestay services by CHN, the Participant and his/her parents and/or guardian(s) hereby:

- A. Acknowledges and agrees that this PA forms part of his/her HA and all covenants, declarations, conditions and other terms and provisions therein.
- B. Declares that the information given in this HA is complete and correct to the best of their knowledge; and, further that incorrect or incomplete information represents a breach of this PA and is subject to the terms of paragraph F herein;
- C. Confirms that they have each read and agree to comply or to cause compliance, as the case may be, with the CHN Homestay Guide for International Students.
- D. Confirms, acknowledges and agrees that they have each read, understand and fully accept all CHN Invoice Terms and Conditions, including cancellation and refund policies.
- E. Agrees:
  - 1. to obey the laws of Canada;
  - 2. not use drugs or medication unless prescribed by a registered physician and labeled in English;
  - 3. to behave as a considerate and respectful member of the Homestay Host family by:
    - a. accepting any Homestay Host, regardless of their race; national or ethnic origin; colour; religion; gender; age; mental disability; physical disability; and/or sexual orientation, all in accordance with the Canadian Charter of Rights and Freedoms;
    - b. making an effort to talk with and be part of the Homestay Host household (“Homestay Household”) and participate in their activities;
    - c. helping in and around the Homestay Household accepting responsibility for reasonable jobs, including keeping his/her room clean, helping with the dishes and doing his/her own laundry;
    - d. observing the Homestay Household rules, especially concerning the operation of any household appliances, fixtures, bathroom, laundry and other facilities (to limit the risk of injury or damage) and curfews;
    - e. telling his/her Homestay Host where he/she is going and when he/she will be home, in the event that he/she intends to go out; and If he/she is likely to be late home, contacting and informing his/her Homestay Host(s);
    - f. practicing regular and proper personal hygiene;
  - 4. when enrolled in an academic program of study, to remain in good academic standing, as defined by the school or school board/district;
  - 5. to pay for any and all expenses incurred by the Participant or on the Participant’s behalf (including but not limited to any losses or damages caused by the Participant, the Participant’s long distance telephone, cell phone, internet usage expenses and/or medical expenses); and
  - 6. to obtain and maintain in force adequate and valid medical, travel and liability insurance (including for sickness, personal injury, personal liability and personal property).
  - 7. as long as he/she is a minor,
    - a. to not purchase or consume tobacco or alcoholic beverages or drive a motor vehicle; and
    - b. to observe the CHN curfew of 6:00 on school nights, and on Fridays and Saturdays as follows:  
Grades 6-8: 9:30 p.m.; Grade 9: 10:00 p.m.; Grade 10: 11:00 p.m.; Grade 11: 11:30 p.m.; Grade 12: 12:00 p.m.
  - 8. to provide CHN with timely access to any information concerning the Participant’s performance, behaviour and other experience at school including without limitation, course/subject selection, academic reports, correspondence, memoranda, assessments, test results and extra-curricular activities, as well as timely notice of and the right to attend any meetings, case conferences or interviews regarding him/her. The Participant and his/her parents and/or guardian(s) confirm that

he/she/they consider the sharing of such information with and otherwise giving access to CHN is essential to the proper exercise of this PA and as such hereby declare that they, by executing this PA, give his/her/their consent under applicable privacy legislation in Canada to do so.

F. Acknowledges and agrees:

1. that in the event of a breach of this PA by the Participant and/or his/her parents and/or guardian(s), CHN reserves the right, in its sole and absolute discretion, to:
  - a. notify the Participant and his/her parents and/or guardian(s) of the breach (by fax or email or telephone) and provide the Participant and his/her parents and/or guardian(s) with a specified time frame within which to remedy the breach to the satisfaction of CHN; and/or
  - b. relocate the Participant to another and final Homestay Household, at the expense of the Participant and his/her parents and/or guardian(s) and without refund of any unused and prepaid Homestay Host fees paid to the first Homestay Host(s); or
  - c. expel the Participant from the CHN International Participant Homestay Program ("Program") and the Participant's Homestay Household, on one (1) hour's written notice; and
  - d. notify Citizenship and Immigration Canada of the breach (with the result that the Participant's Study Permit or Visa may be revoked); and/or direct the Participant's parents and/or guardian(s) to arrange for the the Participant's return home via the first available flight, at the Participant's, and his/her parents' and/or guardian"s(s') risk and expense. The Participant's parents and/or guardian(s) agree to make such arrangement for the Participant's return home and take full responsibility for the care, custody and control of the Participant upon the Participant being expelled from the Program.
2. that the consequences of a breach of this PA by the Participant and/or his/her parents and/or guardian(s) (including but not limited to the consequences described in paragraph F herein) are without recourse to CHN, and its officers, directors, employees, representatives, agents and independent service providers (including but not limited to any Homestay Host(s) and transportation service provider(s)).

G. Agrees to reimburse CHN on demand, its fees and expenses related to any breach of this PA, including without limitation, its legal fees and related costs.

H. Waives, releases and absolves and agrees to indemnify and save harmless CHN and its officers, directors, employees, representatives, agents and independent service providers (including but not limited to the Homestay Host(s) and transportation service provider(s) selected for the Participant) from any and all liability for any and all of the Participant's losses and damages (including, but not limited to, the loss or theft of the Participant's money and the damage, loss or theft of the Participant's personal property), personal injuries, or death, however caused.

*Each of the undersigned fully understands this PA and agrees to all of its terms and conditions.*

Full Name			
Signature		Date	
Relationship	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other (please specify):		
Full Name			
Signature		Date	
Relationship	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other (please specify):		
Full Name			
Signature		Date	

**STUDENT LETTER**

In this letter to your host family, please tell us about yourself and about why you are applying to study in Canada. You may include your future goals, a little about your life at home and at school in your own country, what you are looking for in a homestay family, and any particular areas of interest you would like to learn about while in Canada.

Large empty rectangular area for writing the student letter.

Empty rectangular box for the student photograph.

Student  
Photograph

Student's Signature

Date:

Horizontal lines for writing the signature and date.

**PARENTAL LETTER OF INTRODUCTION**

Please write a letter describing your child's personality, interests, relationships, future aspirations and home life. Feel free to add any other relevant information that may be helpful to a teacher or host family.

Parent's Signature

Date:

\_\_\_\_\_