COLUMBIA COLLEGE HOMESTAY APPLICATION FORM

Please return this form along with the appropriate fees to the attention of Anna Zima, Homestay Coordinator. **Fax: 604- 682-7191.**

Name: _____

Home Address: _____

E-mail Address: _____

Session applying for: Start Date: _____ (day/month/year) End Date: _____ (day/month/year)

Date of Birth: _____ Age: _____ Sex: F ☐ M ☐

Smoker ☐ Non Smoker ☐

I like pets: Yes ☐ No ☐ I like small children: Yes ☐ No ☐

Do you have any allergies: Yes ☐ No ☐

If yes, what are you allergic to: _____

Your Religion: Catholic ☐ Protestant ☐ Buddhist ☐ Muslim ☐ Other ☐

Sports, hobbies and interests: _____

_____

My favourite foods are: _____

I do not like to eat or cannot eat: _____

English Ability: Excellent ☐ Good ☐ Fair ☐ Poor ☐

Additional comments you want to tell your family. (Enclose a picture of yourself if you wish).

_____

✂ ----------

AIRPORT RECEPTION REQUEST FORM

Please detach along the dotted line and return this form to the attention of Anna Zima, Homestay Coordinator, Columbia College, #500-555 Seymour Street, Vancouver, B.C., Canada, V6B 6J9 or send by fax to 604-682-7191, or email to homestay@columbiacollege.bc.ca

_____ Student Name

_____ Student Number

_____ Airline & Flight Number

_____ Date & Time of Arrival