

Name of School

Lethbridge School District No. 51

433 - 15th Street South Lethbridge, Alberta, Canada T1J 2Z5

Phone: 403-380-5323

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Fax: 403-327-4387 www.internationalservices.lethsd.ab.ca

District Form: 501.7.7						
Section 1: Application for Short-Stay Students for Lethbridge School District No. 51 (Look for the data fields that have drop-down menus to simplify your entries)						
Last Name (Family)	First Name	Middle Name				
Name you prefer to be called	Birthdate Year, Month	Age Gender Gender				
Passport Number	sport Number Passport Issue Date					
Mailing Address (Street or Box)						
City	Province/Sta	ate				
Country	ountry Postal/Zip Code					
Student's Email						
	Parent Information					
Father's Last Name	First Name	Occupation				
Father's English Birthdate Year, Month, Day Father's Pl	mail hone Number	Who has legal custody of you?				
Father's Mailing Address (Street or Box)						
City Province/State						
Mother's Last Name Occupation						
Mother's Email						
Year, Month, Day Mother's Phone Number						
Mother's Mailing Address (Street or Box)						
City Province/State						
Education						
Current grade level How fluent are you in English? Beginner Intermediate Advanced						

Last mark you received in an English Class

Section 2: Medical Insurance

International students must purchase medical insurance through our school district. Our group insurance covers sickness and accidents including: prescriptions, emergency dental, emergency medical evacuation, emergency family transportation, trips outside of Canada, doctor's visits, ambulance, repatriation.

Insurance rates and detailed information regarding the coverage provided are available on our International Services website.						
Arrival Date?		Departure Date?		Name of F	amily Doctor	
Name of Clinic in	Home Country				Phone	
List any physical medical condition know about	handicaps or as you feel we shou	ıld				
Yes, I have an a	allergy to pets	What type of pets	s?			
Yes, I have an a	allergy to foods	What type of food	d?			
Yes, I have an a	allergy to medications	What type of med	dications?			
Section 3: Homestay Application Information						
Tell	us about yo	ourself by m	arking the v	vords that b	est describe	e you:
Outgoing	Serious	☐ Independent	☐ Studious	☐ Shy	Hardworking	Quiet
☐ Cheerful	Optimistic	☐ Neat				
Tell us which hobbies and sports you enjoy:						
☐ Art galleries	☐ Automobiles	Baking	Baseball	Billiards	☐ Board games	☐ Boating
☐ Camping	Chess	☐ Comic books	☐ Computers	☐ Concerts	☐ Cooking	Cultural events
□ Drawing	Fishing	☐ Football	☐ Gardening	Golf	☐ Hockey	☐ Motorcycles
☐ Movies	☐ Music	☐ Painting	☐ Photography	Reading	☐ Shopping	☐ Soccer
☐ Tennis	☐ Theatre	☐ Travel	☐ Video games			
☐ Aerobics	Badminton	Ballet	☐ Biking ☐ Horseback	Bowling	Curling	☐ Dance
☐ Gymnastics	☐ Handball	☐ Hiking ☐ Rock	└ riding	☐ Kickboxing	Lacrosse	☐ Martial arts
☐ Paddleboard	Racquetball	climbing	Rollerblading	Rugby	Running	Sailing
Skateboard	Skating	Skiing	☐ Snowboard	☐ Squash	Swimming	☐ Table tennis
☐ Volleyball	□ Walking	□ Youa				

Food preferences:							
☐ I am vegetaria	an	Are there any foods you					
☐ I require a glu	strongly di I require a gluten free diet		dislike?				
☐ I require a lac	tose free diet						
Whi	ch of the fo	ollowing f	oods do yo	u en	ijoy: (check	all foods yo	ou like)
Pork	Chicken	☐ Beef	☐ Fish		Barbecue	Rice	☐ Potatoes
☐ Vegetables	☐ Salads	☐ Fruit	☐ Asian F	Food	☐ Fast Food	☐ Noodles/Pas	ta Cereals
	Но	me Prefe	rences (ch	eck a	all that you	prefer)	
I like:							
☐ Young childre	en 🗌 No Yo	oung Children	☐ Teenagers		☐ No Teenage	rs	Only
☐ No Adults On	ly 🗌 Other	Students	☐ No Other Stu	ıdents	☐ No Preference	ce	
☐ Pets	☐ No Pe	ets					
(Type of host family you prefer) I like:							
☐ A family who wants me to be involved in my social life and activities							
☐ A family who gives me a little more independence for my own social life							

List your family members (Information for your homestay family):						
Name	Age	Relationship				
Name	Age	Relationship				
Name	Age	Relationship				
Name	Age	Relationship				
Name	Age	Relationship				
Name	Age	Relationship				
Alternate Emerg	goney Co	ntact if parants	z unavailable:			
	Jency Co		unavaliable.			
Last Name		First Name				
Relationship to you		City	Phone			
Province/State 0	Country		Postal/Zip Code			
Email		Fax				
Application Package Checklist						
 ☐ I have completed all questions on the application form. ☐ I have included a letter written by me to introduce myself and my family to my homestay family. ☐ I have included two photos for my homestay family. 						

Section 4: Signatures of Student Applicant and Parents

I understand that information I have provided on this application form will be used to find the best possible school placement and homestay for me. I agree that Lethbridge School District No. 51 and Canada Homestay Network Society cannot guarantee that all of my personal preferences will be met. I authorize Lethbridge School District No. 51 and Canada Homestay Network Society to release the information on this homestay application form to my school and my homestay family.

I am aware that I must abide by all rules and regulations of Lethbridge School District No. 51, Canada Homestay Network Society, and the laws of Canada or I may be sent home at my own expense. I acknowledge that there will be no refund of tuition nor homestay fees if I am sent home.

I agree to indemnify and hold harmless Lethbridge School District No. 51 and Canada Homestay Network Society, their elected officials and officers, employees, agents, volunteers and representatives, or any of them, from any claims, demands, expenses, costs (including legal costs), suits, debts, liabilities and causes of action for which they may become liable as a result of any personal injury or property damage that I, the parent or the student cause or contribute, or are held responsible for, jointly or severally, in connection with the student's participation in study in Canada, including a homestay placement and from any financial obligations the student may incur.

Furthermore, I certify that all information provided on and within this application is complete, factually accurate and honestly represented. Should it be discovered that false information was provided on this form, or true information was omitted from this form, I can be sent home at my own expense.

I further understand that the information furnished on this application, together with information and materials of any kind pertaining to this student received by Lethbridge School District No. 51 International Services from any source becomes the property of Lethbridge School District No. 51 International Services and cannot be returned.

Signature of Student Applicant: _		Date:
Signature of Parent(s)/Guardian:		Date:
	(Father's signature)	Date:
	(Mother's signature)	