

Name of School

Lethbridge School District No. 51

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

Phone: 403-380-5323 Fax: 403-327-4387

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www.internationalservices.lethsd.ab.ca

District Form: 501.7.7	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)							
Name you prefer to be called		Birthdate	Year, Month, Da	Age	Gender		
Passport Number	Passport I	ssue Date	e Date Passport Expiry Date				
Mailing Address (Street or Box)							
City		F	Province/State				
Country	Postal/Zip Cod	de		Telephone			
Student's Email							
Parent Information							
Father's Last Name	First Na	me		Occupation			
Birthdate	ther's Email			Who has leg custody of you?	gal		
Father's Mailing Address (Street or Box)							
City		F	Province/State				
Mother's Last Name	First Na	me		Occupation			
Mother's Birthdate Mo	other's Email						
Year, Month, Day	other's Phone Number						
Mother's Mailing Address (Street or Box)							
City		F	Province/State				
Education							
Current grade level	How fluent a	re you in E	nglish? Begir	nner 🔲 Int	ermediate		

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 Fami	ily Doctor		
Name of Clinic in	Home Country					Phone		
List any physical handicaps or medical conditions you feel we should know about								
Yes, I have an a	allergy to pets	What type of pet	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 yourself by marking the words that best describe you:								
☐ Outgoing	Serious	☐ Independent	☐ Studiou	ıs 🔲	Shy _] Hardworking	☐ Quiet	
☐ Cheerful	Optimistic	☐ Neat						
Tell us which hobbies and sports you enjoy:								
☐ Art galleries	Automobiles	Baking	☐ Baseba	all 🔲 l	Billiards [Board games	☐ Boating	
☐ Camping	Chess	☐ Comic books	☐ Compu	ters 🔲	Concerts	Cooking	☐ Cultural events	
☐ Drawing	Fishing	☐ Football	☐ Garder	ning 🔲 (Golf] Hockey	☐ Motorcycles	
☐ Movies	☐ Music	☐ Painting	☐ Photog	raphy 🔲 I	Reading [] Shopping	☐ Soccer	
☐ Tennis	☐ Theatre	☐ Travel	☐ Video g	games				
☐ Aerobics	☐ Badminton	☐ Ballet	Biking		Bowling _] Curling	□ Dance	
☐ Gymnastics	☐ Handball	Hiking	☐ Horseb	ack 🔲 I	Kickboxing	Lacrosse	☐ Martial arts	
☐ Paddleboard	Racquetball	□ Rock climbing	Rollerb	lading 🔲 I	Rugby	Running	☐ Sailing	
☐ Skateboard	Skating	Skiing	☐ Snowb	oard 🔲 🤅	Squash [Swimming	☐ Table tennis	
☐ Vollevball	☐ Walking	☐ Yoga						

Food preferences:							
☐ I am vegetaria	☐ I am vegetarian		ı l				
☐ I require a glu	strongly I require a gluten free diet						
☐ I require a lact	ose free diet						
Which of the following foods do you enjoy: (check all foods you like)							
Pork	☐ Chicken ☐ Beef	☐ Fish	n 🗆	Barbecue	Rice	☐ Potatoes	
☐ Vegetables	☐ Salads ☐ Fruit	☐ Asia	an Food 🔲	Fast Food	☐ Noodles/Pas	sta 🗌 Cereals	
Home preferences: (check all that you prefer)							
☐ Young childre	n No Young Childre	en 🗌 Teenager	s 🗆	No Teenager	s	Only	
☐ No Adults Onl	☐ No Adults Only ☐ Other Students ☐ No Other Students ☐ No Preference						
☐ Pets ☐ No Pets							
Type of host family you prefer:							
☐ A family who wants you to be involved in their social life and activities							
☐ A family who gives you a little more independence for your own social life							
List your family members (Information for your homestay family):							
Name	t your ranning mon	Age	Relationship	Si your ii	omootay ia	,	
Name		Age	Relationship				
Name		Age	Relationship				
Name		Age	Relationship				
Name		Age	Relationship				
Name		Age	Relationship				

Alternate Emergency Contact if parents unavailable:							
Last Name	First	Name					
Relationship to you	City		Phone				
Province/State	Country		Postal/Zip Code				
Email	Fax						
Section 4: Signatures of Student Applicant and Parents							
I understand that information I have provided on this homestay application form will be used to find the best possible homestay family for me. I agree that Lethbridge School District 51 and Lethbridge Homestay Services cannot guarantee that all of my personal preferences will be met. I also agree that priority placements will be made for students who have true allergies or other restrictive conditions that may require special consideration. I am aware that I must abide by all rules and regulations as stipulated by Lethbridge School District 51 and Lethbridge Homestay Services or I may be sent home at my own expense. Further, I authorize Lethbridge School District No. 51 and Lethbridge Homestay Services to release the information on this homestay application form to my homestay family. I agree to indemnify and hold harmless Lethbridge School District No. 51 and Lethbridge Homestay Services, 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 occur. Furthermore, I certify that all information provided on and within this application is complete, factually accurate and honestly represented. I further understand that the information furnished on this application, together with information and materials of any kind 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 Parent(s)/Guardian: (Father's signature) Date: (Mother's signature)							
Section 5: Application Package Checklist							
☐ I have completed all questions of ☐ I have included a letter written by ☐ I have included two photos for m	me to introduce myself and my fan	nily to my home	estay family.				