



VCC International Homestay Application

250 West Pender St.
Vancouver, B.C.
Canada V6B 1S9
Telephone: 604-443-8600
Fax: 604-443-8678
email: study@vcc.ca
www.vcc.ca/international

Referred by:
Agency / Agent name:

Code: _____

Fax: _____

Email: _____

PERSONAL INFORMATION

Surname (Family Name) : _____ First and Middle Names : _____
Permanent Address : _____ E-mail : _____
City : _____ Country : _____ Postal code : _____
Tel. No : _____ Fax No : _____
Male Female Age _____ Birth Date : _____
Nationality : _____ Native Language : _____

EMERGENCY CONTACT INFORMATION

Contact Name : _____ Relationship : _____
Telephone No : (daytime) _____ Telephone No. (evening) _____

HOMESTAY DETAILS

(Please circle)

State of Health Very Good Good Fair Poor
Do you have any illnesses? No Yes Specify _____
Do you have any allergies? No Yes Specify _____
Do you take any medication? No Yes Specify _____
Do you have medical insurance? No Yes Specify _____
Are there any foods you can't or won't eat? No Yes Specify _____
Which sports activities do you participate in? _____
What are your hobbies? _____
How do you spend your free time? _____

Do you smoke? Yes No Are you comfortable living with smokers? Yes No
Are you allergic to pets? Yes No Specify _____
Are you comfortable living with pets? Yes No Specify _____
Are you comfortable living with children? Yes No Either

Please write the date you would like homestay from _____ to _____
(Month / Day / Year) (Month / Day / Year)

List program at VCC attending: _____

Start of Course (Date) _____ End of Course (Date) _____

Do you need airport pickup? Yes No

Flight Details

Airlines _____ Flight No: _____
Arrival Date: _____ Arrival Time: _____

Please read terms and conditions on the VCC Website www.vcc.ca/international and sign below.

I have read and agree to the terms and conditions: _____