



# WHANGAPARĀOA COLLEGE

## HOMESTAY ACCOMMODATION APPLICATION

### HOMESTAY ADDRESS

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Home phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Bank account details for direct credit payments \_\_\_\_\_

### MAIN CAREGIVER DETAILS

(The person who will be responsible for the student and with whom the school should contact for information, consent and in the event of an emergency)

Full Name \_\_\_\_\_ Male/Female

Date of Birth \_\_\_\_\_ Nationality \_\_\_\_\_

Current Occupation \_\_\_\_\_

Place of work \_\_\_\_\_

Mobile number \_\_\_\_\_

Email address \_\_\_\_\_

### SECONDARY CAREGIVER DETAILS

Full Name \_\_\_\_\_ Male/Female

Date of Birth \_\_\_\_\_ Nationality \_\_\_\_\_

Current Occupation \_\_\_\_\_

Place of work \_\_\_\_\_

Mobile number \_\_\_\_\_

Email address \_\_\_\_\_

### OTHER OCCUPANTS IN THE HOUSE

Name	M/F	Date of birth	Occupation/School	Mobile No	Relationship to main contact

## ACCOMMODATION ARRANGEMENTS

No of Bedrooms in the house ☐ 2 ☐ 3 ☐ 4 ☐ 5 or more

No of bathrooms in the house ☐ 1 ☐ 2 ☐ 3 or more

No of bedrooms available for students ☐ 1 ☐ 2 single/double

## GENERAL INFORMATION

Have you ever hosted a student in your house before ☐ Yes ☐ No \_\_\_\_\_ years hosted

Ethnicity of student(s) hosted \_\_\_\_\_

Name of organisation \_\_\_\_\_

Language(s) spoken in the home \_\_\_\_\_

Host family members attending Whangaparāoa College \_\_\_\_\_

Religion \_\_\_\_\_

Does anyone in the house smoke ☐ Yes ☐ No

Usual dietary practice (e.g. vegetarian) \_\_\_\_\_

Any family medical conditions \_\_\_\_\_

Do you have pets ☐ No ☐ Yes If so, what kind \_\_\_\_\_

Is everyone in your household fully vaccinated (3 doses) \_\_\_\_\_

The vaccine mandate is no longer a requirement for host families to host students. We welcome both vaccinated and unvaccinated families to host with us. In order to offer the best protection for our International Students, we would like to provide them with a home that matches their requirements.

## FACILITIES

☐ Spa pool ☐ Swimming pool ☐ Table tennis ☐ Near shops ☐ Near bus stop ☐ Boat ☐ Pool table  
☐ Near beaches ☐ Basketball hoop ☐ Other, please specify \_\_\_\_\_

Family interests (*please tick all that apply*) ☐ Outdoor ☐ Music ☐ TV ☐ Movies ☐ Reading

☐ Walking ☐ Beaches ☐ Theatre ☐ Fishing ☐ Sports ☐ Other \_\_\_\_\_

Internet access ☐ Broadband ☐ Limited ☐ Unlimited

How will the student be transported to and from school? \_\_\_\_\_

Are you on a bus route ☐ Yes ☐ No

If yes, time by bus to Whangaparāoa College \_\_\_\_\_

If no, time to walk to Whangaparāoa College \_\_\_\_\_

Can you please describe a typical Saturday and Sunday \_\_\_\_\_

\_\_\_\_\_

## PREFERENCES

Ages of student ☐ 11-13 ☐ 14-15 ☐ 16-17 ☐ 18+ ☐ Any age Gender: ☐ Male ☐ Female

No of Students ☐ 1 ☐ 2

Length of stay ☐ short term (no more than 6 weeks) ☐ long term (1 term or more) ☐ either

Would you be willing to pick up your student from the airport when they first arrive ☐ Yes ☐ No

Other \_\_\_\_\_

## REFERENCES

Please attach two character references or supply names and contact details of two referees.

### REFERENCE 1

Name \_\_\_\_\_

Phone number \_\_\_\_\_

Relationship to you

\_\_\_\_\_

### REFERENCE 2

Name \_\_\_\_\_

Phone number \_\_\_\_\_

Relationship to you

\_\_\_\_\_