



Gray Academy of Jewish Education

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 Email: advancement@aspercampus.mb.ca Web Site: www.grayacademy.ca

HOMESTAY HOST APPLICATION

Street Address		
City		Postal Code
Home Phone	Fax	Email

MOTHER

Surname	First Name	
Place of Work <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
Work Phone	Cell Number	Email Address

FATHER

Surname	First Name	
Place of Work <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
Work Phone	Cell Number	Email Address

OTHER OCCUPANTS OF YOUR HOUSEHOLD

Last Name (if different from above)	First Name	Relationship	M/F	Age

Gray Academy of Jewish Education Homestay families must support the student including commitment to Jewish education.

Gray Academy requires all Homestay Parents to submit a Criminal Record check (\$30 per person) and a clearance from the Child Abuse Registry (\$10 charge per person). Forms are available from the Director of Advancement or Head of School and only need to be submitted when this application is approved and a match with a student is made.

Every Homestay family is responsible for informing the *Gray Academy International Student Program* of any change in status of the family.

How long would you like to host a student in your home?

- Full School Year (10 months) Short term (less than 10 months)
- Other _____

1. Please provide a brief description of your family's hobbies and interests:

2. Do you attend synagogue weekly? If so, which one? _____

Would you feel comfortable hosting a student who has a different degree of religious observance from that practiced in your household? Yes No

3. Do you have any pets? Please list: _____

4. What is the primary language spoken in your home? _____

5. Does anyone in your home speak a language other than English? Yes No

If yes, please describe: _____

6. Would you be willing to assist a student with homework?

- Yes No

7. Please describe a typical family weekday routine:

8. What is your student gender preference? Male Female No Preference

9. How does your family usually spend the weekend?

10. What high school age would you prefer? Grade: 9 10 11 12 No Preference

11. Are you willing to take more than one student? Yes (how many) _____ No

12. Are you willing to host a student with special dietary needs (e.g. religious restrictions, vegetarian, etc.)? Yes No

13. Does anyone in your home have a medical or physical condition that may impact hosting responsibilities? Yes No (If yes, please describe) _____

14. Please describe specific family rules that children in your home must follow:

15. Why do you want to host an international student?

16. What are your expectations from this experience?

17. How did you hear about our program? School email/newsletter Newspaper
 Friend/relative Other (please describe) _____

18. Have you ever hosted an international student in the past? Yes No
If yes, when & for how long: _____

19. When will your home be ready for a student? Now Date: _____

20. About your home:

Apartment/Condo Single family dwelling Other: _____

How many bedrooms do you have available? _____

Where are they located in the home? Upper Level Lower Level Main Floor

How many bathrooms do you have? _____

Will the student have his/her own private bathroom? Yes No

Which of the following do you have? Smoke Detector (required) Fire Extinguisher(s)

21. How would the student get to school and how many minutes will it take? Distance: ____ km

Walking ____ minutes Driving ____ minutes City Bus ____ minutes

22. Full Year International Students **must have a room of their own.** Please describe the student's room:

23. Please feel free to share any additional information about your family that you feel would be helpful to us.

24. Please list two references who know your family very well. Gray Academy administration will be the only people contacting your references.

Name: _____ Relationship: _____

Address: _____ Telephone: _____

Name: _____ Relationship: _____

Address: _____ Telephone: _____