



LONG BAY COLLEGE

Care, create, excel

Homestay Carer Application Form

Family Name: _____

Home Address: _____

Email Address: _____

Home Phone Number: _____

<i>Mother's Details</i>	<i>Father's Details</i>
<i>First Name:</i>	<i>First Name:</i>
<i>Date of Birth:</i>	<i>Date of Birth:</i>
<i>Mobile No:</i>	<i>Mobile No:</i>
<i>Work No:</i>	<i>Work No:</i>
<i>Occupation:</i>	<i>Occupation:</i>

Children:

<i>Name</i>	<i>Gender</i>	<i>DOB</i>	<i>Living at Home</i>	<i>Hobbies/Occupation</i>

Do any of your children currently attend Long Bay College or intend to in the future? Yes / No (please circle)

If Yes, please give Names & Year Levels of those currently attending:

Religious Affiliations (if any): _____

Church Attendance: Never / occasionally / regularly (please circle)

Do members in your family smoke? Yes / No (please circle)

Do you have pets? Yes / No (please circle)

If yes, what are they? _____

Are your pets kept: Indoors / Outdoors (please circle)

Do you have full Wifi access? Yes / No (please circle)

Do you limit Wifi access between any times? Yes / No (please circle)

If so, when is Wifi access NOT available?

Has your family visited a foreign country? Yes / No (please circle)

If yes, which family members and what country?

Have you ever hosted international students? Yes / No (please circle)

If yes, what nationality, age, gender?

Are you currently hosting any international students? Yes / No (please circle)

If yes, please state nationality, age, gender and from which College or Institution:

Briefly describe your home (including number of bedrooms, number of bathrooms, garden, etc) and your neighbourhood:

How far is your home from Long Bay College? _____

How would the student get to and from Long Bay College?

Walk / Bus / Car (please circle)

Describe a typical week day in your home:

What special activities do you do in the weekend?

What special activities would you do with your student over the weekend?

Can you host a student over the Christmas holidays? _Yes / No (please circle)

Household responsibilities and chores expected of your student?

Have you and all other eligible members of your household had your full Covid Vaccinations and had any boosters completed/due? Yes / No (please circle)

Please also complete the Covid-19 Vaccination Declaration.

Family guidelines and expectations:

Host Parent Signature: _____ Date: _____

List two referees who can be contacted (no family members please):

Name:	Name:
Address:	Address:
Telephone:	Telephone:
Relationship to family:	Relationship to family:

Please provide your bank account details

Please provide photos of your family and your home.

Letter to the Student
