

Homestay Details Form

Your Details

INTO Reference number:				
Family Name		Date of Birth		
Given Name(s)		Male / Female		
Nationality:		Email:		
Course title & start date:		Homestay start date:		
Accommodation Preferences Do you prefer to live in a house the	_			
☐ Smoking	☐ Non-Smok	ing	☐ No Preference	
Do you have any special dietary re	equirements? (eg	. vegetarian, veg	gan, halal, kosher)	
☐ No ☐ Yes, pl	ease explain:			_
Do you wish to be accommodated	alone, or with ot	her students?		
•		e to be in a with other	I don't have a preference	
Would you like to live in a homestadogs often roam freely around the ho		(In British home	es, pets are often part of t	he family. Cats and
☐ Yes ☐ No			I don't have a preference	
Would you like a homestay which	has children?			
☐ Yes	☐ No		I don't have a preference	
Please give details of any health is mobility issues:	ssues that you ma	ay have : allergi	es to animals, medical di	etary requirements,
Do you have any special request	:s? (Eg a mature	family, or a pre	eference for the age of	children in the house)
This is a preference form only, we wil this dep Please note that requests concerning	ends on host avail Internet, proximity	ability at the time	e of the application. a y not be met, and reques	-
☐ I have read and understood	d the Guide to Liv	ving in Homesta	ay.	
Signature	Date			
Office use:				
RS	All Due		Payments	
Address Confirmation	Host Confirm	mation	-	