

# ULTIMATE STUDENT HOMESTAY

## APPLICATION FORM

Please complete in BLOCK CAPITALS IN BLACK INK

NAME: \_\_\_\_\_ Date of birth \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_ country \_\_\_\_\_  
Fathers name \_\_\_\_\_ mothers name \_\_\_\_\_  
Telephone: \_\_\_\_\_ Mobile \_\_\_\_\_  
E-mail \_\_\_\_\_ Male \_\_\_ Female \_\_\_

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Name of school you will attend : \_\_\_\_\_ start \_\_\_\_\_ finish dates \_\_\_\_\_  
Homestay required from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ total weeks \_\_\_\_\_  
Flight number \_\_\_\_\_ arrival date \_\_\_\_\_ arrival time \_\_\_\_\_  
OR expected time of arrival at homestay \_\_\_\_\_  
Do you require Airport Pick-Up YES/NO  
Departure details : date \_\_\_\_\_  
Religion: \_\_\_\_\_  
Special Dietary preferences \_\_\_\_\_  
PASSPORT number : \_\_\_\_\_ NATIONALITY: \_\_\_\_\_

### Preferences for homestay

With children yes/no \_\_\_\_\_ With dogs yes/no \_\_\_\_\_ With cats yes/no \_\_\_\_\_

Other information \_\_\_\_\_

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DO YOU SMOKE? [ ] No [ ] Yes

\* Please note that you will be required to smoke outside.

DO YOU UNDERSTAND THAT IF YOU SMOKE AGAINST YOUR HOST'S WISHES, THEY ARE COMPLETELY WITHIN THEIR RIGHTS TO ASK YOU TO LEAVE? \_\_\_\_\_

**PLACEMENT FEE A\$150 + A\$70 airport pick up = A\$220**

**Homestay A\$170 per week**

for breakfast and dinner every day - plus lunch on Saturday and Sunday