

Pacific Academy 10238 168 Street, Surrey, BC V4N 1Z4 **Darice Lutz**

dlutz@mypacificacademy.net

Host Family Application

Applicant's surname:	Given Name:
Birthdate: / /	First Language:
YYYY MM DD	
Email Address:	Employer:
Spouse's Surname:	Given Name:
Birthdate: / /	First Language:
YYYY MM DD	
Email Address:	Employer:
Address:	
- 	
House number and Street	City Postal Code
Home Phone #:	Applicant's Cellphone #:
Spouse's Cellphone #:	· · · · · · · · · · · · · · · · · · ·
List people who live in your home:	
1. Name:	_Sex: M F Birth year:Relationship:
Occupation/School:	First language:
2 Name:	_ Sex: M F Birth year: Relationship:
2. Name.	_ Sex. Will billinyear Netationship
One of the desired	et al la company
Occupation/School:	First language:
3. Name:	Sex: M F Birth year: Relationship:
Occupation/Schools	First language:
Occupation/school:	First language:
4. Name:	Sex: M F Birth year:Relationship:
Occupation/School:	First language:
5. Name:	Sex: M F Birth year: Relationship:
	·
Occupation/School·	First language:

And a Children Ven No	
Are you a Christian: Yes No	
Full name and address of church family attends:	
Evaluin why shurch attendance and involvement is important to you and your family	
Explain why church attendance and involvement is important to you and your family.	
Have you hosted or are you currently hosting any foreign students? Please explain.	
Thave you hosted of the you currently hosting any foreign students: Thease explain.	
Describe your home:	
Single Detached House: Duplex: Townhouse: Apartment: Other:	
Number of bedrooms: Number of Bathrooms:	
Describe the room where the student will sleep:	
Level: Size: Furnishings:	
Family's hobbies and interests:	
To what degree would the student participate in your family's activities?	
Do you have any pets? Size?	
What transportation arrangements will be made to ensure that the student is dropped off and	
picked up from Pacific Academy on time?	
List two references (not including family members or relatives) that we may contact:	
List two references (not including family members of relatives) that we may contact.	
1. Name: Phone:	
2. Name: Phone:	
Legal Name for cheque issue:	
Office Use Only:	
Date Received:	
Home Weit Time and Date.	
Home Visit Time and Date:	
Criminal Record Check Father:	
Criminal Record Check Mother:	
Driver's Record Check Father:	
Driver's Record Check Mother:	
Diver 3 Record Check Wother.	
Car Insurance Check:	
House Insurance Check:	