

Please attach a recent photograph

TAURANGA INTERMEDIATE SCHOOL

HOMESTAY APPLICATION FORM

Please complete the following:

Name of Student: _____

Family Name

First Name _____

English Name

Date of Birth:

Contact Address:
(in New Zealand) _____

Name of Contact: _____

Phone Number: _____

Email Address: _____

Mobile Number: _____

Parents (Father) _____ (Mother) _____

Family Name _____ | _____

First Name _____ | _____

Nationality:

Gender: Male Female

Brothers _____ Age _____

(Name) _____ Age _____

Sisters _____ Age _____

(Name) _____ Age _____

Medical Conditions _____

Allergies

Hobbies/Sports _____

Pets _____

Are you allergic to any type of animal? _____

English Proficiency

Limited Average Good Excellent

Have you attended extra curricular English lessons? Yes No

If yes, how many hours per week?

Signed by Parent/Agent

Date: _____