



Liane's Vancouver Homestay

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BCIT HOMESTAY AND AIRPORT RECEPTION APPLICATION

Personal Information

Surname (Family Name): _____ Given Names: _____

(hereinafter known as the "Homestay Student")

Permanent Address: _____ e-mail: _____

City: _____ Country: _____ Postal code: _____

Tel #: _____ Fax #: _____

Male Female Age _____ Birth date: _____

Emergency Contact Information

Contact Name: _____ Relationship: _____

Tel # daytime: _____ Tel # evenings: _____

School Details

BCIT Student Identity Number: _____

List the Campus of study: Burnaby Other: _____

Start of Course (Date) _____ End of Course (Date) _____

Homestay Details

Please write the date you would like homestay from _____ to _____

State of Health Very Good Good Fair Poor

Do you have any illnesses? No Yes specify _____

Are you allergic to pets? No Yes specify _____

Do you have any allergies? No Yes specify _____

Do you take any medication: No Yes specify _____

Do you have medical insurance? No Yes specify _____

Are there any foods you can't or won't eat? No Yes specify _____

Do you smoke? No Yes Do you want to live with smokers? No Yes

Do you want to live with young children: No Yes Either

Which sports activities do you participate in? _____

What are your hobbies? _____

How do you spend your free time? _____

Flight Details (Cost of this service is CAD \$65.00 + HST)

Do you need airport pickup Yes No

Airlines _____ Flight No: _____

Arrival Date: _____ Arrival Time: _____

I have read and accept responsibility for understanding all the information contained on this application form. I declare to the best of my knowledge that all information I have submitted on this application is true and correct. I agree to adhere to the terms and condition of LVH's Policies

Student Signature

Date

Print Name