

Last Name

姓

First Name

名

#### **ACE Acumen Academy**

21 Coventry Rd, Brampton, ON, L6T 4V7 Telephone: (416) 756-7227 Facsimile: (416) 756-2732

Date of Birth生日 | Phone Number |

(YYYY/MM/DD) 电话号码

#### **International Student Homestay Application Form**

Please be aware that the answers that you provide on this form will be used to match you with a proposed homestay family and that your answers will be made known to the proposed homestay family prior to final approval. (At least two weeks before you arrive in Canada) Personal Information: ENGLISH ONLY

**Email** 

邮箱

**Country of** 

Origin 国家

Gender: Male 男 ( ) Female 女 ( )							
Date of Arrival 到达日期:							
Length of Stay 入住日期:							
Level of English: 英语级别							
Entry初级( ) Advanced高级( ) Fluent流利( ) Cannot speak English 不会 ( )							
Grade Entering 入读年级:							
Describe yourself, checking all applicable terms: (简述自己)							
( ) shy 内向	I	( ) intellectual	理智 ()	quiet 喜欢安静			
( ) talkativ	e 擅长交谈	( ) emotional 原	<b>感性</b> ()	sociable 喜欢社交			
( ) scientif	ic 喜欢科学	( ) artistic 喜欢	()	athletic 喜欢运动			
( ) studious	<b>5</b> 好学	( ) thoughtful (	体贴 ()	energetic 充满活力			



Most host families in Canada keep pets.							
Do you like animals 是否喜	欢动物?	( ) Yes	( ) No				
Are you afraid of animals 丸	是否害怕动物?	( ) Yes - If yes,	which animal?	( ) No			
Do you smoke? 是否吸烟?		( ) Yes		( ) No			
If available, I prefer a family:(我理想中的寄宿家庭)							
with pets 有宠物	宠物 does not matter 没关系						
with no children 没有孩子	with children u 十岁以下的孩子	ver age of 10					
who are busy 房东很繁忙	who are home most evenings does not matter 没关系						
who do not smoke 房东不抽烟	does not matte 没关系	er	_				
I would prefer to live in a home with other students: (是否愿意有同住的学生)							
( ) yes	(	) does not matter	)				
And who will speak my language: (是否愿意有说中文的同学同住)							
( ) yes ( ) no ( ) does not matter							
Do you have a medical issue or health concern that you would like your hosts to know about?							
(你是否有疾病史,是否有服用药物及药物过敏,是需要房东知道的)							



. , ,	food allergies?(过敏的 <sup>。</sup>	食物) ()Yes	( ) No
If yes, please list	the foods you are allerg	gic to:(请列举你过敏的食	物)
Please tell us any	thing else you think is i	mportant:(请列举需要房)	东注意的重要信息)
		he information of your cus	todian below:
(如未满18岁,请提( 	<b>First Name</b> 名	Phone Number 电话	Email 邮箱
Last Name 姓	First Name 名	Phone Number 电话	Email 邮相
	11 : 4	1 7/V 2 3	
	on in case of emergence	y:(紧急联系人信息) Phone Number 电话	Email 邮箱
Contact informati Last Name 姓			Email 邮箱
			Email 邮箱
Last Name 姓 学生签字		Phone Number 电话  日期	Email 邮箱
Last Name 姓 学生签字		Phone Number 电话	Email 邮箱
Last Name 姓 学生签字	First Name 名	Phone Number 电话  日期 Date:	Email 邮箱
Last Name 姓 学生签字 ignature:	First Name 名	Phone Number 电话  日期 Date:	
Last Name 姓 学生签字 Signature:	First Name 名	日期 Date:	
Last Name 姓 学生签字 Signature:	First Name 名	日期 Date:	



#### Notice of Arrival & Departure 接机信息

Please complete this form in full and submit it to the Admission Office (At least two weeks before you arrive in Canada)

#### Student to fill out (PLEASE PRINT CLEARLY):

Need Pick Up? 是否需要接机服务	Yes ( )	No ( )		te of Birth:生日 YY/MM/DD		Mr.男 ()	Ms.女 ()
Family Name: 姓			les :	مر عشر			
Given Name:名							
Home Country: 国籍							
Contact Number: 联系人电话		A					
Canada Arrival data and time: 入境加拿大日期	Date	日期:	)		Time 时间:		
Toronto Arrival date and time: 抵达多伦多时间	1	/	V				
Airline: 航空公司	4		Ň				7
Flight No.: 航班号						7	
Arrival Location: (please circle arrival location) 抵达多伦多机场的航站楼			_	on Airport			
Arrival Destination: 送达目的地				·			
Emergency Contact: 紧急联系人电话							
Office use only	Staff Responsible 员工使用:						
Health insurance ordered?	,	Yes		No			
Pick up arranged?	•	Yes		No			



Temporary residence arranged?	Yes	No	
-------------------------------	-----	----	--

