



RAPHAEL HOUSE
RUDOLF STEINER SCHOOL

INTERNATIONAL STUDENT HOMESTAY APPLICATION FORM

STUDENT DETAILS

Family Name: _____

First Name/s: _____ Preferred Name: _____

Date of Birth: ____/____/____ Gender: Male/Female (please circle)

Nationality: _____ First language: _____

Country of Citizenship: _____

Address in home country: _____

Mailing address (if different from above): _____

Home Phone: _____ Work Phone: _____

Email: _____ Fax: _____

Have you stayed with a Homestay family before? Yes/No

Please be give details: _____

Do you like being with younger children? Yes/No

Do you accept household pets (cats/dogs/birds) Yes/No

Are you allergic to any animals (cats/dogs/birds)?

YES/NO

Are you a vegetarian?

YES/NO

Are you allergic to any foods (dairy foods/eggs/peanuts)?

YES/NO

Are there any foods you don't like to eat? _____

Do you have a health problem? Yes/No (including eating disorder) (if yes please explain)

Do you suffer from Asthma or Hayfever Yes/No

Please advise any medications you are taking at present and for what medical conditions they apply to:

Are you willing to discuss problems openly with your host Family and accept their home rules?

YES/NO

Are you willing to participate in your homestay families activities?

YES/NO

Please list any Hobbies, Sports or favorite interests you may have or would like to be involved in:

Do you have a person to contact in New Zealand in case of emergency?

YES/NO

Name: _____

Phone no: _____

Relationship to you: _____

PARENTS/GUARDIANS UNDERTAKING

I hereby undertake with Raphael House Rudolf Steiner School Board of Trustees to observe the conditions and rules as outlined in this Enrolment Package so far as they affect me and the student enrolled.

Signed: _____ (Mother/Guardian) Date: _____

Signed: _____ (Father/Guardian) Date: _____

Please return this form with your 'Application for Enrolment Form' for processing