PO Box 234 Belair SA 5052 international@stjohns.sa.edu.au www.stjohns.sa.edu.au CRICOS Provider No 02301D

Secondary Campus and Administration +61 8 8278 2233



Homestay Application



Application

Please specify preferred the length of sta	dy			
☐ Long Term (6 months & over)	□Sh	ort Term (u	inder 6 months)	
To match you to a host family we would	like some info	rmation ab	out you. Please answer the follow	ing questions.
1. Name:				
2. Age:	☐ Male	\square Femal	e	
3. What languages do you speak at hom	e?			
4. Are you prepared to live in accommodation where there is more than one Homestay student?				
5. Are you prepared to travel?	☐ YES	□ NO		
6. Do you like pets (e.g. dogs and cats)?	☐ YES	\square NO		
7. Are you allergic to any animals?	☐ YES	\square NO		
If yes, which animal/s?				
8. Do you smoke?	☐ YES	\square NO		
9. Do you have any special dietary requirements? e.g. vegetarian				
10. Do you attend church regularly?	☐ YES	\square NO	Religious affiliation:	
11. What are your interests outside of so	chool?			
12. Are you prepared to abide by the rules of conduct for Homestay students and host families?				☐ YES ☐ NO
13. What experiences would you like to	share with you	ır Homesta	y family?	
14. Is there any other relevant information you would like to share with your Homestay family?				☐ YES ☐ NO

Learning to Soar