

HOMESTAY

STUDENT APPLICATION FORM

DATE OF APPLICATION: _____

AGENCY: _____

NAME OF REPRESENTATIVE _____

SCHOOL

SCHOOL BOARD: _____

SCHOOL: _____

ARRIVAL DATE: _____

DEPARTURE DATE: _____

ESL PROFICIENCY LEVEL OF STUDENT: Beginner Low-Intermediate High-Intermediate Advanced

PET ALLERGY NO YES:

DIETARY RESTRICTIONS: NO YES:

STUDENT PASSPORT INFORMATION

Last Name: _____

Date of Birth: _____
day / month / year

Given Name(s): _____

Age: _____

Citizenship: _____ Country of Birth: _____ Sex: M F

STUDENT PERSONAL INFORMATION

Preferred Name: _____ Gender: Boy Girl Non-Binary

Home Address: _____ My pronouns: _____

House # _____ Apt/Unit # _____ Street _____

City _____ Province/State _____

Postal code: _____ Country _____

First Language: _____

Home Telephone: () () _____
country code city code

Student Mobile Tel: () () _____
country code city code

Student E-mail: _____

Please send us a
head-shot photo
of yourself
(passport style)

Please indicate which messenger app you prefer to use for communication. If the app uses a mobile number other than the one provided above, please note it beside:



WhatsApp



WeChat



Line

Other:

EMERGENCY CONTACT: (should parents, agent, teacher be unavailable for consultation, who should we contact?)

Contact name: _____

Telephone number: () () _____ Email: _____
country code city code

Relationship: _____

Main language(s) spoken: _____ Speaks English? Yes No



HOMESTAY STUDENT APPLICATION FORM

FAMILY INFORMATION

Please clearly PRINT names as they appear on legal documents/passports

Names and Dates of Birth will be used to create legal custodial documents required for study permit.

PARENT #1: FAMILY Name: _____ Given Name(s) _____

Relationship to student: _____ Date of Birth: (day/month/year) _____ / _____ / _____

Occupation: _____

Address: same as student or _____

Home Phone: same as student or () () _____
country code city code

Mobile: () () _____ E-mail: _____
country code city code

PARENT #2: FAMILY Name: _____ Given Name(s) _____

Relationship to student: _____ Date of Birth: (day/month/year) _____ / _____ / _____

Occupation: _____

Address: same as student or _____

Home Phone: same as student or () () _____
country code city code

Mobile: () () _____ E-mail: _____
country code city code

Parents are: Married Common-Law Divorced Widowed

Student lives with: PARENT #1 PARENT #2 OTHER _____

If divorced, legal custody of the student resides with: PARENT #1 PARENT #2 OTHER _____

Parent who should receive communications: PARENT #1 PARENT #2 OTHER _____

SIBLINGS / OTHER FAMILY

Please list all other immediate family members living full time in the home, their ages, relationships and occupations.

NAME	DATE OF BIRTH (day/month/year)	RELATIONSHIP TO STUDENT APPLICANT	OCCUPATION / STUDY LEVEL

Did you attend a school in Canada Last year(s)? YES NO

If YES,

Which School Board:

Which Grade(s):

Reason for the change to a new school Board / MLI Homestay Program:

FAMILY & LIFESTYLE: Home away from home

NOTICE for students who will reside with a host family

Canada is a multicultural society, where - in accordance with the Canadian Charter of Rights and Freedoms - people of all cultures and ethnicity are welcomed and form an integral part of the culture of each community. Homestay families represent working and middle classes of their community. Families are selected based on their willingness to welcome a student into their home as a member of their family, offering shelter, meals, security, comfort...essentially everything equal to a "home away from home". Our families come from a variety of ethnic backgrounds and domestic configurations - from couples with children, to single parents or even childless couples or single adults. Regardless of how a family appears on paper or the size of home, you can be assured that your child will be well cared for in a comfortable and safe home, where English is a language spoken among the family members.

It is MLI Homestay policy to place up to two (2) students per family (3 students in select large urban areas) provided the students are of a different nationality/language group. Each student receives their own private bedroom and may or may not attend the same school. MLI Homestay will advise at time of placement if another student will be in the home, or will advise should a single placement change prior to arrival.

I/we understand this is the outline of the homestay programme, and that we cannot request a host family, or a change of host family, based on racial or cultural background.

Please sign below. Signatures represent understanding and acceptance of this policy.

Student: Parent #1: Parent #2:

FAMILY STYLE

Please rank in order of importance the following from 1 to 6 (1 = most important / 6 = least important).

NOTE: each rank number can only be used once

- | | |
|--|--|
| <input type="checkbox"/> Dual parents | <input type="checkbox"/> Proximity to school |
| <input type="checkbox"/> Host siblings (any age) | <input type="checkbox"/> Quiet family |
| <input type="checkbox"/> Pets in the home | <input type="checkbox"/> Active or Sporty family |

Do you smoke/vape?	YES	NO
Do you understand you must be willing to quit?	YES	NO (see side note)
Are you able live with a family that smokes <u>outside</u> ?	YES	NO

Have you ever lived away from home? YES NO
If yes, where _____ for how long? _____

For simple headaches, fever or other minor pain, the host family to administer the prescribed dose of:

Aspirin	Acetaminophen (Tylenol)	Ibuprofen (Advil, Motrin)
Plysporin	Antacid (Tums, Maalox, etc)	Cough Medicine
Throat Lozenges	Antihistamine (Sudafed, Benedryl)	

This is authorized by Parent #1: Parent #2:

Note: MLI Homestay will endeavour to match a host family to what is most important to you.

However, MLI Homestay **cannot guarantee** a match to all preferences.

BE TRUTHFUL. Misrepresentation may result in a required change of host family at a supplementary cost.

Note: In Canada, the legal age to purchase cigarettes / e-liquid is 18 or 19 years. Host families and other adults are legally forbidden to purchase cigarettes or e-liquid for under-age persons. Smoking is not permitted in host family homes.



HOMESTAY STUDENT APPLICATION FORM

HOST FAMILY
PLACEMENT

FOOD PREFERENCES / ALLERGIES

Which of the following statements apply to you:

I eat almost everything
I am open to trying new foods
I am not very adventurous with new food
I eat vegetables
I enjoy cooking
I have never cooked a meal for myself

I enjoy eating dinner as a family
I prefer a light breakfast
I don't eat breakfast at all
I love desserts
I am concerned about gaining weight
I do not eat red meat (Beef, Veal, Lamb)

What are your favourite foods: _____

Which foods will you absolutely NOT eat: _____

Do you have a PEANUT allergy: NO YES
Do you have other FOOD allergies: NO YES: _____
Do you have allergies to ANIMALS? NO YES: DOG CAT OTHER: _____
Explain if/why you have a MAJOR fear of any animal(s): _____

For any above allergies, do you require use of an Epi-Pen? NO YES

** SPECIAL DIETS **

ATTENTION:

- Supplementary Fees apply for special diets
- Not every dietary preference can be accommodated in each High School location. Be sure to confirm ahead of application!

Vegetarian Pescatarian Vegan Gluten-Free Halal Kosher Lactose-Free

I follow the above diet: by choice by medical requirement by religious requirement

Please provide below a sample 1 week meal schedule so we may see the kind of foods that support your diet.

	Monday	Tuesday	Wednesday	Thursday	Friday	Weekend
Breakfast						
Lunch						
Dinner						
Snacks						

Personality Traits: Please check those that apply to you

Active	Adaptable	Affectionate	Cheerful	Curious	Disorganized
Energetic	Humorous	Independent	Optimistic	Patient	Quiet
Relaxed	Serious	Shy	Sociable	Talkative	Tidy

I make new friends easily ☐ YES ☐ NO
 In new situations, I tend to: ☐ Worry or stress ☐ Embrace the challenge
 When speaking English I: ☐ Worry about mistakes ☐ Welcome correction
☐ Focus on grammar ☐ Just talk, however it comes out

Which aspects of this programme are you most excited about? _____

Which aspects of this programme most concern you? _____

Personal Habits at Home:

I like to wake up: ☐ Very early ☐ When I have to
 When I wake up I like: ☐ Silence ☐ To talk ☐ To listen to music
 As a family, we eat together at: ☐ Breakfast ☐ Lunch ☐ Dinner/supper
 On school nights I usually go to bed at: _____ pm _____ am
 My curfew on school nights is: _____ pm _____ am ☐ I don't have one
 My curfew on weekends is: _____ pm _____ am ☐ I don't have one
 Do you have your own bedroom: ☐ YES ☐ NO, I share with _____
 Do you tidy up and make your own bed? ☐ YES ☐ NO, my _____ does it
 Do you have a pet at home? ☐ YES, I have _____ ☐ NO

Please describe:

- > Household chores that you do: _____
- > Rules in your family: _____

What activities do you typically do with

- your parents: _____
- your siblings: _____
- your friends: _____

*Optional:

I belong to the following religion: _____ ☐ Active ☐ Non-Active
 I attend church/religious institution services ☐ Regularly ☐ On special holidays/events only
 I would like to attend religious services while in Canada: ☐ YES ☐ NO
 I am willing to attend these on my own: ☐ YES ☐ NO

My favourite sports are:

Badminton	Baseball/Softball	Basketball	Canoe/kayak	Curling
Cycling	Field Hockey	Football (American)	Golf	Horse Riding
Ice hockey	Martial Arts	Rugby	Running	Sailing
Skateboarding	Ski-Downhill	Ski-Xcountry	Snowboarding	Soccer
Swimming	Table Tennis	Tennis	Weightlifting	Wrestling

Other interests include:

Boating	Board Games	Camping	Cooking/Baking	Chess
Crafts	Computers	Dance	Debating	Drawing
Hiking	Knitting/Crochet	Movies	Music (Classical)	Music (Jazz)
Music (Pop)	Painting	Photography	Reading	Shopping
Sewing	Sightseeing	Singing	Theatre	Walking
Watching sports		Other:		

I play the following musical instruments: _____

I speak the following languages *other than English and my first language (per page 1)*: _____


SHOW US ABOUT YOURSELF

Photo Collage

Be CREATIVE!! (MAX 5MB) using 3 photos, show us and include a caption

1. About you and your family
2. Which sports, hobbies or other activities best illustrate your interests
3. What you and your friends like to do together







HOMESTAY STUDENT APPLICATION FORM

PARENT
STATEMENTS/LETTER

DEAR PARENT(S) - We are interested in your perspective about your child.

Generally speaking, do you permit your child to go out with friends

- on a school night	NO	YES:	Curfew to be home: _____
- on a weekend:	NO	YES:	Curfew to be home: _____

Does your child drink alcoholic beverages with your family: NO YES:

Does your child drink alcoholic beverages with friends: NO YES:

Does your child date regularly: NO YES

Does your child have a steady boyfriend/girlfriend? NO YES

If YES: how do you think your child will feel about being separated from their boyfriend/girl for the duration of their programme? _____

Does your child smoke cigarettes/vape e-liquid? NO YES

If YES: have you already spoken to him/her about the non-smoking aspect of this programme, and our expectation that he/she will quit? NO YES

Please write a **short letter** describing your child's personality, interests, relationships, future aspirations and home life. Feel free to add any other relevant information which may be helpful to a teacher or host family.

Parent name / e-signature

Date



HOMESTAY

STUDENT APPLICATION FORM

SCHOOL ACTIVITIES & HIGH RISK SPORTS

PARTICIPATION IN SCHOOL SPORTS, SCHOOL-ORGANIZED TRIPS AND OTHER ACTIVITIES

1. I/we authorize MLI Homestay and my/our child's homestay parents to approve and sign permission slips for any school sponsored field trips, sports teams and club activities.
2. Trips or activities that are organized outside of the school environment or which include extensive travel will require additional parental consent specific to that activity/trip.

HIGH RISK SPORTS/ACTIVITIES

MLI Homestay defines a high risk sport/activity as: *an activity or sport that carries a risk to personal safety and requires the training or development of skills to attain proficiency/safe participation. These sports or activities also involve external risk factors that may affect and/or harm the participant, regardless of their skill level.*

3. I/we understand that if my/our child is considering participating in a school-sponsored or otherwise arranged high-risk activity, MLI Homestay will do the first round of risk assessment and advise their decision for my/our child. Should the activity be deemed suitable, I/we will be notified (regardless of my/our approval below), and acknowledge that I/we may be asked to sign an additional waiver form specific to that the event or activity. I/we may choose at that time to decline or approve my/our permission.

Activity	Permission		Activity	Permission	
American Football	YES	NO	Rock Climbing - indoor	YES	NO
Canoe/Kayaking	YES	NO	Rock Climbing - outdoor	YES	NO
Downhill skiing	YES	NO	Snowmobiling	YES	NO
Snowboarding	YES	NO	Swimming - pool	YES	NO
Horseback riding	YES	NO	Swimming - natural water	YES	NO
Ice hockey	YES	NO	Waterskiing/Waterboarding	YES	NO
Mountain Biking	YES	NO	White Water Rafting	YES	NO
Rugby	YES	NO	Ziplining	YES	NO

NOTE 1: Any other high risk activities outside of this list will be advised in the event of a specific request.

NOTE 2: To participate in any activities, students must wear the appropriate safety clothing and equipment, including but not limited to, a CSA (Canadian Standards Association) Approved Helmet and/or Life Jacket.

Please indicate the proficiency level of your child in the following sports/activities:

Swimming:	non-swimmer	beginner	deep-end approved	
Downhill skiing:	non-skier	beginner	intermediate	expert
Snowboarding:	non-boarder	beginner	intermediate	expert

Comments: _____

4. If my/our child carries emergency medical insurance arranged independently of MLI Homestay or the school, I/we will ensure prior to granting any consent, that the sport or activity in which my/our child wishes to participate is fully covered by our insurance plan. A copy of this policy must be sent to MLI Homestay at mlisapps@mlihomestay.com.

Please initial in box. Initials represent understanding of point #6

Student:

Parent #1:

Parent #2:

Student Last Name(s): _____ **First Name(s):** _____

Date of Birth: _____ / _____ / _____ **Weight:** _____ **Height:** _____
day / month / year

EMERGENCY MEDICAL/DENTAL INSURANCE:

**** MANDATORY ****

All students must have adequate insurance coverage. Some school districts/schools require the student to be covered by the school issued insurance

Student will purchase insurance through:

MLI Homestay (unless mandatory through school)

On own* (unless mandatory through school)

* if on own - MLI Homestay will require a copy of the policy and student must have a credit card for up-front payments. The student must understand the process to apply for reimbursement.

ALLERGIES: Please list all allergies and the effects (if more, please provide on separate page):

Allergy	Reaction	Life-Threatening?		Medication
_____	_____	Yes	No	_____
_____	_____	Yes	No	_____
_____	_____	Yes	No	_____

Does student require use of an EPI-PEN for allergies?

Yes No

Can student self-inject an EPI-PEN if possible?

Yes No

Please list any medication(s) that the student should NOT take? _____

A. HISTORY OF ILLNESS

Does the student have, or has the student had, any of the following:

Illnesses/conditions:

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Appendicitis
<input type="checkbox"/>	<input type="checkbox"/>	Appendix removed
<input type="checkbox"/>	<input type="checkbox"/>	Asthma
<input type="checkbox"/>	<input type="checkbox"/>	Covid-19
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes
<input type="checkbox"/>	<input type="checkbox"/>	Diphtheria
<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis (any form)
<input type="checkbox"/>	<input type="checkbox"/>	Operation for Hernia
<input type="checkbox"/>	<input type="checkbox"/>	Malaria
<input type="checkbox"/>	<input type="checkbox"/>	Measles
<input type="checkbox"/>	<input type="checkbox"/>	Migraines
<input type="checkbox"/>	<input type="checkbox"/>	Mumps

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Parasites
<input type="checkbox"/>	<input type="checkbox"/>	Pertussis
<input type="checkbox"/>	<input type="checkbox"/>	Pneumonia
<input type="checkbox"/>	<input type="checkbox"/>	Poliomyelitis (Polio)
<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic Fever
<input type="checkbox"/>	<input type="checkbox"/>	Rubella (German Measles)
<input type="checkbox"/>	<input type="checkbox"/>	Scarlet Fever
<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis
<input type="checkbox"/>	<input type="checkbox"/>	Typhoid
<input type="checkbox"/>	<input type="checkbox"/>	Varicella (Chicken Pox)
<input type="checkbox"/>	<input type="checkbox"/>	Vertigo/Dizziness
<input type="checkbox"/>	<input type="checkbox"/>	>> Other

Disease, impairment or abnormality of:

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Blood or Endocrine System
<input type="checkbox"/>	<input type="checkbox"/>	Bones or Joints
<input type="checkbox"/>	<input type="checkbox"/>	Brain or Nervous System
<input type="checkbox"/>	<input type="checkbox"/>	Ears or Hearing
<input type="checkbox"/>	<input type="checkbox"/>	Eyes or Sight
<input type="checkbox"/>	<input type="checkbox"/>	Genito-Urinary System
<input type="checkbox"/>	<input type="checkbox"/>	Heart or Blood Vessels
<input type="checkbox"/>	<input type="checkbox"/>	Lungs, Respiratory System
<input type="checkbox"/>	<input type="checkbox"/>	Other Abdominal Organs
<input type="checkbox"/>	<input type="checkbox"/>	Skin (Acne, Eczema, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	Stomach/Digestive System
<input type="checkbox"/>	<input type="checkbox"/>	Tonsils, Nose or Throat

Please give a full description of any condition listed as YES, providing details for care/treatment and/or date of illness/last episode. A separate sheet can be attached:

B. MENTAL & EMOTIONAL HEALTH

The mental and emotional well-being of students is of extreme importance to MLI Homestay. As custodians of the student, we need to meet the needs of each student at the academic, social and homestay level. Failure to disclose emotional or mental issues that affect your child is not only a disservice to everyone involved, but may lead to a withdrawal from our programme if the care of your child is found to be greater than what can be provided within our programme. We ask for honesty so we can accurately confirm support.

1) Has the student ever been tested for or diagnosed with a Cognitive Learning condition such as:

Yes	No		Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	ADD - Attention Deficit Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Dyslexia	<input type="checkbox"/>	<input type="checkbox"/>	Other:
<input type="checkbox"/>	<input type="checkbox"/>	ADHD - Attention Deficit Hyperactivity Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Disgraphia	<input type="checkbox"/>	<input type="checkbox"/>	

2) Does the student suffers from or has/is received counselling for:

Yes	No		Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Anorexia Nervosa	<input type="checkbox"/>	<input type="checkbox"/>	Bulimia Nervosa	<input type="checkbox"/>	<input type="checkbox"/>	Orthorexia
<input type="checkbox"/>	<input type="checkbox"/>	Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	Depression	<input type="checkbox"/>	<input type="checkbox"/>	Post traumatic stress Disorder
<input type="checkbox"/>	<input type="checkbox"/>	Asperger's Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	Drug or alcohol dependency	<input type="checkbox"/>	<input type="checkbox"/>	Premenstrual Dysphoric Disorder
<input type="checkbox"/>	<input type="checkbox"/>	Avoidant/Restrictive food intake disorder	<input type="checkbox"/>	<input type="checkbox"/>	Gender Dysphoria	<input type="checkbox"/>	<input type="checkbox"/>	Severe mood swings
<input type="checkbox"/>	<input type="checkbox"/>	Bipolar Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Obsessive-Compulsive Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Tourette Syndrome
<input type="checkbox"/>	<input type="checkbox"/>	Any other mental, emotional or behavioural condition: _____						

3) Has the student ever inflicted or tried to inflict self-injury (suicide attempt, cutting) No Yes

4) Has the student experienced any personal traumatic events that may cause emotional or behaviour issues (ex. divorce, severe illness or death in the family or of a friend, personal accident) No Yes:

If any above is YES, a supplemental MLI Homestay Medical Details form will be required to provide full details, treatment plan and medications required currently and while in Canada. MLI Homestay reserves the right to impose conditions to a student's accept based on required support.

C. MEDICATION & PHYSICAL ACTIVITY

1) Other than medications for allergies already listed, is the student currently taking medication that will be required to be taken also in Canada? Please ensure all medications come with original label, dosage instructions and a translation into English.

No Yes:

Name of medication	Is this prescription? or available in store?	Dosage

2.) **Recommendation for general physical activity?**

Full physical activity with no issue or modifications

Modified activity because of _____

Parent name / e-signature _____

Date _____

The following **Student Code of Conduct and Participation Agreement** has been established by MLI Homestay and its partners as minimum standards of participant conduct (Rules and Regulations). The full "Terms and Conditions" of our programme are on pages 13-15 and must also be read and signed; the conditions highlighted below are the key points that are most crucial to a student's success in our programme.

ILLEGAL ACTIVITY

student parent1 parent2
please initial once read: ☐ ☐ ☐

The following are behaviours and laws that have a zero tolerance for disobedience. **Failure to obey may result in strict discipline, police involvement and/or withdrawal from the programme with no refund.**

I, _____ understand and agree to abide by ALL LAWS OF CANADA (even if unlisted here). I understand and agree that:

1. **I will not purchase or consume alcohol.** The purchase, use or possession of alcohol is illegal for persons under the age of 19 (18 in some provinces) and is therefore prohibited. I will not ask an adult (person over the legal age) to purchase alcohol on my behalf as this is also illegal.
2. **I will not purchase or consume illegal drugs.** The purchase, use or possession of any type of illegal drugs and/or the **abuse of prescription or non-prescription medications** is extremely dangerous and illegal in Canada, and is strictly forbidden.
3. **I will not purchase or consume cannabis.** The purchase, use or possession of cannabis in any form is illegal for persons under the age of 19 (18 in some provinces) and is therefore prohibited to MLI Homestay students. I will not ask an adult (person over the legal age) to purchase cannabis, in any form, on my behalf as this is also illegal.
4. **I will not enter into a nightclub/disco/bar** or other establishment that requires patrons to be over the legal drinking age. I will not **use false identification** as this is fraud.
5. **I will not smoke/vape** as this is not permitted on school property or inside any public building or host family home. Purchase of cigarettes or e-liquid/ e-juice is illegal for persons under the age of 19 (18 in some provinces) and is therefore prohibited to MLI Homestay students. I will not ask an adult (person over the legal age) to purchase cigarettes or e-liquid/e-juice on my behalf.
6. **I will not steal** any property from a store or person as this is illegal in Canada.
7. **I will not willfully deface or vandalize** public or personal property as this is illegal in Canada and I will be responsible to pay for damages
8. **I will not engage in violence, aggression, harassment or bullying** (physical or cyber) toward anyone in Canada. Harassment can be a single incident or a series of incidents including words, online posts, acts or gestures of a malicious, abusive or defamatory nature directed at a person or a group of persons for reasons of: academic ability, age, sex, sexual orientation, disability, economic status, language, race, ethnicity, religion, appearance or colour

I, _____ also agree to:

SCHOOL, HOMESTAY & GENERAL BEHAVIOUR

please initial once read: ☐ ☐ ☐

9. Obey the rules and regulations of MLI Homestay, my school and my host family. I understand I am a guest in Canada and an ambassador for my country, culture and family.
10. Respect the privacy and integrity of MLI Homestay staff, all teachers and school staff, homestay members, homestay programme staff and my peers by accepting and behaving politely toward them regardless of their race; national or ethnic origin; colour; religion; gender; age; mental disability; physical disability; and/or sexual orientation, all in accordance with the Canadian Charter of Rights and Freedoms. I will positively accept cultural differences and strive to make the best out of my programme. I know that being part of a Canadian family and school is an important aspect of this programme so I must engage fully with all family members, school teams and new friends, so that I can get to know them, and they can get to know me.
11. Attend school on a daily full-time basis and attend all classes as per my class timetable. Any legitimate day absences (ie. illness) must be explained via the prescribed school channels by my host parent and I understand that continued truancy may result in school discipline and eventual dismissal from my school as per the school/school board international student policies.
12. Make a consistent and determined effort in my school work, meet homework, test and exam expectations and maintain an acceptable academic standing (minimum 60%). I understand and agree that I am in Canada to succeed in my academic programme to my full potential, and will also be governed by the school/school board participation agreements and requirements.



MLI HOMESTAY PROGRAMME

STUDENT CODE OF CONDUCT AND PARTICIPATION AGREEMENT

13. Refrain from being a passenger in a vehicle if the driver is under the age of 25 and/or refrain from driving ANY motorized vehicle. A motorized vehicle in both instances includes car, moped, scooter, dirt-bike, snowmobile, ATV, Sea-doo, other watercraft or any other motorized or battery-operated vehicle.
14. Refrain from using ride-share vehicles including taxi, Uber, Lyft etc. Only exception is if Uber in the student's community offers the new **Teen Account**. Students may use Uber Teen provided they activate the account and allow ride tracking.

student parent1 parent2

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

CHARACTER REPRESENTATION

please initial once read:

15. My application is a true representation of me, my behaviours, my beliefs and my physical, emotional and mental health. Misrepresentation may result in an inappropriate homestay placement. If I must be moved to a new homestay as a result of this misrepresentation (example: hiding health challenges, not advising of pet or other allergies), I understand that I/my natural parents will be responsible for any administrative fees to secure a different host to be more suitable to my needs.

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

COMMUNICATION

please initial once read:

16. Promptly return calls/texts or messages from my host family or local coordinator.
17. Reach out to my host family, local coordinator, Student Care Supervisor and/or school staff when I face challenges and will communicate with my support group calmly and respectfully, no matter how small or big the challenge is, to come to a positive resolution for all parties. I understand that I must comply with this if the resolution is a result of a fair process.
18. Maintain regular, respectful and timely communication with my host family, especially regarding after school or weekend plans and/or travel outside of the home. I understand that I must plan ahead and must always FIRST seek and receive permission to travel, especially out of my community, via the MLI Homestay Travel Protocols. Depending on the nature of the travel request, my coordinators may need to seek permission from my natural parents.
19. I understand that I am not permitted to travel overnight and/or out of my town without an adult over the age of 25 and that for any approved travel plans, I am financially responsible.

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

SOCIAL MEDIA

please initial once read:

20. When posting pictures, messages or comments on any social media site (including but not limited to Facebook, Twitter, Instagram, Snapchat, Line, etc), I will respect personal honour and NOT post negative or hurtful messages/photos of my peers, my or anyone's host family, school staff, and MLI Homestay staff
21. I will NEVER agree to personally meet any person/new friend met online, in chatrooms, or other media sites

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

FULL TERMS AND CONDITIONS - PAGES 13-15

please initial once read:

22. In addition to this Student Code of Conduct and Participation Agreement, I acknowledge that I have read and understand the full Terms and Conditions for this programme as found on pages 13-15, which constitute the full outline of expectations and policies for the MLI Homestay High School Programme.

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

PARENTAL AGREEMENT

please initial once read:

23. I/we permit MLI Homestay to use any photographs, images or videos of my/our child in their promotional materials.
24. I/we hereby waive, release and absolve and agree to indemnify and save harmless MLI Homestay, the Host Family and the school officials from all liability arising from my/our child's participation in the High School programme, except such as results solely from its or their wilful neglect or wilful default.
25. I/we agree to provide sufficient funding for my/our child's personal spending and travel expenses.
26. I/we agree that all the information in the application is true to the best of my/our knowledge and that any falsification of information may lead to the dismissal of my/our child from the programme.

I agree to the Student Code of Conduct and Participation Agreement (pages 11-12), as well as the Full Terms and Conditions (pages 13-15) as set forth by MLI Homestay:

Name of student: _____ Dated: _____

Signed by: _____ / _____ / _____
(Participating student) (Parent #1) (Parent #2)

HIGH SCHOOL PROGRAMME IN CANADA

TRAVEL REQUEST – GREEN

OPEN WAIVER – TO BE FILLED OUT ONCE BY PARENTS AT START OF PROGRAMME. WILL APPLY FOR DURATION OF STUDENT’S PROGRAMME.

I/We the parents of _____, understand that by signing this general open waiver, I/we permit my/our child to arrange the following trips **with no further authorization needed from me/us as parent(s)** We understand that my/our child will be responsible for any fees associated with the planned travel.

NOTE:

Any trips that have a travel cost greater than **\$500 CAD** will be moved to the ORANGE level and will require Natural Parental Permission.

WITH WHOM	TYPE	WHERE
With the Host family	Day Trip or Overnight*	In Community & Out of Community within Canada
With the School	Day Trip or Overnight	In Community & Out of Community within Canada
With CISS MLI or MLI HOMESTAY and/or Local Coordinator		
With a Local Club (sport, art etc)	Day Trip or Overnight	In Community & Out of Community within Canada
On own/with friends	Day Trip	In Community
Friends of Natural Family/ Family Relatives**	Day Trip or Overnight	In Community & Out of Community within Canada

**Overnight trips with Host Family may include unique trips, or regular visits to a family cottage or relative’s home.*

*** upon first request, a separate general waiver will be provided for natural parents to authorize visitation with this family friend/relative. Subsequent requests for visitation for same family friend/relative will be considered green and authorized by CISS MLI or MLI HOMESTAY Head office.*

Please sign and send back this page to your agency and/or CISS MLI or MLI HOMESTAY

Signature Parent 1: _____	Date: _____
Signature Parent 2: _____	Date: _____
Student’s signature: _____	Date: _____

HIGH SCHOOL PROGRAMME IN CANADA

TRAVEL REQUEST – YELLOW

LIMITED WAIVER – TO BE FILLED OUT ONCE BY PARENTS AT START OF PROGRAMME. WILL APPLY FOR DURATION OF STUDENT'S PROGRAMME.

I/we the parents of _____, understand that by signing this general limited waiver, I/we permit my/our child to arrange the following trips **with prior permission from the host family and/or the CISS MLI or MLI Homestay Head Office or local coordinator /AYPC (within the timeframe and format stated)**

WITH WHOM	TYPE	WHERE	STUDENT TO REQUEST PERMISSION			
			HEAD OFFICE	HOST FAMILY	HOW	WHEN?
On Own /With Friends	Day Trip	Out of Community*	x	x	Online TRF	2 working days prior
	Overnight	In Community –SLEEPOVER**	x	x	Email/text to LC/ AYPC	2 working days prior
With a local club (sport, art etc)	Overnight	Out of Community	x		Online TRF /Club Permission Form	2 working days prior

*Conditions for travel On Own/With Friends, Out of Community	<p>Students MUST adhere to the following travel conditions.</p> <p>Failure to abide will result in this privilege being revoked by MLI HOMESTAY</p> <ul style="list-style-type: none"> Must travel on public transportation that is frequent and reliable May NOT travel in car driven by person under age of 25, or in a taxi/uber/Lyft etc Must communicate plan clearly with host family and MLI HOMESTAY – including where going, with whom <ul style="list-style-type: none"> Bus / train number +To and From To include time of departure and time of arrival back home To include full name and phone number of friends who are travelling with them Must be back at host family home by 20:00 (or receive <u>PRIOR</u> MLI HOMESTAY and Host Family permission if event will be later) Must plan travel well – NOT wait for last bus/train back May NOT miss school
** Conditions for With Friends, In Community, Sleepover	<p>Requests for a SLEEPOVER must meet the following criteria to be approved.</p> <ul style="list-style-type: none"> Student must submit email/text request to LC/AYPC 2 days in advance with details of sleepover family <p>Message must include the following for consideration and approval:</p> <ol style="list-style-type: none"> Name of student who has invited you to sleep over Name, address and telephone # /email of adult/parent where you will be sleeping Indicate sleepover family is... <ol style="list-style-type: none"> An approved CISS MLI family (ie. Friend is another CISS MLI student) An approved host family from another reputable Homestay Company (ie. Friend is international student from different organization) A local family who has agreed to host (ie. Friend is a local Canadian) Will there be an adult home during the night Have you already talked with your own host family about this and received their agreement? What is your plan to get there/home?

Please sign and send back this page to your agency and/or CISS MLI or MLI HOMESTAY

Signature Parent 1: _____	Date: _____
Signature Parent 2: _____	Date: _____
Student's signature: _____	Date: _____

HIGH SCHOOL PROGRAMME IN CANADA

TRAVEL REQUEST FORM REQUIRED - ORANGE

THE FOLLOWING TRAVEL REQUESTS REQUIRE NATURAL PARENTAL PERMISSION FOR EACH REQUEST.

A TRF (Travel Request Form) must be submitted by the student within the appropriate timeframe, and will require Natural Parental Permission, within the appropriate timeframe, to allow the student to travel as per each individual plan.

It is the student's responsibility to monitor the timelines for submitting travel plans, to allow CISS MLI or MLI HOMESTAY to arrange the required permissions. Last-minute travel requests may not be accepted.

WITH WHOM	TYPE	WHERE	STUDENT TO REQUEST PERMISSION			
			HEAD OFFICE	NATURAL PARENTS	HOW	WHEN?
On Own with friends of the Natural Family or Extended Family/Relatives*	Day Trip or Overnight	Out of Province or Out of Canada	x	x	Online TRF	10 Working Days Prior
With a local club (sport, art etc)	Overnight	Out of Province or Out of Canada	x	x	Online TRF Club Permission Form	
ANY TRAVEL (except On Own or With Friends)	Day Trip** or Overnight	Out of Province or Out of Canada	x	x	Online TRF	

**Upon first request, a general waiver will be provided for natural parents to authorize visitation with this family friend/relative. Subsequent requests for visitation for same family friend/relative will be considered green and authorized by CISS MLI or MLI HOMESTAY Head office.*

***For any student living in a city that borders the USA (ie. Windsor, Thunder Bay, Vancouver) in which the host family regularly travels to the USA for shopping, entertainment etc, a separate waiver may be arranged to allow for a more open permission to allow cross-border travel by the host family and/or the school.*

HIGH SCHOOL PROGRAMME IN CANADA

TRAVEL NOT PERMITTED - RED

THE FOLLOWING TRAVEL IS NOT PERMITTED UNDER THE CISS MLI and MLI HOMESTAY PROGRAMME

WITH WHOM	TYPE	WHERE
On Own	Overnight	<p>In Community</p> <p>Exception: a <u>pre-approved</u> arrangement for a sleepover (see Yellow Level). <i>For the safety of all participants, students MAY NOT simply choose to stay overnight at another home without prior approval from CISS MLI / MLI HOMESTAY and/or their host family.</i></p>
	Day Trip or Overnight	<p>Out of Community</p> <p>Out of Province or Out of Canada</p>
With Friends	Overnight	<p>Out of Community</p> <p>Exception: a <u>pre-approved</u> arrangement for a sleepover that includes adult parental supervision (see Yellow Level).</p>
	Day Trip or Overnight	<p>Out of Province or Out of Canada</p>



HIGH SCHOOL PROGRAMME IN CANADA

TRAVEL REQUEST FORM - BLUE

**** APPLIES TO STUDENTS STUDYING IN: Catholic District School Board of Eastern Ontario, Upper Canada District School Board, Ottawa Catholic District School Board, and Ottawa Carleton School Board in Ontario**

OPEN WAIVER – TO BE FILLED OUT ONCE BY PARENTS AT START OF PROGRAMME. WILL APPLY FOR DURATION OF STUDENT'S PROGRAMME.

I/We the parents of _____, understand that by signing this general open waiver, I/we permit my/our child to arrange the following trips out of province **with no further authorization needed**, provided they are travelling with an accompanied adult over the age of 25. We understand that my/our child will be responsible for any fees associated with the planned travel.

NOTE:

Any trips that have a travel cost greater than **\$500 CAD** will be moved to the ORANGE level, and will require Natural Parental Permission.

WITH WHOM	TYPE	WHERE
With the Host family	Day Trip Overnight	Cross border province (ONTARIO/QUEBEC)
With the School	Day Trip or	
With CISS MLI and/or Local Coordinator	Overnight	

Travel on own with friends is not permitted. Students must be accompanied out of province by adult 25 years+.

Please sign and send back this page to your agency and/or CISS MLI or MLI HOMESTAY

Signature Parent 1: _____	Date: _____
Signature Parent 2: _____	Date: _____
Student's signature: _____	Date: _____

HIGH SCHOOL PROGRAMME IN CANADA

SKI/SNOWBOARD ACTIVITY WAIVER

WARNING, ASSUMPTION of RISK, LIABILITY RELEASE, INDEMNITY and HOLD HARMLESS AGREEMENT

PLEASE READ CAREFULLY BEFORE SIGNING.

THIS IS A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS.

Student's Name	(Hereinafter referred to as 'Student')
----------------	--

SKIING/SNOWBOARDING



Students who check this box are confirming they have indicated their ski level on the MLI CISS application form, and therefore will be permitted to have a blanket waiver for ski/snowboard season in their community by signing this form. Any waivers required by the ski hills directly will also require natural parents' signature.

Downhill skiing: ___ non-skier ___ beginner ___ intermediate ___ expert

Snowboarding: ___ non-boarder ___ beginner ___ intermediate ___ expert

Note: For students who are beginner level or trying ski/snowboard activity for the first time: they MUST get at minimum 1 lesson at the ski hill (at their cost). This is a requirement for them to ski/snowboard. They must also never go alone to the hill – always with their host family or other responsible adult

PARTIES:

"The Undersigned" applies to both the Student and the Student's parent or legal guardian when the Student is under the age of 18.

The Undersigned agree and understand that the Activity has the potential to be HAZARDOUS AND INVOLVE THE RISK OF PHYSICAL INJURY OR DEATH.

The Undersigned agree and understand that there are risks associated with strenuous physical exertion and with participating in the Activity, injuries and/or death may result from engaging in the Activity. The Undersigned agree and understand that risks include, but are not limited to: use of equipment and ropes, equipment failure, improper use of equipment, slipping, falling, natural and manmade hazards, surface and environmental conditions, changing weather conditions, uneven and/or slippery conditions, the condition of the Student, dehydration, and high elevation.

In consideration for allowing the Student to participate in the Activity, the Undersigned hereby assume all



HIGH SCHOOL PROGRAMME IN CANADA

risks associated with the Student's participation in the Activity. Additionally, The Undersigned AGREE TO HOLD HARMLESS, RELEASE, DEFEND AND INDEMNIFY CISS Inc., MLI Inc., MLI Homestay Inc., all of their employees and coordinators, the sending organization/agency, the school in which the Student is placed, and the family with whom the Student resides (each referred to hereinafter as a "Released Party") from any and all liability and/or claims for injury or death to persons or damage to property arising from the Student's participation in the Activity, including those claims based on any Released Party's alleged or actual NEGLIGENCE or BREACH OF any express or implied warranty.

By signing this release, the Undersigned agree NOT TO SUE any Released Party and agree they are releasing any right to make a claim or file a lawsuit against any Released Party. The Undersigned further AGREE TO DEFEND AND INDEMNIFY each Released Party for any and all claims of the Undersigned and/or a third party arising in whole or in part from the Student's participation in the Activity. The Undersigned agree to pay all costs and attorney's fees incurred by any Released Party in defending a claim or suit brought by or on behalf of the Undersigned.

In the case of a minor Student, the undersigned parent or legal guardian acknowledges that he/she is also signing this release on behalf of the minor Student and that the minor Student shall be bound by all the terms of this release. Additionally, by signing this release as the parent or legal guardian of a minor Student, the parent or legal guardian understands that he/she is waiving certain rights on behalf of the minor that the minor otherwise may have. The undersigned parent or legal guardian agrees that but for the foregoing, the minor Student would not be permitted to participate in the Activity.

By signing as the parent or guardian of the Student, the Undersigned assumes representation as the legal parent or guardian of the minor Student AND ACCEPTS FULL RESPONSIBILITY.

This release shall be binding to the fullest extent permitted by law. If any part of this release is deemed to be unenforceable, the remaining terms shall be an enforceable contract between the parties. This release shall be binding upon the assignees, subrogors, distributors, heirs, next of kin, executors and personal representatives of the Undersigned.

I HAVE CAREFULLY READ THE FOREGOING LIABILITY RELEASE, UNDERSTAND ITS CONTENTS, AND AM AWARE THAT I AM RELEASING CERTAIN LEGAL RIGHTS THAT I OTHERWISE MAY HAVE.

Please sign and send back this page to your agency and/or CISS MLI, MLI HOMESTAY

Parent Signature: _____

Parents Full Name: _____

Date: _____