

Homestay Request Form for International Students

Thank you for choosing Hamilton Homestay Services (HHS). Please complete this form and return it along with a photo of you (the student) to hamiltonhomestayservices@gmail.com. The information you provide will help us match you with a suitable host family.

Section 1: Student Information						
Full name:	English name / Preferred name to	be called: Gender:				
Date of birth (dd/mm/yyyy):	Nationality / Ethnicity:	Home city and country:				
Languages spoken:	Religion (if applicable	:):				
Contact number (NZ preferred, if no then prov	vide overseas number): Email add	ress:				
Section 2: Education Information						
Name of school / education provider (Hamilton, New Zealand only):						
Course(s) enrolled:	Expected start date of study:	Expected end date of study:				
Main contact person at school:	Position / Title:					



Contact number:	Email address:						
Section 3: Emergency Contact							
Full name:	Relationship to the student:						
Address:							
Contact number (NZ preferred, if no then provide overseas	s number): Email address:						
Section 4: Parent / Legal Guardian Consent (for students under 18)							
Declaration: * I confirm that I have given consent for my child to submit this application and stay in a homestay arranged by HHS.							
Parent / Legal guardian full name:							
Signature:							
Section 5: Homestay Preferences and Requirements							
Flight number and expected arrival date (if known):	Homestay start date: Homestay end date:						
Do you have any food allergies or special dietary requirement (No (normal diet))	Yes (please answer the next question)						

If you have any dietary restrictions, please provide details (e.g. vegetarian, gluten-free, lactose-free, food allergies, restricted food items):



If you are a vegetarian or vegan, are you okay living with a family who eats meat?					
Yes	No				
Do you need the host family to provide school transport?					
Yes					
No					
Depends (I can walk, bike, or take bus to/from school if the home is	s near)				
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Are you comfortable living with dogs?					
Yes	No				
Are you comfortable living with cats?					
	No				
Yes	No				
What are the types of pets that you like or dislike?					
Do you have allergies to animals?					
Yes	No				
Tes	INO				
If you are allergic to animals, please describe how serious it is and wh	nat symptoms you experience:				
Do you smoke or vape?					
Yes	No				
If you have any special needs for cultural or religious practices (e.g. prayer space, special routines), please specify:					
Do you have any medical conditions or disabilities? If yes, please spec	cify:				
Are you currently taking prescribed medication? If yes, please specify	y:				
Do you have any allergies to medications? If yes, please specify:					



What is your English level?

- Level 0 I cannot communicate in English.
- Level 1 I can use simple words and phrases, but I need people to speak slowly for me to understand.
- Level 2 I can use full sentences and some varied vocabulary. People usually understand me, but I sometimes need them to repeat or slow down.
- Level 3 I can communicate independently in most situations. I can express my ideas clearly and handle everyday conversations.
- Level 4 I can speak and understand English confidently, including complex topics and discussions.

Tell us about yourself: your hobbies and interests, your personality, and anything about you that you would like the host family to know.
Do you have any experience living or studying overseas, or any previous homestay experience? Please describe:
Do you have any other specific requests or preferences about the type of host family you wish to live with?
Section 6: Declaration

- I declare that I will hold a valid student visa upon arrival in New Zealand.
- I confirm that the information provided above is true and correct. I will notify HHS if any details change.
- I understand my personal information and photo may be shared with host families and relevant third parties solely for the purpose of arranging accommodation.
- I authorise HHS to contact my emergency contact in the event of an emergency.

Student full name:	Student signature:	Date:			
		Day	Month	Year	

