

HOROWHENUA COLLEGE



FAMILY INFORMATION

Each of our overseas students is placed with a Kiwi family and becomes a family member for the duration of their stay with us or stays (or boarding). This gives the security of a family for support, and greater exposure to culture and customs in New Zealand. We visit and assess homestays as being suitable for students. To help us select a suitable homestay for you, please supply us with the following details. A copy of this sheet is given to your future homestay. Please note that we cannot guarantee a certain type of family.

Are you living with (*please tick*) both parents mother only father only other, specify:

If you are not living with both parents, who is your legal guardian?

mother only father only other, specify:

Do you have brothers and sisters? Yes No

Name and age of sisters: _____

Name and age of brothers: _____

Which other family members live with you in the same house? Grand-parents other

Your religion (*please tick*)

Protestant Catholic Muslim Jewish other none

Are there any special requirements of your religion?

In short, please tell us something about the quality of your family life. What do you do together as a family?

Please tick the foods you enjoy to eat:

- | | | | | |
|--------------------------------|-------------------------------------|-------------------------------------|---------------------------------|-----------------------------------|
| <input type="checkbox"/> Pork | <input type="checkbox"/> Veal | <input type="checkbox"/> Chicken | <input type="checkbox"/> Fish | <input type="checkbox"/> Barbecue |
| <input type="checkbox"/> Rice | <input type="checkbox"/> Potatoes | <input type="checkbox"/> Vegetables | <input type="checkbox"/> Salads | <input type="checkbox"/> Fruit |
| <input type="checkbox"/> Sushi | <input type="checkbox"/> Asian Food | <input type="checkbox"/> Fast Food | <input type="checkbox"/> Pizza | <input type="checkbox"/> Cereals |

Other: _____

Please note: this serves only as an indication. Host families will serve the foods they like to eat and the student is expected to eat whatever the host family finds suitable and acceptable according to their own taste.

Are you a vegetarian? Yes No

Are there any foods you do not eat? No Yes, specify: _____

Are there any allergies against foods? No Yes, specify: _____

Do you have or have you ever had an eating disorder/anorexia/bulimia? _____

What else should we know about your eating habits? _____

Do you smoke? Yes No

Smoking is not permissible. It is illegal for minor age students to purchase cigarettes and other tobacco items and to consume them.

Activities (please tick activities you like and cross out activities you dislike):

- | | | | | |
|------------------------------------|--|-----------------------------------|--|---|
| <input type="checkbox"/> Computers | <input type="checkbox"/> Reading Books | <input type="checkbox"/> Studying | <input type="checkbox"/> Watching TV | <input type="checkbox"/> Shopping |
| <input type="checkbox"/> Swimming | <input type="checkbox"/> Basketball | <input type="checkbox"/> Soccer | <input type="checkbox"/> Theatre & Musical | <input type="checkbox"/> Cooking & Baking |

What other sports do you play? _____

What other hobbies do you have? _____

What interests do you have? _____

What musical instrument do you play (*if any*)? Tick instruments you play.

- Guitar Piano Violin Flute Singing

Other instruments: _____

Do you like pets (animals)? (*Please tick if you like*):

- Dogs Cats Birds Horses Farm Animals

Other animals: _____

Are there any allergies against animals? No Yes, specify: _____

What else do we need to know about your homestay? Please consider that this is not a wish list.

HEALTH INFORMATION

Please answer the following questions (by ticking the appropriate boxes) so that we have a record of any health concerns. If you have a medical problem we will supply this information to New Zealand doctors. Relevant health information is given to the homestay parents. Untruthful information will jeopardise your programme participation.

1. **Immunisation**

Please provide a copy of your scanned immunisation record. You must have valid immunisation against Polio, Tetanus, Pertussis, Diphtheria, Mumps, Measles, Rubella and Hepatitis A & B.

2. **Health History**

Have you had any of these medical problems?

- | | | | |
|-----------------------------------|--|--|------------------------------------|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Serious illness | <input type="checkbox"/> ADS |

If you have ticked any of these boxes please give details below. You may have to supply a medical report.

3. Do you have problems with either of the following?

- Ears / Hearing Eyesight / Vision (*excluding glasses*)

If you have ticked either of these boxes give details below:

4. Are you allergic to any medication? Yes / No If yes, please explain.

5. Are you on any long term medication? Yes / No If yes, please state what:

6. Have you ever had mental health problems or eating disorders? Yes / No If yes, please state what:

7. Does the student have any other medical problems?
