

ICA International College of Auckland

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HOMESTAY APPLICATION FORM

Refer Start Date ____ / ____ / ____ Weeks of Study: _____

PERSONAL DETAILS

Family Name: _____

Given Name: _____

Male Female

Date of Birth: ____ / ____ / ____
Day Month Year

Nationality: _____

Address: _____ City: _____

Business Tel: _____ Fax No: _____

E-Mail: _____

Name and Address of Next of Kin (For emergency only):

Home Tel: _____ Business Tel: _____

Fax Number: _____

PASSPORT DETAILS

Name that appears on your passport: _____

Nationality: _____ Passport Number: _____

Expiry Date: _____

VISA DETAILS

Visa Type: Student Visitor Working

TYPE OF COURSE

- Certificate in General English
 Certificate in Academic English
 New Zealand Diploma in Business
 National Certificate in Horticulture (Level 4)

HOW DID YOU HEAR ABOUT INTERNATIONAL COLLEGE OF AUCKLAND?

- Friend NZ Embassy
 Agency Other _____ (Name of Introducer/ Agent)

DO YOU WANT AIRPORT PICK UP?

Yes No Arrival Date _____

Arrival Time in NZ: _____ AM PM

Flight No: _____ Depart from: _____

TYPE OF ACCOMMODATION

- Homestay Family Own house
 Other (if so, WHAT?) _____

INSURANCE

Does the student have Medical Insurance?

Yes No

Does the student have Travel Insurance?

Yes No

EVIDENCE OF ENGLISH ACHIEVEMENT (e.g. IELTS)

Does the student have evidence of English level achievement?

Yes No

OFFICE USE ONLY

Date received:

Student ID:

Please ensure you have read the cancellation policy in our brochure

Do you want us to find you a homestay? Yes No

If YES, please complete and return Homestay Application Form below

Weeks of Homestay: From: ____ / ____ / ____ To: ____ / ____ / ____

Personal Details

Do you smoke? Yes No

Do you require any special food? Yes No

Are you a Vegetarian? Yes No

Foods you can not eat: _____

Do you have any health problems or allergies?

No Yes (please give details) _____

Religion: _____ Occupation: _____

Hobbies and Interests: _____

Homestay Details

Do you want a host family that has children? Yes No Don't mind

Do you want a host family that smokes? Yes No Don't mind

Do you want a host family that has pets? Yes No Don't mind

What pets don't you like? _____

Is there any religion you prefer?

No Yes (please write preferred religion) _____

I don't want to live with a _____ family

I do want to live with a _____ family (state preference)

STUDENT SIGNATURE:

GUARDIAN SIGNATURE (if under 18 years):

DATE: ____ / ____ / ____
Day Month Year

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