

Form 6.30: Student Homestay Placement Registration

FAMILY NAME

FIRST NAME

Male/Female:	Date of Birth
Nationality:	Mobile:

PARENT/GUARDIAN NAME

Mobile:

PARENT/GUARDIAN HOME ADDRESS

Phone:	Fax:	Email:

SCHOOL ATTENDING IN NEW ZEALAND

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IMMIGRATION DETAILS

Arrival date:	Departure date:
Passport No:	Visa expiry date:

HEALTH

Allergies:
Special diet needs:
Smoker/Non-smoker (please circle one)
Health insurance company:
Policy number:

HOBBIES/INTERESTS

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HOMESTAY PREFERENCES (please circle one)

Prefer family with – pets / no pets / no preference
Prefer family with – children / no children / no preference

Form completed by:	Date:
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