



MOUNT HUTT COLLEGE HOMESTAY APPLICATION

Passport
photo

Student Name:

	Yes	No	Details
Do you have an allergy to any animal?			
Are you a vegetarian?			
Is there any food you cannot eat?			
Do you require any special foods?			
Do you smoke?			
Can you live in a home where a family member smokes?			
Do you drink alcohol in your home?			
Do you require any religious observances?			
Would you prefer to live with a family on a farm?			
Would you prefer a family with small children in the house?			
Are you independent in organising your time and equipment?			
Other information relevant to your placement?			

How do you currently spend out of school time e.g. weekends?

Message to Homestay family:

CONTRACT:

(to be signed by parent/guardian of students under 21 years of age or by student if over 21)

In return for Mount Hutt College Methven finding and supervising a homestay for my daughter/son:

1. I guarantee the good behaviour of the student in New Zealand. I understand that unacceptable behaviour on the part of the student in Homestay may lead to termination of the student's enrolment at Mount Hutt College Methven.
2. I undertake to pay all fees to Mount Hutt College Methven. Once placement is made with a Homestay Family, board payments will be made to the school at least one term in advance.
3. I understand that the student may not make any national or international telephone calls from the Homestay premises unless the charges are reversed. If any such calls are made I guarantee to reimburse the Homestay for any calls.
4. I undertake that the student will not leave the Homestay Placement for another permanent address without the knowledge of the Manager of International Students at Mount Hutt College Methven. If the student is under 21 years of age, the permission of the Manager of International Students must be obtained.
5. I understand that in the event of the student not coming to New Zealand, Mount Hutt College Methven will retain costs incurred from the fees paid (as required under New Zealand law).

Signed Date:

Parent/Guardian

Full Name Phone

Address:

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