

## Student Homestay Questionnaire

To enable us to place you with a family best suited to your needs, please complete this form and return to the Homestay Co-ordinator by email or fax.

Name: \_\_\_\_\_

Why did you decide to come to New Zealand?

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Describe a typical school day in your country:

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What do you do at the weekend with your family?

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Do you play sport?       Yes       No

What are you favourite sports?

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What sports do you play regularly?

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Do you play any musical instruments?

Yes       No      If yes, what? \_\_\_\_\_

Do you have any brothers or sisters?

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Tell us about your home and the people you live with:

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Do you have any hobbies and interests? What are they?

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Do you like animals?  Yes  No

Do you have any pets at home?  Yes  No

What are they?

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Would you be happy to live with a family that has animals?

Yes  No If yes, what? \_\_\_\_\_

What are your favourite subjects at school?

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When you have finished high school, what will you study?

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What is your religion? \_\_\_\_\_

Do you go to church? \_\_\_\_\_

How would you describe yourself?

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Could you live with a family who:

- Have young children  Yes  No
- Have no children  Yes  No
- Are an older couple  Yes  No
- Is a single parent eg. mother and children  Yes  No
- Do you smoke?  Yes  No
- Would you live with a smoker?  Yes  No

What foods do you like to eat?

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What foods don't you like to eat?

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Do you have any food allergies?

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Do you have any other allergies?

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Comments:

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