TRINITY SCHOOLS
St. Matthew's

St MATTHEW'S COLLEGIATE SCHOOL
HOMESTAY REQUEST FORM - INTERNATIONAL STUDENTS

First name/s .....Surname.....
Date of Birth.....Religion (if any): .....

Nationality .....First Language ... .
Address in home country: ....
....
....
Telephone: .....Fax: ....

International Agent (if any)..... ....
Address..... ....
....
Telephone: .....Fax: ....

NZ Contact (if any).....Relationship..... .....
Address..... ....
....
Telephone: .....Fax: ....

Medical Insurance Company..... ....
Telephone: .....Fax: ....
Policy Number.....
Medical Problems (if any)..... ....
Allergies (if any)..... ....
Special Dietary Requirements (if any) ....
....

Interests and/or hobbies..... ....
....

Homestay family required: Urban / Rural *(Please delete one)*
Children: yes / no Dog: yes / no
Smoking: yes / no Cat: yes / no

I/we have read and understood the St Matthew's Collegiate School refund policy and terms & conditions of enrolment, specifically those covering homestay accommodation, and agree to abide by New Zealand law at all times.

Signature:..... ..... Date: .....