





Homestay Request

Date:				Country of origin:				
First name/s:				Family name:				
Date of birth:				Gender:	Male	Female	Diverse	
Email:				Line or Whatapp ID:				
Accommodation: (please	tick as many b	ooxes as you like)						
When do you require homestay accommodation? Start date				End date				
*Minimum request is four v	weeks							
Family/homestay prefer	ence:							
No children	Young chi	ildren	Teenage childre	n Pets	No	pets		
Please note: Many New Zealand families share their homes with a pet like a cat or a dog. They are clean, friendly and well cared for.								
What hobbies and leisure activities do you enjoy? (e.g. sports, music, theatre)								
Do you have any religious or cultural requirements?								
Food: Do you have specific food requirements e.g. vegetarian, gluten free, halal (additional fee may apply) Yes No								
Please specify which opt Option 1: Breakfast and Option 2: Breakfast, lund	dinner (2 m	neals)						
Do you smoke cigarettes	s? Y	'es No						
Are there any health matters we should be aware of (eg asthma, allergies, etc)? Please give details								
Programme of study:			Start date	e	Er	nd date		
Expected date of arrival:			Flight/arrival	details (if know	n):			
You will be meet at the airport and taken to your homestay accommodation.								
NZEAS will try to find the closest match to your requirements, subject to availability. Please be aware that the customs and living conditions at your homestay may be different to those in your home country.								

Post to: International Admissions, Ara | Te Pūkenga, PO Box 540, Christchurch 8015, New Zealand

05154 Homestay Request - Nov 23

Please return this application form to:

Email: intladmissions@ara.ac.nz