



FAHS Feilding High School

T: (06) 323 4029
F: (06) 323 9359
E: admin@feildinghigh.school.nz

Churcher Street
Feilding 4702, New Zealand

Principal: Mr N.J. Stewart
BSc, PGDipEd

HOMESTAY STUDENT PROFILE

Place photo here

To be completed by student and / or agent

Please print:

Last name		First name(s)		
Street		Postal Code		
City		Country	Citizenship	
Area Code / Phone and Fax Number		Place of Birth	Date of Birth	
Height	Weight (kg)	Eye Colour	Hair Colour	Sex (M / F)
E-mail address		Religion		

Father or Legal Guardian

Last name		First name		
Street		City	Country & Post Code	
Area Code / Phone Number		Fax Number		

Mother or Legal Guardian

Last name		First name		
Street		City	Country & Post Code	
Area Code / Phone Number		Fax Number		

Brothers and Sisters

Name	Age	Sex (M / F)	School / Occupation

Nearest relative or friend to contact if parent or legal guardian is not available (2 please)

Name	Area Code / Phone Number	Relationship
Name	Area Code / Phone Number	Relationship
List hobbies, interests, including sports you participate in, in order of importance to you.		
Do you sing or play a musical instrument? If so state which.		
What are your household responsibilities?		
Indicate any part-time jobs or work experience you may have had.		
Do you have relatives living in your host country, if so where?		
Indicate the foreign languages you speak and / or have studied.		
Language	Years of Study	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
How do you feel about learning about a new and different language and culture?		

Medical

Indicate with an X if you have had any of the following illnesses:

	Yes	No		Yes	No		Yes	No
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Eczema	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>
Cancer / Tumours	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	Rubella	<input type="checkbox"/>	<input type="checkbox"/>
Chickenpox	<input type="checkbox"/>	<input type="checkbox"/>	Measles	<input type="checkbox"/>	<input type="checkbox"/>	Scarlet Fever	<input type="checkbox"/>	<input type="checkbox"/>
Convulsive Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Migraine Headaches	<input type="checkbox"/>	<input type="checkbox"/>	Thyroid Disease	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Mumps	<input type="checkbox"/>	<input type="checkbox"/>	Ulcer	<input type="checkbox"/>	<input type="checkbox"/>
Dyslexia	<input type="checkbox"/>	<input type="checkbox"/>	Nervous / Mental / Disturbance	<input type="checkbox"/>	<input type="checkbox"/>	Urological Problems	<input type="checkbox"/>	<input type="checkbox"/>
Eating Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Whooping-Cough	<input type="checkbox"/>	<input type="checkbox"/>	Physical handicaps	<input type="checkbox"/>	<input type="checkbox"/>

Are there any health conditions i.e. allergies, we have to take into consideration by any normal host family? If yes please explain.

If you will be required to take any prescription medications during your stay, please specify which medications and for what condition.

Do you have any special Dietary requirements e.g. Vegetarian?
