



Homestay Respite Request Form

Date: _____

Host Family First & Last Name: _____

Student First & Last Name: _____

Do you require the International Student Program to arrange your respite? Yes ___ / No ___

Respite Details

Drop off Date: _____ Drop off Time: _____

Pick up Date: _____ Pick up Time: _____

If you will arrange your own respite **to take place in your home**, please provide the details below:

Name: _____

Phone: _____

***All respite providers' homes must be vetted and approved by the international program in advance.**

Respite Provider Details:

Name _____ Relationship _____

Phone _____



*Please note that respite is paid from your monthly funds and will transfer from your monthly remuneration to the respite provider at the current rate outlined in the Homestay Handbook. If you have arranged your own in-home respite, please compensate your provider and provide them with our program expectations and after hours and emergency phone number 250 204 4816 (call only).

[Homestay \(studyincampbellriver.ca\)](http://studyincampbellriver.ca)

Please provide this completed form to homestay@sd72.bc.ca