

Request to Change **Homestay Form**

Date:				School:			
Student Surname:				Given name:			
Date of Birth:				Mobile:			
Initiated by: Student	□н	omestay	☐ Family	☐ School	□IES	□ Agent	
What I'm happy with				What I'm not happy with			
Reason(s) for homestay of	change	request:					
Could these issues be resolved? I have discussed my concerns with my homestay family? I have informed my homestay family of my request to change homestays? Yes □ No							
School Feedback/Recomm			ıes:				
Change of Homestay		Recommended				Not Recommended	
ISP Manager Name:						Signature:	
Student Homestay Prefe	rences	(e.g. no p	ets, no smoki	ng):			
	d Child	Developm	ent (DECD) fee	-	-	or actioned if I have any outstanding stay Placement Fee will be charged.	
This information is also availabl Login via: www.internationalstu	e on the	e school port				Government of South Aust	
Approved on: 21.11.17		Authoris	ed by: Director. Int	ernational Educat	tion Service	Department for Education an Child Development	

International Education Services

Approved on: 21.11.17

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Authorised by: Director, International Education Services

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