



## **REGULATION OF THE PRINCIPAL**

Category: **RESIDENTIAL**

Subject: HOMESTAY HOST

### **SUMMARY**

Northern Academy of the Arts (School) maintains responsibility for ensuring the care and safety of all homestay students through school support systems, such as counseling services, student affairs, and admissions.

### **APPLYING TO BE A HOMESTAY HOST**

Any local resident interested in serving as a homestay host to students enrolled at the School must complete a Homestay Host Application. (Exhibit A) Upon approval of the application, the School will conduct an interview and accommodations inspection (Exhibit B) to ensure the living space reasonably meets the following requirements:

- Student has own bedroom or shares bedroom with one other student or household member of similar age;
- Student has a separate bed (not convertible, not inflatable) and adequate storage space for clothes and personal belongings;
- Student has study space in the bedroom or elsewhere in the house;
- Student has reasonable access to bathroom facilities;
- Student has unimpeded access to the outside of the house in the event of a fire or similar emergency.

The application will be reviewed and the primary host applicant will be contacted for a background check. If the background check returns without any concerns, an onsite inspection will be scheduled with the applicant. Upon final approval of the applicant, the School will provide information to assist the new host in providing a safe environment for the student(s). The contact information for the host will be added to the list of homestay families which is provided to parents/guardians that request it.

## **HOMESTAY HOST FEES**

Parents/guardians of students are responsible for making payments for the living arrangements directly with the homestay host. The School does not get involved in contractual agreements entered into between parents/guardians and the homestay host. Homestay fees will NOT be included in the student's tuition. Parents/guardians may choose to purchase a school meal plan or arrange for the homestay host to provide meals to the student.

## **EXPECTED RESPONSIBILITIES OF PRIMARY HOST APPLICANT AND STUDENT**

Students and parents/guardians should be made aware of basic rules for living with a homestay host and be clear about what the expectations are, including good behavior, discipline, academics, technology, etc. Parents/guardians and students are required to read and acknowledge their understanding of written expectations for living with a homestay host (See Exhibit C). The primary host applicant is required to take on some responsibility for the care of a homestay student, including administering medication, providing transportation, regulating the use of smart devices, and monitoring a student's internet use. The primary host applicant must acknowledge an understanding of these responsibilities by signing the Expected Responsibilities of Primary Host and Student Agreement (Exhibit C).

## **SUPERVISION**

At least once every school year, an interviewer from the school will visit the homestay host to assess the living conditions and document the visit (See Exhibit B). The Office of Student Affairs (SAO) shall be available during school days to promptly and appropriately address any issues raised by the homestay host or students. The homestay host shall be held responsible for ongoing counseling and problem solving when the student is under the host's supervision. The primary host should update the school about student behavior concerns and any changes in a student's residence. Students and the homestay host will be provided with school and emergency contact information.

## **LIABILITY**

All homestay hosts and parents/guardians must sign a Temporary Guardianship Appointment / Power of Attorney (See Exhibit D) to designate a homestay caretaker as the temporary guardian of the student. In order for the Power of Attorney to be valid, New York State law requires that it be signed by two witnesses and be notarized. The temporary guardian shall have primary decision-making authority for the student's overall well-being, during the student's enrollment at the School. All matters requiring parental decision,

including circumstances that occur after school hours and/or off campus shall be the responsibility of the appointed guardian. The School is not liable for the circumstances that may occur while the student is under the supervision and care of the homestay host (e.g., accident or illness).

### **INQUIRIES**

Inquiries pertaining to this regulation should be addressed to the Student Affairs Office.

## EXHIBIT A

### Homestay Host Application

Homestay hosts are chosen by the school based upon their ability to provide a safe and comfortable home. The applicant must physically reside at the home for the entire academic year. Please answer the following questions and also attach photos of the bedroom, bathroom, kitchen, study area, and other common areas for the student.

<b>Primary Host Information</b>							
First Name		Last Name		Gender		Birth Year	
Address				Suite/Apt		Years at Home	
City				State		Zip	
Cell Phone		Alt. Phone		E-Mail			
Occupation				Years in Occupation			
Emergency Contact				Emergency Number			

<b>Additional Residents</b>				
Please list all people currently residing at the home. If more space is needed, please provide names on a separate sheet.				
First and Last Name	Relationship	Gender	Birth Year	Occupation/School
1.				
2.				
3.				
4.				

<b>Housing</b>	
Bedroom 1 <input type="checkbox"/> One Bed <input type="checkbox"/> Two Beds <input type="checkbox"/> Study Space Bedroom 2 <input type="checkbox"/> One Bed <input type="checkbox"/> Two Beds <input type="checkbox"/> Study Space Internet <input type="checkbox"/> Yes <input type="checkbox"/> No Student Preference <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> No Pref.   / <input type="checkbox"/> Middle school <input type="checkbox"/> High school <input type="checkbox"/> No Pref. Pets <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, list type and how many of each type: _____ Can you provide transportation to/from school? <input type="checkbox"/> Yes <input type="checkbox"/> No   How? _____	<input type="checkbox"/> Private Bathroom <input type="checkbox"/> Shared Bathroom <input type="checkbox"/> Private Bathroom <input type="checkbox"/> Shared Bathroom Laundry in Home <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Other Information</b>	
1. Language(s) spoken in your home other than English? _____ 2. What activities do you and others in your household do? _____ 3. Why do you want to become a host? _____ 4. Do you have any house rules? _____	

<b>Disclosure</b>	
Please answer these questions, to the best of your knowledge, regarding any member in the household:	
1. Has been arrested or convicted of any misdemeanor or felony, other than parking violations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does anyone in your household have or had alcohol or drug-related problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has anyone in your house been accused of sexual misconduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Has had a complaint filed with an agency dealing with child abuse or neglect?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Has a mental illness or needs psychiatric counseling?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>References</b>			
Please provide the names of at least two individuals (non-family members) who can provide a personal reference for you.			
Name	Relationship to You	Phone Number	Known for How Long
1.			
2.			
3.			

## EXHIBIT B

### HOMESTAY INTERVIEW AND ACCOMMODATIONS INSPECTION

Primary Host Name \_\_\_\_\_

Address \_\_\_\_\_

#### Homestay Home Photos (Required)

- ☐ Student's Bedroom ☐ Student's Bathroom ☐ Kitchen ☐ Exterior of house and grounds
- ☐ Study and Shared living areas ☐ Photos submitted with application were authenticated during visit
- ☐ Photos made by the School

#### Homestay Home Features Inspected

- ☐ Student's Bedroom ☐ Student's Bathroom ☐ Kitchen ☐ Family Room ☐ Laundry ☐ Other

#### Homestay Accommodations (Checked items describe Student accommodations)

- ☐ Has own bedroom, and the room is dedicated for the student the entire academic year
- ☐ Shares bedroom with \_\_\_\_\_ (e.g. homestay host son/daughter, another student)
- ☐ Has separate bed (not convertible, not inflatable)
- ☐ Has adequate storage space for clothes and personal belongings
- ☐ Has study space in bedroom or elsewhere in the house
- ☐ Has reasonable access to bathroom facilities
- ☐ Shares bathroom with \_\_\_\_\_ (e.g. homestay host son/daughter, another student)
- ☐ Has unimpeded access to the outside of the house in the event of a fire or similar emergency

#### Interview topics (make notes if needed)

- ☐ 1. Household Routine – work, activities, schedules, etc. – for both children and adults.

\_\_\_\_\_  
☐ 2. Student's transportation needs – for youth/school activities, shopping, visits to friend's home, etc.

\_\_\_\_\_  
☐ 3. Have special activities or trips already been planned for the year? Would the student participate?

\_\_\_\_\_  
☐ 4. Past Homestay Experience, if any

\_\_\_\_\_  
Signature of Primary Host Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Interviewer

\_\_\_\_\_  
Signature of Interviewer

\_\_\_\_\_  
Date

## EXHIBIT C

### EXPECTED RESPONSIBILITIES OF PRIMARY HOST AND STUDENT

Parents/guardians and students are required to read and acknowledge their understanding of these written expectations for living with a homestay host. The homestay host is required to take on responsibility for the care of a homestay student, including administering medication, providing transportation, regulating the use of smart devices, and monitoring a student's internet use. The primary host applicant acknowledges an understanding of these responsibilities by signing this agreement.

1. **Discussion:** The student's parents should discuss with their child the importance of having good behavior while living with the homestay host, and ensure that he or she understands the significance of the arrangement, and the rules that apply and are to be followed.
2. **Living arrangements:** Homestay students are expected to be an active participant in regular household activities, including daily meals (unless a meal plan is purchased through the School). The homestay host is expected to serve as the student's temporary guardian. Problems that arise in the homestay's household are to be resolved by the homestay host. The homestay host agrees to provide students with their own room (or a shared room with only **one** other student) with a suitable desk for study purposes. The homestay host will provide a clean, orderly, pleasant and safe living environment for the student. The homestay host will **NOT** require the student to maintain the house or yard, babysit children or cook their meals, with the exception of keeping their room and all other areas used, such as the kitchen and bathroom, clean and orderly.
3. **Supervision:** The homestay host will **NOT** leave the student unsupervised overnight or allow any student under 18 years of age to take unsupervised out-of-town trips. The homestay host must instruct the student on the course of action to take in the event of fire and other emergencies.
4. **Discipline:** Students must adhere to the homestay host's authority and all household rules. Discipline is ultimately the responsibility of the homestay host if a behavioral concern occurs while the student is in the homestay host's home, or under the supervision of the homestay host.
5. **Technology:** Students will be required to set up and be financially responsible for their own "dumb" phone account. High school students will be provided a laptop as part of their studies at the School. Students are expected to follow the same school electronics policy as boarding students. Inappropriate use of the Internet by the student is not acceptable and should be reported to the Office of Student Affairs.
6. **Finances:** The student should have sufficient financial support to ensure his or her well-being during the entire academic year, but parents should also regularly monitor their child's access to teach monetary responsibility and prevent living in excess.
7. **Transportation and Extracurricular Activities, Personal Appointments:** The homestay host will be responsible for all transportation to and from school, including transportation to the school for extracurricular activities and/or social activities. The homestay host is responsible for transporting the student to and from health and personal care appointments. Transportation for non-school related activities and trips must be clearly communicated in

advance by the student to the homestay host. Homestay students are financially responsible for transportation and all activities.

8. **Medical and Personal Needs:** The homestay host may need to keep an extra copy of the student's medical insurance cards. It is expected that the homestay host assumes the responsibilities, as would a parent, for the student should he/she become ill, including pickup from school when contacted by the school nurse to do so, and keeping the student at home until he/she has recovered. The student is financially responsible for all medical needs not covered by the insurance plan.
9. **Notifying the School:** The host must notify the school of any absences and tardiness. Any serious injuries, illnesses, new or change of medication must be reported to the school nurse immediately. The host agrees to assist the student with administering medication that the student brings from the student's home, and immediately inform the school nurse about the medication. The host will promptly notify the Student Affairs Office of any changes with regard to household members (boarders, renters, household members moving in or out, etc.) and if the student moves out.
10. **Abuse/Harassment:** If the student is experiencing any sort of relational stress or experiences abuse or harassment of any kind, he or she must immediately disclose the incident to the Student Affairs Office. Students should report to the Student Affairs Office of any household member's abuse of alcohol and/or drugs.
11. **Liability:** I understand that the school has no relationship with any homestay company/agent or homestay host and assumes no responsibility for the actions of any homestay company/agent or homestay host. I also understand that the School is not liable for the circumstances that may occur while the student is under the supervision and care of the homestay host (e.g., accident or illness).

## **INQUIRIES**

Inquiries pertaining to this regulation should be addressed to the Student Affairs Office.

## **ACKNOWLEDGEMENT**

We (homestay host and student) have read and understand these expectations and agree to live by them. As the primary host/guardian, I will encourage the student to follow them. We, the legal parents of the child, understand if our child violates any of these guidelines, it may be grounds for removal from the School.

<b>Both parents/guardians must sign this Contract:</b>		
<i>Father/Guardian 1</i>	<i>Mother/Guardian 2</i>	<i>Student</i>
Name _____	Name _____	Name _____
Signature _____	Signature _____	Signature _____
Date _____	Date _____	Date _____

<b>Primary Homestay Host</b>	
Name _____	
Signature _____	
Date _____	

## EXHIBIT D

### Temporary Guardianship Appointment / Power of Attorney

- I.** For the student named \_\_\_\_\_, born on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
(hereinafter known as the "Child"), I, \_\_\_\_\_, the ☐ parent or ☐ legal guardian  
with a street address of \_\_\_\_\_, City of \_\_\_\_\_  
State of \_\_\_\_\_, Country of \_\_\_\_\_.  
(If co-guardian/parent exists) And I, \_\_\_\_\_, the ☐ parent or ☐ legal guardian  
with a street address of \_\_\_\_\_, City of \_\_\_\_\_  
State of \_\_\_\_\_, Country of \_\_\_\_\_.
- II.** I/We hereby appoint \_\_\_\_\_ as the Temporary Guardian for the Child, with a  
street address of \_\_\_\_\_, City of \_\_\_\_\_  
State of \_\_\_\_\_ (hereinafter referred to as "Temporary Guardian").
- III.** I/We delegate to the Temporary Guardian the powers of all authority that I have as the minor's  
parent/guardian legal under the State of New York. This permission includes, but is not limited to, the  
administration for any and all medical and/or dental attention to be administered to my child/children, first  
aid, and the use of an ambulance, and the administration of anesthesia and/or surgery, under the  
recommendation of qualified medical personnel. I also grant permission for the temporary guardian(s) to  
make educational decisions for my child/children. For decisions regarding any school trips, club or athletic  
event or team and for any other reason, please contact the Temporary Guardian for such consent at:
- Address: \_\_\_\_\_
- Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_
- IV.** This power of attorney document shall be governed under the laws in the State of New York and shall  
commence on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ and end on \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
This document can be terminated at any time by completing a revocation or by creating a new minor power  
of attorney form.

### THE SIGNATURE(S) BELOW MUST BE NOTARIZED.

<b>Both parents/guardians must sign this appointment:</b>	
<b>Father/Guardian 1</b>	<b>Mother/Guardian 2</b>
Name _____	Name _____
Signature _____	Signature _____
Date _____	Date _____
<b>NOTARIZATION CERTIFICATE</b>	
State of _____	
County of _____	
The foregoing instrument was acknowledged before me on this date _____	
by _____ (name(s) of the person(s) acknowledged).	
(Notary Seal)	
_____ Signature of Notary Public	



# Temporary Guardianship Appointment / Power of Attorney

## WITNESS AFFIRMATION STATEMENTS

I witnessed the execution of this Power of Attorney by the parent(s) and I declare that the person(s) who signed or acknowledged this document is/are personally known to me, that he/she/they signed or acknowledged this Temporary Guardianship Appointment in my presence, and that he/she/they appear to be of sound mind and under no duress, fraud, or undue influence.

### WITNESS 1

\_\_\_\_\_  
Witnesses Printed Name

\_\_\_\_\_  
Witnesses Signature

\_\_\_\_\_  
Date

### WITNESS 2

\_\_\_\_\_  
Witnesses Printed Name

\_\_\_\_\_  
Witnesses Signature

\_\_\_\_\_  
Date

## NOTARY ACKNOWLEDGMENT

State of \_\_\_\_\_

\_\_\_\_\_ County, ss.

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me appeared

\_\_\_\_\_, as the Parent(s) who proved to me through government issued photo identification to be the above-named person(s), in my presence executed the foregoing instrument and acknowledged that (s)he executed the same as his/her free act and deed.

\_\_\_\_\_  
Notary Public

Print Name: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_