



EST. 1896

WILLIS COLLEGE

BUSINESS • TECHNOLOGY • HEALTHCARE

ACCOMMODATIONS APPLICATION FORM

PERSONAL DETAILS

LAST NAME	FIRST NAME	DATE OF BIRTH (DAY/ MONTH/YEAR)
HOME ADDRESS	CITY	COUNTRY
POSTAL CODE	PHONE (COUNTRY CODE + AREA CODE + NUMBER)	FAX (COUNTRY CODE + AREA CODE + NUMBER)
NATIONALITY	NATIVE LANGUAGE	PASSPORT NUMBER #:

PLEASE PICK YOUR CHOICE OF RESIDENCE

Choice # 1: Apartment (Circle one) 1 2 3 bedroom (s)

Choice # 2: Homestay – Living with a family – Please fill out the homestay details below.

HOMESTAY DETAILS (Circle Yes or No)

Do you smoke? No Yes

Do you prefer to stay with a family: No Yes

Do you have any allergies? No Yes

Are you taking any medications? No Yes

Do you have any disabilities? No Yes

Are there any foods you cannot eat? No Yes

Level of education completed:

What is your major area of study?

What will your visa status in Canada be during your course of study?

What are your hobbies and interests?

Homestay start date:

AGREEMENT

If I plan to move out of my host family, I agree to tell the Willis College homestay coordinator and my host family 30 days before I move.

Signature _____

Date _____

You will be contacted for payment and other information upon the receipt of this form by Willis College International Education Center

OFFICE USE ONLY
STUDENT ID #: _____
Date: _____
Willis authorized representative (Name) _____
Signature: _____