



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: _____