



# ACCOMMODATION APPLICATION FORM

## STUDENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Gender:  Male  Female

Date of Birth (*mm/dd/yyyy*): \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Country of Residence: \_\_\_\_\_

Home Country Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Foreign Address (*if applicable, in case student is current living in another country*): \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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## ACCOMMODATION DETAILS

**Select Location:**  Los Angeles  San Diego **Select Accommodation Option:** **Select Room Preference:**

Move-in Date (*mm/dd/yyyy*): \_\_\_\_\_ Homestay  Private Room

Move-out Date (*mm/dd/yyyy*): \_\_\_\_\_ Shared Apartment  Shared Room

Student Residence

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## FLIGHT INFORMATION

Passport Number: \_\_\_\_\_ Flight Number: \_\_\_\_\_

Date of Arrival (*mm/dd/yyyy*): \_\_\_\_\_ Arrival Time: \_\_\_\_\_ Airline: \_\_\_\_\_

Are you travelling alone?

Yes

No. Who are you travelling with? \_\_\_\_\_

Do you need an airport transfer?  None  One way  Roundtrip

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## EMERGENCY CONTACT:

Emergency Contact Last Name: \_\_\_\_\_ Emergency Contact First Name: \_\_\_\_\_  Shared Apartment

Emergency Contact Phone: \_\_\_\_\_ Emergency Contact Email: \_\_\_\_\_

Emergency Contact Relationship (*father, mother, etc.*): \_\_\_\_\_

Emergency Contact Address: \_\_\_\_\_



**RELATIVES IN THE UNITED STATES?**

Yes (please fill the fields below)      No

Relative Last Name:

Relative First Name:

Shared Apartment

Relative Phone:

Relative Email:

Relative Relationship (*father, mother, etc.*):

Relative Address:

\_\_\_\_\_

**DESCRIBE YOURSELF (CHECK ANY OF THE FOLLOWING THAT MOST DESCRIBE YOU)**

- Outgoing      Shy      Funny      Serious      Athletic
- Talkative      Quiet      Artistic      Others:

What are your interests and hobbies?

Do you have any allergies, medical conditions, or disabilities?

- No.
- Yes. Please describe:

Do you have travelers insurance?

- No.
- Yes. Name of Company:

Do you have pets?      Is it ok if your homestay has pets?

- Yes.      Yes, I love pets.
- No.      No, I don't like pets.

Special Notes:

**MY SIGNATURE BELOWS CERTIFIES THAT ALL INFORMATION IN THIS PAGE IS TRUE AND I HAVE RECEIVED AND READ THE CANCELLATION AND REFUND POLICY AND THE ATTENDANCE POLICY. I AM AWARE OF ALL THE FEES RELATED TO THE CHOSEN OPTIONS OF THIS FORM.**

**AFTER THIS FORM IS SIGNED, PLEASE SAVE IT, RENAME THE FILE USING STUDENT'S LAST AND FIRST NAME, AND SEND IT TO [INFO@CLA.EDU](mailto:info@cla.edu). IF POSSIBLE, ATTACH A PICTURE OF THE STUDENT IN THE EMAIL.**

Student's Signature \_\_\_\_\_

Date (mm/dd/yyyy):