

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: _____

Phone Number: _____ Whatsapp/Telegram: _____

City: _____ Province: _____ Postal Code: _____

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

City: _____ Province: _____ Postal Code: _____

ACCOMMODATION DETAILS

Select Location: Los Angeles San Diego San Francisco **Move-in Date (mm/dd/yyyy):** _____

Accommodation Name (type the name here) _____ **Move-out Date (mm/dd/yyyy):** _____

Select Accommodation Option: Homestay Shared Apartment/Residence

Select Room Preference: Single Room Double Room Shared Room

Bathroom Type (if applicable): Private Bathroom Shared Bathroom Hall Bathroom

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

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 below 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. If possible, attach a picture of the student in the email.*

Student's Signature _____

Date (mm/dd/yyyy): _____