

# ACADEMIA LANGUAGE SCHOOL



## Housing Request Form

Date of Request: \_\_\_\_\_

Name: \_\_\_\_\_

Male  Female

Date of Birth: \_\_\_\_\_ (Age \_\_\_\_\_)

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### POINT OF CONTACT IN CASE OF EMERGENCY

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

#### Type of Accommodation:

Home Stay

Hawaii Student Suites

YWCA

Other

Period: \_\_\_\_\_ ~ \_\_\_\_\_  
MM/DD/YY MM/DD/YY

Budget: \_\_\_\_\_ (per week/ month)

Misc. Request: \_\_\_\_\_

\*Any allergies or medical treatment: None/ Yes, I have ( ) \*Do you smoke?  Yes  No

\*Please introduce yourself: \_\_\_\_\_

Is this your first time in Hawaii?  Yes If not, how many times? \_\_\_\_\_

Is Airport Pick Up Needed?  Yes  No

Arrival Date: \_\_\_\_\_ Arrival Time: \_\_\_\_\_ AM/PM  
MM/DD/YY MM/DD/YY

\*If necessary, provide information below

Airline/Fight Number: \_\_\_\_\_

\*Signature of Applicant: \_\_\_\_\_ \*Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*By this signature I have read and understand the cancellation policy as noted and the administration fee of \$250.00 is non-refundable.

\*\*Completed housing form does not guarantee housing.

\*\*We strongly recommend the student purchase travel insurance. Academia is not responsible for any damages, accidents, or injury incurred during their stay at a host family, condominium, or dormitory, the student is solely responsible. \_\_\_\_\_ (initial)