

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)