



CLUSTER ACCOMMODATION FORM

If you require accommodation services, please complete this form.

Please attach one photograph of yourself.



Please print clearly

INSTITUTION NAME: _____

Family name: _____ First Name: _____

Permanent home address:

City _____ Country _____ Postal Code _____

Date of birth (day/month/year): _____ Male Female

Nationality: _____ Native language(s): _____

Telephone number: _____ Fax number: _____

Email address: _____

I would like: Campus (Dormitory) Accommodation
(available mid May to mid August for 3 – 4 week programs only) OR Homestay

Emergency Contact Information

Name: _____

Telephone number: _____ Fax number: _____

Sponsoring Agency: _____

Local Contact (if known): _____

Local Address: _____

Telephone number: _____ Fax number: _____

Declaration of Applicant

I accept that if, in reading and completing this application, I knowingly or carelessly provided false, inaccurate or incomplete information:

- ELI may take longer to process this application and/or
- ELI may deny accommodation services.

I agree to comply with all rules and regulations of the English Language Institute.

I agree to pay my host family for the first 30 nights of my stay. If my program is less than 30 days, I agreed to pay for the number of nights that I am in homestay. Payment for homestay will be on the first night of homestay.

- If I plan to move out from my host family's home, I agree to tell the host family **14** days before the day I move.
- If I plan to move out of Campus stay, I agree to advise the ELI Accommodation office seven (7) days before the day I move.

Signature

Date

Please note: *We will make every effort to meet your requirements as indicated; however, because of the number of students requesting this service, it is not always possible to do so.*

Complete this section ONLY if you are applying for Homestay.

Do you smoke? No Yes If yes, how much? _____

Are you willing to live in a home with children under 8 years old? Yes No

Should it be necessary to place two students in one Homestay, please give the name of a student from your group or school you would like to share a Homestay with.

Do you have any allergies, fears or other health concerns which would affect your placement? _____

Any medical or diet requirements (due to allergies, religion, etc.)? _____

What is your major area of study? _____

Countries you have visited? _____

What are your career and personal goals? Please write 10-20 words. _____

Describe your personality and home life. Please write 15-25 words. _____
