Excelsior Off-Campus Housing (Homestay) Application

Thank you for choosing a Excelsior School homestay family! This form must be received at least 4 weeks before your arrival. We cannot guarantee that you will be placed in a home that satisfies all your preferences; if you want the best chance to meet your requests, submit an application early.

PERSONAL: Please provide your personal information. Type or print your name <u>exactly</u> as it appears in your passport.

Last/Family Name Male Female	First/Given	First/Given Name			Middle Name	
☐ Male ☐ Female	Age	Date of B	irth (Month,	Day, Year)	Nationality	
Address	Cit	y	Province		Zip Code	
Country	Telephone Number	lephone Number (include area code)		Email		
PROGRAM: Please identify	the program for wh	ich you've app	olied and you	ır expected da	ates of stay:	
Semester Year	Lei	ngth (e.g. 2 Sem	nesters)	`	Month, Day, Year) will not be processed without	
Move-In Date (Month, Day, Ye	ar) Move-Out l	Move-Out Date (Month, Day, Year)		move-in/move-out dates.		
Who would you like us to co	ontact in case of an	emergency?				
Emergency Contact Person	Emergency	Emergency Telephone Number		Emergency Email Address		
□ No □ No preference 2. Are there any foods you was all the series of	vill not eat?	Occupancy A little Messy	☐ Yes Note: If you it may take le every effort t is no guarant 6. Please at your Am are you a: ☐ M	No No panswer NO to answer NO to accommodate we will be a stach a photographerican family to Morning Person	any of the questions above, ou a homestay. We make e your preferences, but there ble to do so aph of yourself and a letter to o your application Night Owl	
School" or by Visa or Mast						
Credit Card Number	Cardholder	's Name		Expiration D	rate	
3-Digit Security Code	Authorizing	g Signature	,			
I authorize Excelsior School OR ☐ Money Order or Cashi		lousing Placen	nent Fee 🚨 o	other		
REQUIRED: "I certify the inf of my knowledge." Note: Please complete this application				st Signature	Date	