



Housing Service Application & Airport Pick-Up Request Form

ServiceApplicationRev.01-10

Office Use Only

Date Received: _____

Date Processed: _____

What kind of service(s) you are requesting? Housing Service only Airport Pick-Up only Both Services

1. Student Information (Please print clearly)

Please attach your picture

Male Female
Last Name: _____
First Name: _____
Nick Name: _____
Date of Birth: ____/____/____
Country of Birth: _____
Country of Citizenship: _____
E-Mail: _____

2. Emergency Contact Information

Name: _____
Address: _____
Relationship: _____
Telephone: _____

3. Course (Program) Information

Start Date: ____/____/____ End Date: ____/____/____

4. Housing Information (Fee required: \$250.00)

If you are requesting housing service, please check the box at the top of this form. Please answer the questions and provide information if necessary:

I want the following type of housing:

- Homestay (Private room) with breakfast and dinner
- Dormitory (Shared room)
- Dorm Meal Option (\$100/month) Yes No
- Hotel

When do you expect to move in and out?

IN: ____/____/____ OUT: ____/____/____
MM/DD/YYYY MM/DD/YYYY

How long do you plan to stay? _____ Weeks / Months

5. Airport Pick-up Request (Fee required: \$100.00)

Yes

Arrival Information*

Arrival Date: _____ Time: _____ AM/PM
Name of Airline: _____ Flight Number: _____
Departure City: _____

* If information is not available at this time, it is your responsibility to contact us as soon as possible.

No

Please provide your arrival method if you do not use our pick-up service (i.e., taxi, friend): _____

I will be arriving at my homestay/dorm at _____ am/pm**.

You **MUST notify us at least 72 hours in advance about your **approximate arrival time for the dormitory or homestay** so we can make proper arrangements for you.

6. HOMESTAY ONLY

Please answer all of the following questions:

How well do you understand and speak English?

Beginner Intermediate Advanced

What language(s) can you speak? (If more than one, please list)

Is there any food that you do not eat? No

Yes: _____

Do you have any allergies? No

Yes: _____

Are you taking any medications? No

Yes: _____

Do you smoke? Yes No*

*Smoking is NOT allowed at any homestay.

Can you stay with little children? Yes No

Do you like pets? Yes No: _____

Please tell us about activities/hobbies you enjoy:

Please write additional information we should know about yourself and/or housing preferences: (use additional paper if needed)

Please read the Terms & Conditions and Cancellation & Refund Policy* attached to application form and sign below:

7. "I have read and agreed to the terms & conditions and cancellation & refund policy. I also certify that information I provide on this form is accurate and complete."

Signature of applicants _____

Date _____

Signature of Agent or Guardian (in case applicant is under 18 years old) _____

All related questions **MUST** be answered and this form **MUST** be properly signed and dated or service(s) will not be arranged.

Please email, post or fax complete form to:

Cal America Education Institute
3700 Wilshire Boulevard, Suite 200 Los Angeles, CA 90010
FAX: 1.213.383.5110
info@cal-america.com

* Dorm placement is for 4 weeks maximum unless extension is approved by CAEI.

* Visit <http://www.cal-america.com> for up-to-date information on terms & conditions, cancellation & refund policy, and pricing & fees. E-mail inquiries to: info@cal-america.com.