

HOMESTAY APPLICATION FORM

First Name:	Last Name:	Sex:	Age:	Nationality:
Start Date:	End Date:	How many weeks: Please note RCIIS only charges first 4 weeks homestay fee		
Meal plans	<input type="radio"/> 2 meals a day breakfast and dinner		<input type="radio"/> 3 meals a day	
Do you smoke?	Yes <input type="radio"/>	No <input type="radio"/>		
Can you live with smokers?	Yes <input type="radio"/>	No <input type="radio"/>		
Can you live with pets?	Yes <input type="radio"/>	No <input type="radio"/>		
Can you live with teenagers?	Yes <input type="radio"/>	No <input type="radio"/>		
Are you on medication? Please specify your medical conditions and any allergies	Yes <input type="radio"/>	No <input type="radio"/>		
Do you require a special diet?	Yes <input type="radio"/>	No <input type="radio"/>		
Any additional information:				
Will you require Airport Pick-Up?		Yes <input type="radio"/> No <input type="radio"/> If yes, the arrival date and time: Flight information:		

FEES		
Homestay Placement Fee	CAD \$	200
Homestay Fee	CAD \$	
Airport Pick-up	CAD \$	150
Other	CAD \$	
Total	CAD \$	

ACCOUNT INFORMATION	
ACCOUNT NAME:	Royal Canadian Institute of International Studies
ACCOUNT NUMBER:	91132 05855 21
NAME OF BANK:	Bank of Nova Scotia
BRANCH:	Yonge and Eglinton
ADDRESS:	2200 Yonge Street, Toronto, Ontario M4S 2C7
TRANSIT NO.:	02162
SWIFT CODE:	NOSCCATT

ABA/ROUTING: 026002532

Refund Policy

ACCOMMODATION REFUND

The Accommodation and Airport Pick-up placement fees are non-refundable.

Leaving homestay:

Students must inform the host and school of moving out at least 4 weeks before it is to take place. Otherwise, students will be charged until the 4 weeks are met plus \$200.00 administration fee.

I have read and understood the Application and wish to be accepted as a student of RCIIS. I understand and accept all enrollment conditions and refund policy. I, by participating in the homestay program offered by RCIIS and its homestay placement agents, do wave, release and absolve any claims against RCIIS and its directors and employees from personal injury or death, financial losses, damage, accident, or expenses resulting from my participation.

Student Name: _____ **Student Signature:** _____ **Date:** _____