

Agent Name, Agency Agent Fax Number

Student ID Number Male / Female (circle)

Family Name Given Name English Name

Nationality Date of Birth (YY/MM/DD) Passport Number

<p>Home Address</p> <p>Apt #, Address <input type="text"/></p> <p>City, Province <input type="text"/></p> <p>Country, Postal Code <input type="text"/></p>	<p>Current Address</p> <p>Apt #, Address <input type="text"/></p> <p>City, Province <input type="text"/></p> <p>Country, Postal Code <input type="text"/></p>
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Phone Number Fax Number E-mail Address

Emergency Contact Information

Name Relation Phone Number

Number of Weeks weeks Move-In Date (YY/MM/DD) Move-Out Date (YY/MM/DD)

Do you have any allergies (if yes, please list) Do you like pets? Do you have any religious requirements?

Do you like living with children? Do you have any medical needs? Do you require a special diet?

OFFICE USE ONLY

Approved by

Payment Date Total Amount Paid

Additional Notes

I have read, understood and agree to the terms regarding my stay at the NCA Residence as stated in the Rules of Residence portion of this application.

I accept financial responsibility for the full contract period as indicated above.

I understand that ANY violation of NCA policy regarding alcohol, drugs, violence, or any other unacceptable behaviour as detailed in any and all NCA publications will result in the termination of my residency but will not release me from any financial obligations.

Student Signature Date