SEIQ
Study English In Quebec

Student Accomodation Request Form

Personal Student Information **PRINT IN ENGLISH**

Name _____ _____
(Family Name) (Given Name)

Date of Birth _____ / _____ / _____ Age : _____
(Day) (Month) (Year)

Arrival Date _____ / _____ / _____ Sex : ❍ Male ❍ Female
(Day) (Month) (Year)

Arrival Time _____ Departure Date _____

Which Montreal airport? ❍ Dorval ❍ Mirabel

Please, answer these questions:

1. Do you smoke? ❍ Yes ❍ No
2. Do you like cats? ❍ Yes ❍ No …dogs? ❍ Yes ❍ No
3. Are you a vegetarian? ❍ Yes ❍ No
4. Do you like children? ❍ Yes ❍ No
5. Are you allergic to any food, medication or animals? ❍ Yes ❍ No
   If yes, please specify _____
6. Are you taking any medication? ❍ Yes ❍ No
   If yes, please specify _____
7. Do you have any special dietary requirements ❍ Yes ❍ No
   If yes, please specify _____

Please tell us a little about yourself? _____

_____

_____

⇒ **I confirm that I have read and accepted the General Terms and Conditions, the Cancellation and Refund Policy, and the release agreement.**

Signature: _____ Date: _____

FAX application to: SEIQ (514) 428-8922 / E-mail: bpolan@seiq.com