



Mississauga Secondary Academy

Tel: 905.232.0672 Fax: 905.232.1672

E-mail: info@msaschool.com

Website: www.msaschool.com

240-33 City Centre Dr., Mississauga, ON., L5B2N5

**MSA1.6.2
Accommodation Application Form**

Office Use:

STUDENT INFORMATION:

Last Name (as shown in passport)		First Name (as shown in passport)		Preferred Name	Nationality
Gender		Date of Birth (MM/DD/YYYY)	Mother Tongue	Phone	E-mail
Home Address				City	Province
					Postal Code

EMERGENCY CONTACT

Name (Print)	Relationship	Occupation
E-mail	Cell Phone	Home Phone

HEALTH INFORMATION:

Health Conditions: Have you ever received a medical treatment for a physical or mental illness, any prescribed medication?
If yes, please provide information on the condition, the trade name of the medication and the dosage:

Medication: If you are taking any medications, you must notify us in advance. Please list trade names and dosage.

Allergies: If you have any allergies, please describe them.

HOME-STAY REQUEST: (Yes No)

Time to Begin (MM/DD/YYYY)	Time to End (MM/DD/YYYY)	Applicant has Pet(s)	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have specific food requirements? (E.g. vegetarian)			
<input type="checkbox"/> Yes (if Yes Specify) _____		<input type="checkbox"/> No	
Do you have a preference? Please select all if applied.			
<input type="checkbox"/> No Preference (I am OK)	<input type="checkbox"/> No Young Children	<input type="checkbox"/> No Teenagers	<input type="checkbox"/> No VISA Students
<input type="checkbox"/> No Dog	<input type="checkbox"/> No Cat	<input type="checkbox"/> No Male	<input type="checkbox"/> No Female
Name of Airline	Flight Number	Terminal	
Arrival Date (YYYY/MM/DD)	Time	Luggage Pieces	



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DORMITORY REQUEST: (Yes No)

How long did you stay in Canada?		
Date apply to start (MM/DD/YYYY)	Date apply to leave (MM/DD/YYYY)	Pet(s)
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Check Here <input type="checkbox"/>	Check Here <input type="checkbox"/>	Check Here <input type="checkbox"/>
\$1030	\$900~\$700	\$600~\$500
<i>Condo</i>	<i>Condo</i>	<i>House</i>
<i>Separate Room</i>	<i>Shared Room (Max. 2 students)</i>	<i>Shared Room (Max. 2 students)</i>
<i>Separate Bath Room</i>	<i>Shared Bath Room</i>	<i>Shared Bath Room</i>
<i>Shared Kitchen</i>	<i>Shared Kitchen</i>	<i>Shared Kitchen and Utilities</i>

APPLICANT NOTES:

Please tell us how can we help you for a better living experience:

TERMS AND CONDITIONS:

- * Mississauga Secondary Academy has full rights refuse your application, your inconveniences will at your own costs;
 - * Home-stay is every half year contracted, dormitory is every one year contracted;
 - * To live in the school dormitory, student must have minimum half year local living experience;
 - * TV Cable and Internet not included; Pet is absolutely not allowed in where you live;
 - * Payments are required to be received fourteen days (14) before moving in;
 - * \$50.⁰⁰ penalty fee will be applied when rents are not received on designated date (1st of each month);
 - * \$1,000.⁰⁰ deposit will be collected when dormitory is applied, it is refundable but will be deducted at market cost for cleaning;
 - * The student must submit a one-month written notice in advance to school;
 - * Students should obey landlord's policy and procedures;
 - * Rental fee is subject to change without further notice;
 - * Fees will be applied at your own cost when access to the Absolute Club for multi functions living facilities;
 - * Smoking is prohibited (**NO SMOKING**) inside the room and building;
 - * Alarm tests and MSA/Police/Building Management inspections will occur unscheduled;
- I hereby declare that all the information given in this application form is correct and complete and I agree to obey the above policy;**
- By signing this form, I am accepting all of the above statements.**

Applicant's Name (Please Print)	Applicant's Signature	Date
Parent's/Guardian's Name (Please Print) (if an applicant is under 18 years old)	Parent's/Guardian's Signature (if an applicant is under 18 years of age)	Date