



**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

**MSA1.3.16  
Accommodation Application Form**

**Office Use:**

**STUDENT INFORMATION:**

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

**EMERGENCY CONTACT**

<b>Name</b> (Print)	<b>Relationship</b>	<b>Occupation</b>
<b>E-mail</b>	<b>Cell Phone</b>	<b>Home Phone</b>

**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)

<b>Time to Begin</b> (MM/DD/YYYY)	<b>Time to End</b> (MM/DD/YYYY)	<b>Applicant has Pet(s)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Do you have specific food requirements?</b> (E.g. vegetarian) <input type="checkbox"/> Yes (if Yes Specify) _____ <input type="checkbox"/> No			
<b>Do you have a preference? Please select all if applied.</b>			
<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
<b>Name of Airline</b>	<b>Flight Number</b>	<b>Terminal</b>	
<b>Arrival Date</b> (YYYY/MM/DD)	<b>Time</b>	<b>Luggage Pieces</b>	



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**DORMITORY REQUEST: (  Yes  No )**

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

**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.<sup>00</sup> penalty fee will be applied when rents are not received on designated date (1<sup>st</sup> of each month);
  - \* \$1,000.<sup>00</sup> 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.**

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