

Accommodation Request Form

Please complete all information and submit to reception for consideration.
CCEB will then let you know if your request is approved.

Student Details

Family Name: Student Number:
 First Name: Date of Birth:
 Email: Phone Number:

Accommodation request

Homestay Sharehouse Single Sharehouse Twin

Check in date:/...../..... Check out End date:/...../.....

Homestay additional information required:

Do you smoke? Yes No
 Are dogs/ cats ok? Yes No
 Are children under 16 ok? Yes No
 Do you have any allergies? Yes No If yes, please list:
 Are there any foods you don't eat? Yes No If yes, please list:
 Do you have any illness/ medication? Yes No If yes, please list:

Fees (to be completed by CCEB Staff)

Placement Fees \$250.00..
 HS/ SH Fees \$
 Other (xmas surcharge etc) \$
 Total \$

Payment MUST be made before accommodation is booked

Declaration

I understand that if I make any other changes to the above request after the documents have been processed; there may be an additional placement fee charged.

Student Signature: Date:

Guardian Signature (if student is under 18):

Office use only		Date	Initial
Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No	Received		
Staff member signature:	Changed in Stars		
Date:	Agent informed (if reqd)		
Invoice Issued <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Payment Received <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			