

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	t Details						
amily N	lame:			Student N	Number:	•••••	
irst Nar	me:			Date of B	irth:		
Email:				Phone Nu	ımber:		
Δccomr	modation request						
	estay Sharehouse						
Check in	date: Chec	k out End date:					
Do you require CCEB to arrange airport pick up?							
Arrival d	ate: Flight nu	mber:	Arrival time:				
	quested homestay, additional Do you smoke? Are dogs/ cats ok? Are children under 16 ok? Do you have any allergies? Are there any foods you don't Do you have any illness/ medianal be completed by CCEB Staff) Placement Fees HS/ SH Fees Other (xmas surcharge etc) Total Payment	Yes Yes Yes Yes Yes	No No No No If yes, please No If yes, please	e list: e list:			
may be a	tion tand that if I make any other o an additional placement fee c Signature:	harged.			its have been _l		
Guardiai	n Signature (if student is under	18):					
1	(Dete	In this of	
	Approved? \Box Yes \Box N	Office use only	Received		Date	Initial	
	Staff member signature:		Changed in Stars				
	Date:		Agent informed (if reqd)			
	Invoice Issued \Box Yes \Box N	o □N/A		_ , ,			
	Daymont Possing TV-	- 71/4					