



BRISBANE COLLEGE OF AUSTRALIA

ACCOMMODATION REQUEST FORM

PERSONAL INFORMATION

Name: _____

English Name: _____

Sex: M F

Nationality: _____

Religion: _____

Languages Spoken: _____

Number of weeks requested: _____

Proposed start date: _____

HOMESTAY PREFERENCES

I would prefer a home:

- With people my age:

With people of different ages:
- With pets

Without pets
- With no students from my country

With students from my country
- With a single room

With a shared room
- That is non-smoking

That is smoking

What foods do you like/dislike? :

ALLERGIES

Do you have any allergies? (e.g. food, pets, medication):

Yes No. If yes, please provide details

MEDICATION

Do you require medication? :

Yes No

If yes, please provide details: _____

ADDITIONAL INFORMATION/COMMENTS

What are your hobbies? (e.g. soccer, reading, sewing):

What is your personality type? :

- Outgoing
- Slightly Outgoing
- Shy
- Very Shy

STUDENT DECLARATION

I, _____ (student name),
certify the information stated above is correct.

_____/_____/_____
Student Signature Date

PARENTAL/GUARDIAN CONSENT (IF UNDER 18)

I, _____
(parent/guardian name)

as parent/guardian of the student

(student name)

certify the information stated above is correct.

_____/_____/_____
Parent/Guardian's Signature Date

Please return the form to the Brisbane College of Australia by Email or Post using the contact details below