



# Mississauga Secondary Academy

Tel: 905.232.0672 Fax:905.232.1672

E-mail : admission@msaedu.ca

Website : www.msaedu.ca / www.msaschool.com

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

## MSA1.3.16 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



**Mississauga Secondary Academy**

Tel: 905.232.0672 Fax: 905.232.1672  
 E-mail: admission@msaedu.ca  
 Website: www.msaedu.ca / www.msaschool.com  
 240-33 City Centre Dr., Mississauga, ON., L5B2N5

**MSA1.3.16  
 Accommodation Application Form**

**Office Use:**

**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;
  - \* \$50.00 penalty fee will be applied when rents are not received on designated date (1<sup>st</sup> 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.**

<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>