

ACADEMIA
LANGUAGE SCHOOL

Date Rev. 08/2007

REQUEST FORM

Name: _____ M · F Date of Birth: _____ (Age _____)

Address: _____

Phone Number: _____ Fax Number: _____

E-Mail Address: _____

POINT OF CONTACT IN CASE OF EMERGENCY:

Name: _____ Relationship: _____

Address: _____

Phone Number: _____ Fax Number: _____

(If Different From Above)

***PLEASE CIRCLE**

Type: Condominium (Studio / One Bedroom / Two Bedrooms)
 Home Stay / Other

Period: _____ ~ _____
 DD/MM/YY DD/MM/YY

Budget: _____

Misc. Request : _____

*Any allergies or medical treatment: None / Yes, I have (_____)

*Please introduce yourself: _____

*Is this your first time in Hawaii? Yes If not, how many times? _____

Airport Pick Up: Need / No Need

* If Necessary, Provide Below

Arrival Date: _____ Arrival Time: AM · PM
 DD/MM/YY

Airline/Flight Number: _____

*Signature of Applicant: _____ *Date / / _____

* By this signature I have read and understand the cancellation policy as noted and the administration fee of \$250 is non-refundable.

** We strongly recommend the student purchase travel insurance. Academia is not responsible for any damages, accidents, or injury incurred during their stay at a host family, condominium, or dormitory; the student is solely responsible. _____(initial)