



# INTERNATIONAL STUDENT ACCOMMODATION AUSTRALIA

*Our Students are Lucky Ducks*  
**ABN 42 546 745 807**  
[www.isaa.net.au](http://www.isaa.net.au)

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## APPLICATION FOR STUDENT ACCOMMODATION

### STUDENT DETAILS

Student Number: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_ English Name \_\_\_\_\_  
 Date of Birth (day/month/year) \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Sex: Male/Female \_\_\_\_\_  
 Nationality: \_\_\_\_\_  
 Address: \_\_\_\_\_ Suburb: \_\_\_\_\_  
 Postcode: \_\_\_\_\_ State: \_\_\_\_\_ City: \_\_\_\_\_  
 What Country are you from? \_\_\_\_\_ Religion: \_\_\_\_\_  
 Contact phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Hobbies/Sports/Interests: \_\_\_\_\_

Does the student have any health issues (eg:Allergies to pets, nuts or illness etc.) YES NO

If yes please, specify \_\_\_\_\_

Course Name: \_\_\_\_\_ Institution/College: \_\_\_\_\_

Course start date: \_\_\_\_\_

### ACCOMMODATION BOOKING

Accommodation start date \_\_\_\_\_ Accommodation end date \_\_\_\_\_

Accommodation Duration (eg 4 weeks 1 night or 5 weeks 0 nights) \_\_\_\_\_

Please indicate student's preferences (note: depending on availability, sometimes not all preferences can be met)

Is the student vegetarian? YES NO If yes please specify \_\_\_\_\_

Please specify if the student will eat pork, chicken, beef **or** fish? YES NO \_\_\_\_\_

Does the student have any dietary requirements? YES NO

If yes please specify \_\_\_\_\_

Does the student smoke? YES NO

(Note\* check with your Homestay Host for conditions and specific areas for smoking).

Would the student live with people who smoke? YES NO

Would the student live with children YES NO

Would the student live with pets? (e.g. cats or dogs) YES NO

Would the student live in a house where the pets are outside? YES NO

### DISCLAIMER

I understand and accept that International Student Accommodation Australia and or its affiliated group of companies will not be held responsible for any loss, theft, damage, debts or injury caused to me during my stay at the nominated and agreed place of accommodation. I agree to accept that should I be provided with accommodation by International Student Accommodation Australia, it will be my responsibility to move and or transport all my personal belongings and items into the accommodation at my own cost.

I have been provided with a copy of “**Guidelines and Rules for Homestay Students**” and have read and agree to abide by this agreement. If you are under the age of 18 years, this form is to be signed by your Parent/Caregiver.

Signature Student \_\_\_\_\_ Print Name: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature Parent/Caregiver: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### EMERGENCY CONTACT DETAILS:

Name of Person: (Print Full Name) \_\_\_\_\_

Address: \_\_\_\_\_

Contact Telephone: ( ) \_\_\_\_\_ Contact Mobile: ( ) \_\_\_\_\_

E-Mail: \_\_\_\_\_ Signature: \_\_\_\_\_

Caregiver in **Australia** (if student is under 18 years of age)

Name : \_\_\_\_\_ Contact Number \_\_\_\_\_

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### AIRPORT RECEPTION

**Accommodation cannot be confirmed until flight details are provided even if the student requires airport reception or not**

Does the student require airport pickup? YES NO

Departure Date \_\_\_\_\_ Departure time \_\_\_\_\_

Arrival Airport \_\_\_\_\_ Flight and Number \_\_\_\_\_

Arrival Date \_\_\_\_\_ Arrival Time \_\_\_\_\_

Number of people needing airport reception \_\_\_\_\_

### OFFICE USE ONLY

Date Application Processed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Homestay: \_\_\_\_\_ Address: \_\_\_\_\_