



Personal Information (print or type) 3/17/17

Year & Quarter you plan to begin: Year: _____ Fall (Sept. – Dec.)
 Winter (Jan. – March) Spring (March – June) Summer (July-Aug.)

Housing and Residence Life Office
 20000 68th Avenue West
 Lynnwood WA 98036
Phone: 425-640-1080
Email: housing@edcc.edu
website: <http://housing.edcc.edu>

Last Name (Family Name) _____
 First Name _____
 English Nickname _____

International Student US Student Male Female
 Gender neutral
 Date of Birth _____/_____/_____
 (Month) (Day) (Year)

Office Use Only
 Received _____
 Fee Paid _____
 BG Sent _____

EDCC Student ID Number _____ CWU Student

Student's Address (Current address or home country/family address):
 Address: _____
 City: _____ Postal Code: _____ State/Province: _____
 Country: _____ Phone: _____ - _____ - _____
 Student's Email: _____
 Country of Citizenship: _____
 Native Language: _____

Emergency Contact and Phone of Relative (either in the U.S. or abroad)

(Name)	(Phone)
(Email)	(Relationship)
(Address)	(Country)

Agent Information

Agency Name: _____ My Contact Person is: _____
 Agent Phone # _____ Agent E-mail Address _____

What is your Housing Choice? (rank your 1st and 2nd choice)

_____ Homestay (16 years and older) _____ Residence Hall (17 and older)

We will do our best to place you in your first choice, but there is no guarantee. We start sending out placement information the month prior to Arrival Dates (two months for Fall)



Priorities: In order of importance to you, please rank your top three choices (1st, 2nd, 3rd), with 1 being most important: (Your preferences will be very strongly considered but cannot be guaranteed to be available.)

_____ Relationship with host (Spend time with host – conversation, activities; host has more expectations and house rules)

_____ Independence/Freedom (Hang out with friends; often go home after dinnertime; may be out late on weekends)

_____ Home that hosts only one or two international students.

_____ Home with small children.

_____ Home without small children.

_____ Native English-speaking host (Please be aware that most of these homes have a pet dog and/or cat.)

_____ Your studies

_____ Very clean

_____ Dietary needs (Please explain.) _____

_____ Special requests (Please explain.) _____

_____ Close to school or convenient bus

Smoking: Do you ever smoke, anywhere? very little some a lot **NEVER!**
 (If you are not accurate about this, it could result in immediate removal from Homestay, without a refund.)

Please write a few sentences introducing yourself to your host.

(Include: favorite activities and hobbies, your family information, your studies, and anything you would like for your host to know about you.)

Homestay Student Responsibilities:

All students are responsible for abiding by all Homestay and Edmonds Community College policies and contractual agreements, especially including:

I will:

1. respect and follow the guidelines of the family and try to resolve any conflict with the host family
2. let the host family know if I will miss dinner or come home late
3. agree to stay in the homestay program for at least one full quarter
4. move, only when approved, on the next Arrival Day or 1st day of the month.
5. not break any laws during my stay with the homestay family (alcohol, drugs, fight, etc)
6. pay for any damage caused by me, or my guests, before moving out
7. pay for first quarter within the first week of arrival and pay for future quarters, middle of the prior quarter (see website for dates)
8. not expect any refund if I choose to move out at any time during the Homestay Quarter (Arrival to Arrival)

Violation of above responsibilities (and those included in your Student Handbook) may result in: cancellation of housing, formal college disciplinary action, fines for services, and other judicial action.

_____ Signature

_____ Date



Contract for: 3 quarters 4 quarters Asking for other

Are you only at EdCC for 1 or 2 quarters?

What is your Building Choice? (rank your 1st, 2nd, and 3rd):

_____ Spencer Court (18 & Older) _____ Rainier Place (17 & Older) _____ Sophie Court (21 Older)

Room type – see website for apartment types, room types, and prices (rank your 1st, 2nd and 3rd choice):

Single bedroom (in 4 bedroom, or 2 bedroom apartment)

Shared bedroom (in master bedroom, or shared studio, or 2 bedroom apartment)

Single studio (Rainier Place only)

Any room type is ok

Apartment type :

Single sex apartment (all female or all male)

Co-ed apartment (2 females and 2 males together in apartment)

Either ok

General:

Are you an athlete at EdCC? YES – Which sport? _____ NO

Do you smoke? YES NO Are you allergic to smoke? YES NO

What are your hobbies? _____

Vegetarian? YES NO

Is there someone you would like to live with? _____

Other preferences for your room/apartment? _____

Are you a Veteran YES NO

Arrival Information

3/17/17

SEE WEBSITE FOR APPROVED ARRIVAL DATES - <http://housing.edcc.edu>

Early arrivals make their own arrangements for transportation & hotel

I need airport pick-up on **Arrival Day**.

I am arriving after the **Arrival Day(s)**

Flight arrival information: Date _____ Airline _____ Flight # _____ Arrival time in Seattle _____

I will arrive at the Housing Office **on my own** on **Arrival Day** : Day _____ Time _____

If not decided now, please send information to housing@edcc.edu at least 2 weeks before Arrival.

Reasonable Accommodation

Do you require any special physical or learning assistance? No Yes

Please describe: _____

Do you have any medical conditions or allergies? No Yes

Please describe _____

Application Responsibility/Expectations

Please be aware that we will do our best to fit you with your room request, but we do not guarantee your first choices. Confirmation of room assignments will be sent out some time in the month prior to arrival (Fall-placements are sent out starting in July) **There is no refund on the \$275 application fee unless we are not able to place you in a room.** After being assigned a room, you agree to move in, and follow all Housing and College Policies (see Student Handbook) and pay at least one quarter's rent/stipend. Also, please note that the College does not cover personal items for insurance purposes.

(Student's printed name)

(Date)

(Student's signature)

Fee Payment

Quarterly Housing Payments made by:

Agent Student/Family

Financial Aid Other - if so What? _____

E-mail of person paying _____

How will you pay \$275 application fee (non-refundable if we process application and offer a room):

I will pay with a **credit card** (see next page for sending credit card information)

I will pay with **wire transfer** Wire amount? _____ Date sent? _____

I will pay with **Check** (Attached)



Student Last Name: _____ First Name _____

Student ID Number: _____

Credit Card Number _____

Exact name on the card: _____

Expiration date: _____ CVV Code _____ Total you want charged: _____

To be paid now:

- \$275 Housing Application Fee (must be paid with Housing Application)
- \$762 Minimum Advance Fee (For Homestay – first month - deducted from Quarter rent cost)

Other items you would like to pay for now? All Housing Fees for the Quarter

Airport Pick Up (\$25 for arrival date(s) only) Other _____

Medical Release Form (for students under age 18)

The Housing Office must follow specific procedures for accommodating, supporting and monitoring student's under 18 years of age studying at Edmonds Community College.

Medical Release Form

Hospitals and physicians may be reluctant to treat or care for children without consent from parents or legal guardians. This can cause problems if the child has a medical emergency and parent/guardians are not readily available to consent to treatment.

Copies of the form will be made available to International Education Division, International Student Services, Housing and Student Life offices of Edmonds Community College.

I, _____, the parent of _____ (student) authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when, at the sole discretion of the attending physician, such care, treatment and procedures are immediately necessary or advisable in the interest of my child's health and well-being, and it is not advisable to take the time to contact me in advance. Under the circumstances set forth above, I elect not to be informed in advance of the nature and character of the proposed treatment, its anticipated results, possible alternatives, and risks, complications, and anticipated benefits involved in the proposed treatment and the alternative forms of treatment, including non-treatment.

Signature of Parent

Date

Witness

Date