

## Student details

Given name(s): \_\_\_\_\_ Family name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Female  Male

Student Number: \_\_\_\_\_ Religious Affiliation: \_\_\_\_\_

Does student's religion require special consideration? Yes  No

If yes, provide details: \_\_\_\_\_

\_\_\_\_\_

## Emergency Contact Details

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

## Accommodation Options

**UP Education requires you to live in approved accommodation until you turn 18 years old, in accordance with the [Education \(Pastoral Care of Tertiary and International Learners\) Code of Practice 2021](#).**

- Live with parents** (Parents/legal guardians must sign the Indemnity form before offer of place is received. The respective UP Education Provider must approve accommodation – U18 Accommodation Guarantee and Services Fees applies)
- Live with Designated Caregiver (relative/family friend)** (Student must know caregiver, and parents/legal guardians must sign the Indemnity form before offer of place is received. The respective UP Education Provider must approve accommodation – U18 Accommodation Guarantee and Services Fees applies)
- Homestay** – please complete this form

## Personal Information

Language spoken at home: \_\_\_\_\_

Level of conversation English:  Beginner  Intermediate  Advanced

What are your hobbies and interests? \_\_\_\_\_

Please choose which choice best describes the type of relationship you hope to have with your host:

Full Interaction  Dinner Interaction  No interaction

Occasional Activities  Occasional Interaction

## Your Preferences

Do you smoke? Yes  No  Are you willing to live with others who smoke? Yes  No

Do you have dietary requirements?  Halal  Vegetarian  Vegan  Kosher  Gluten-Free  None

Other (please describe): \_\_\_\_\_

Are there any foods that you do not eat? \_\_\_\_\_

Are you willing to live with pets? (If you answer "No", this may limit our suitable host options and increase the travel distance to campus): Yes  No

Please select the pet/s you are NOT willing to live with:  Dog  Cat  None

Other (please describe): \_\_\_\_\_

Are you willing to live with children under the age of 8? Yes  No

Preferred age of children in the home  Under 10  10-15  15-18

## Your Preferences (Continued)

Do you have any specific accommodation requirements or preferences?

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Do you have any medical conditions (allergies, disabilities, special needs)? If yes, please describe:

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.....

## Homestay Details

Intended start date of homestay: .....

Expected length of homestay (in weeks): .....

Do you require an Airport Pick-up service? An additional fee will apply.

Yes  No

Pick-up at:  Auckland

Wellington

Transfer between international and domestic terminals. An additional fee will apply. (Auckland Airport only): .....

Flight Details: .....

Date of Arrival: .....

Time of Arrival: .....

Flight Number: .....

Briefly introduce yourself to your host family:

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Please note:

1. Students under 18 years old – homestay must be booked until the day they turn 18 years of age.
2. Students over 18 years old - minimum homestay booking is 8 weeks.

## Declarations

- With the approval of my parent/legal guardians, I have read and accepted the Terms and Conditions for international students as provided with the Contract of Enrolment attached to the Offer of Place.
- I will stay in approved accommodation until I turn 18 years of age and understand that failure to meet these requirements will lead to termination of my enrolment.
- I will notify the Accommodation Team immediately of any changes to my living situation, including change of address or new residents.
- I will ensure that a suitable Transfer of Care Plan is in place (approved by my parents/legal guardian) when I am not in the care of my approved homestay, parents or approved residential caregiver.
- I will also respond in a timely manner to requests for meetings and/or home visits.

Please return this form to [accommodation@up.education](mailto:accommodation@up.education) and contact the team for any questions.

Signature of student

Signature of parent/guardian

Date

Date