

PAA RESIDENCE INFORMATION

Room No. _____ Room Key Issued _____ Returned _____

Mail Box _____ Mail Key Issued _____ Returned _____

Student Name _____ Home Phone _____

Home Address _____ Postal Code _____

Parent Name _____ Home Phone _____

Home Address Parent _____ PC _____

Legal Guardian Name _____ Home Phone _____

Home Address Guardian _____ Cell phone _____

Guardian email _____ Guardian work phone _____

Student Medical/condition(s)/Treatment _____ Parent cell phone _____

_____ Parent work phone _____

Allergies _____ Parent email _____

Emergency Contact _____ Student Cell Phone _____

Emergency Contact phone _____ Student Email _____

Student Health Care No. _____ Province _____ Student SIN# _____

Student Date of Birth _____

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Date Checked In _____ 20 _____ 1st Semester 2nd Semester

Room Deposit _____ Paid Charged to Account

I hereby agree to be responsible and accountable to live by the principles and practices contained in the Student Handbook and the Maple Hall Handbook. I willingly agree to submit to discipline and consequences should I choose not to abide by the guidelines in the above manuals.

Signature of Student _____ Signature of Dean _____

Date checked out _____ 20 _____ 1st Semester 2nd Semester

Condition of Residence: Excellent Good Poor

Room Deposit Refund Total Partial \$ _____

Reasons for Partial Refund: _____

I have followed the checkout guidelines and procedures. All inquiries, omissions and errors must be directed to the dormitory Dean responsible.

Signature of Student _____ Signature of Dean _____