

VILLA54

Student Check in Form

| | |
|-----------------|--|
| Move in Date | |
|-----------------|--|

| | | |
|--------------------------------|------------------|--|
| STUDENT PARTICULARS | Name and Surname | |
| | ID | |
| | Phone number | |
| | Email address | |
| | Institution | |
| | Student Number | |

| | | |
|--------------------|------------------|--|
| NEXT OF KIN | Parent/ Guardian | |
| | Phone number | |
| | E-mail | |

| | | |
|--------------------------------|-------------------|--|
| MEDICAL INFORMATION | Allergies | |
| | Medical Condition | |
| | ICE Contact | |
| | Phone Number | |

| | | |
|--------------------|-----------|--|
| DECLARATION | Signature | |
| | Date | |

For office use

| | | |
|----------------------------|------------------|--|
| ROOM ALLOCATION | Room Number/Name | |
|----------------------------|------------------|--|

| | | |
|----------|-----------|--|
| OFFICIAL | Signature | |
| | Date | |