

Gavilan College

Seville, Spain Summer 20 t v

Name: _____
G00# _____

Date: _____
DOB _____

Housing Information

Yes No

		Smoking?
		Pets? If yes, explain: _____
		Kids? If yes, explain: _____
		Allergies to food? If yes, explain: _____
		Health issues or concerns? If yes, explain: _____
		Physical disabilities? If yes, accommodations needed: _____

Have you read and understood the

		for excessive absences, missing assignments, defiance of rules and regulations)
--	--	---

Signature: _____

Departure date _____