



Royal Metro College

Travel & Quarantine Plan

Personal information

Full name	
Date of birth	
Nationality	
Home address	
Phone number	
Email address	
Passport number	
Additional information	

Arrival information

Arrival date	
Arrival time	
Airline / flight number	
Arrival Airport	
Additional information	

Quarantine information

Accommodation address (include name of hotel if applicable)	
Type of accommodation (hotel, private)	
Phone number	
Additional information	

Planning

How will you travel from the airport to your accommodation? (taxi, Uber, private, etc.)	
What is your plan for arranging food and supplies during Quarantine (without leaving your place of quarantine)?	
Additional information	

Attach further information / documents this application

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ACKNOWLEDGEMENT

I confirm I have a valid study permit or a letter of introduction that shows I have been approved for a study permit

I have read, understood, and will comply with the Government of Canada's Quarantine Act, including being aware of the penalties for violation of the Quarantine Act.

I confirm I have completed the ArriveCAN documentation including travel and contact information; quarantine plan; COVID-19 symptoms self-assessment.

I agree to comply to the transportation requirements from the airport to my accommodation.

I agree that that once I arrive in Canada or at my place of self-isolation, I will notify the College by email.

I confirm that I have a plan and have made arrangements for meals and supplies to be delivered to my accommodation and have no need to leave my accommodation.

I agree to having a College representative contact me at random times during my 14-days self-isolation period. I accept that if I am not compliant to the Quarantine I could be reported to the authorities

I confirm that I have the appropriate medical travel insurance, effective as of the date of my travel to Canada, which includes coverage for COVID-19 during the self-isolation period.

I confirm that I will not be living with vulnerable persons or in shared accommodation during the period of mandatory quarantine upon entry.

I confirm that I have access to sufficient funds and the ability to pay costs to cover any and all additional COVID-19-related costs, including testing.

Signature:

Date:

Office use:

Notes:

Approved Yes /No

Name / position:.....

X Date.....