



CANADIAN  
COLLEGE of  
**PERFORMING  
ARTS**

## INTERNATIONAL STUDENT QUARANTINE PLAN

### PERSONAL INFORMATION

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Legal First name: \_\_\_\_\_

Legal Last name: \_\_\_\_\_

Date of Birth (dd/mm/yy): \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Student ID: \_\_\_\_\_

Passport #: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

### ARRIVAL INFORMATION

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Arrival Date (dd/mm/yy): \_\_\_\_\_

Port of Entry into Canada: \_\_\_\_\_

Airline Name and Flight #: \_\_\_\_\_

### ALL CONNECTING FLIGHT INFORMATION

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Airline Name and Flight #: \_\_\_\_\_

Airline Name and Flight #: \_\_\_\_\_

Airline Name and Flight #: \_\_\_\_\_

Airline Name and Flight #: \_\_\_\_\_

### TRAVEL RESTRICTIONS AND QUARANTINE REQUIREMENTS

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Quarantine Location Address:

**Please confirm that you have read, understood and are aware of the following:**

- 3 meals per day, delivered to my room or I will work with the Office of the Registrar to get a grocery service to be delivered to my place of residence for 14 days.
- Access to needed toiletries, cleaning supplies and other basic needs.
- I have planned to financially support the cost of quarantine (meals, food, medical expenses) for 14 days in Canada prior to arriving at the Campus of the Canadian College of Performing Arts.

- I will have access to phone and/or internet to keep up with my studies online and to keep in touch with the office of the Registrar for check-ins.
- Completion of **ArriveCAN** Application prior to the arrival in Canada.

**Quarantine Requirements:**

- I have read, understood and I am aware of the requirement to comply with the Government of Canada's Quarantine Act, including being aware of the penalties for violation of the Quarantine Act.
- I confirm that I have the appropriate medical insurance, effective as of the date of my travel to Canada, which includes coverage for COVID-19 during the quarantine period.

**It is recommended that all students arriving from outside Canada review the following mandatory guidelines for a suitable 14-day quarantine site and ensure that their plan meets these guidelines:**

- Mandatory Quarantine or Mandatory Isolation <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/latest-travel-health-advice.html#a1.5>
- For Travellers Without Symptoms of COVID-19 Entering Canada <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/2019-novel-coronavirus-information-sheet.html>
- Coronavirus Disease (COVID-19): Travel Restrictions, Exemptions and Advice <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/latest-travel-health-advice.html>
- For Travellers with COVID-19 Symptoms Entering Canada <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/travellers-with-symptoms-return-canada.html>

**By submitting this form, I confirm that I have read, understood and I am aware of the importance of the quarantine procedure upon arrival to Canada, and will follow all criteria provided in this document as well as all requirements provided by the Government of Canada, for a full 14 days. By submitting this form, I consent to the Canadian College of Performing Arts retaining, collecting, and using any information and to ask me questions regarding my COVID-19 Quarantine period and release them as needed.**

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_