



VANCOUVER PREMIER COLLEGE

International Student Quarantine Plan

Personal Information

Name [First, Last]: _____

Student number: _____

Passport number: _____

Country of origin: _____

Date of birth (yyyy/mm/dd): _____

Home address: _____

Arrival information

Arrival date: _____

Port of entry into Canada: _____

Arrival from: _____

Arrival by (airline name and flight #): _____

Quarantine plan

Quarantine location (name and address of homestay provider, hotel or accommodation provider):

I confirm that the following are provided by the quarantine site:

- ☐ Transportation to quarantine location
- ☐ 3 meals/day, delivered to my room
- ☐ Access to needed toiletries, linen, cleaning supplies, etc.

- ☐ 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 am entering Canada with medical insurance that provides coverage for COVID-19 during the period of mandatory quarantine upon entry.

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

Commitment to this plan

I, [STUDENT NAME] _____, confirm that I understand the importance of the quarantine procedure upon arrival in 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.

Signature: _____

Date: _____

Please download this form, complete it and submit back to us at be-safe@vpcollege.com