



## Travel and Quarantine Plan

### Personal Information

<b>First and Last Name:</b>	
<b>Date of Birth:</b>	
<b>Nationality:</b>	
<b>Home Address:</b>	
<b>Phone Number:</b>	
<b>Email Address:</b>	
<b>Passport Number:</b>	
<b>Additional Information:</b>	



## Arrival Information

<b>Arrival Date:</b>	
<b>Arrival Time:</b>	
<b>Flight Number:</b>	
<b>Arrival Airport:</b>	
<b>Additional Information:</b>	

## Quarantine Information

<b>Type of Accommodation (Hotel, Residential, Airbnb, Private, etc...):</b>	<b>1) Which government authorized 3-day stay hotel:</b>  <b>2) Your own place of quarantine after the 3-day stay:</b>
<b>Accommodation Address:</b>	
<b>Additional Information:</b>	



## Planning

<b>How will you be traveling from the airport to your place of quarantine (Taxi, Uber, Private, etc....):</b>	<b>1) To the government authorized 3-day stay hotel:</b>  <b>2) To your place of quarantine:</b>
<b>How will you be receiving your everyday meals without leaving your place of quarantine?</b>	
<b>Additional Information:</b>	

Please attach further information or supporting documents for this application if necessary.



# QUANTUM COLLEGE



## Acknowledgement

I, \_\_\_\_\_, hereby confirm that I have a valid study permit that has been approved. By signing this document, I have read and understood that I will be fully compliant with the Government of Canada's Quarantine Act. I am also aware of the penalties for the violation of the Quarantine Act. I confirm that I have completed the ArriveCAN documentation for travel and contact information, quarantine plan, and the Covid-19 symptoms self-assessment. I agree to be in full compliance for transportation requirements from the airport to my accommodation, to self-isolate for 14 days, and to have an arrangement for my meals and supplies during self-isolation without violating any rules. I will be compliant to taking a COVID-19 test upon arriving in Canada at the airport, doing a 3-day stay at a government authorized hotel until clear test results have been established (if not vaccinated), then finishing my quarantine at a designation of my choice, and taking a final COVID-19 test to confirm a negative result before ending my quarantine. I confirm that I have the necessary medical travel insurance for my date of travels in Canada and that I have access to sufficient funds and the ability to pay costs to cover all additional Covid-19 related costs if necessary, including testing.

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

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

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## Office Use

Additional Notes:

Approved: Yes/No

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

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

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