

## RESIDENCIA UNIVERSITARIA AUGUSTA

## RECORD

2018/2019

Intern nr.

Room nr.

## RESIDENT

To be completed by Residence

First name	
Surname	
Date of birth	
Mobile phone	
E-mail	
Adress	
Postal code	
Country	

PHOTO

## INCORPORATION DATA

Date	Day	Month	Year
Entrance to the residence			
Departure	30	6	2019

## Meals Option (check with a cross)

HALF Board	<input checked="" type="checkbox"/>
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ALLERGIES

DIETARY RESTRICTIONS

## CONTACT INFORMATION

Father	Name	
	E-mail	
	Telf.	
Mother	Name	
	E-mail	
	Telf.	

## OBSERVATIONS:

<i>To be completed by the residence</i>	<i>Date</i>	<i>OK</i>
DOCUMENTATION		
NORMATIVE		
ID / PASSPORT		
REQUEST		
PHOTO		
HEALTH CARD		
HEALTH INSURANCE		
ENROLLMENT		
FULL		

