



QUANTUM ACADEMY



Travel and Quarantine Plan

Personal Information

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



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Arrival Information

Arrival Date:	
Arrival Time:	
Flight Number:	
Arrival Airport:	
Additional Information:	

Quarantine Information

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



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Planning

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

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



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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, 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: _____

Office Use

Additional Notes:

Approved: Yes/No

Name: _____

Date: _____

Signature: _____