

Languages Abroad ENROLLMENT FORM

Fax to the attention of:

FAX #: (416) 925-5990

PERSONAL DETAILS

PLEASE PRINT CLEARLY!

First name: _____ Family name: _____ Sex: M / F _____
Address: _____
City: _____ State / Province: _____
Postal code: _____ Country : _____ Citizenship: _____
Phone (Home): _____ Phone (Cell): _____
Phone (Work): _____ Email: _____
Date of birth: D ____ / M ____ / Y ____ Current age: _____ Smoker / Non-smoker (circle one)
Contact person in case of an emergency (Name / Phone #): _____
How did you hear of Languages Abroad?: _____
What are you expecting from this experience?: _____

SCHOOL AND PROGRAM INFORMATION

School location (City): _____ Country: _____
Course type (Standard / Intensive / Private etc.): _____
Course dates: From: D ____ / M ____ / Y ____ To: D ____ / M ____ / Y ____ Weeks _____
(Please refer to our website for EXACT start / end dates)
Language level (No knowledge / Beginner / Elementary / Intermediate / Advanced / Other - Please describe): _____
Other languages spoken or experience: _____

ACCOMMODATION INFORMATION

(PLEASE INCLUDE ALL ROOM SHARE OR SPECIAL REQUESTS)

Accommodation (Apartment / Host Family / Other): _____
Single Room / Double Room: _____
Catering choice if applicable: (Breakfast / Half board / Full board) _____
Dietary requirements / Health conditions: _____
Additional comments (please add another sheet if needed) _____

PROGRAM FEES & OPTIONS (All prices in USD):

Basic program fees (Tuition, accommodation, catering) _____ \$ _____
Medical insurance is recommended! (Coverage priced per week)
Coverage From: D ____ M ____ Y ____ Coverage To: D ____ M ____ Y ____
(Cost is \$30.00 per week) \$ 30.00 x _____ Weeks _____ \$ _____
Extra night's accommodation. Dates: _____ Number of nights: _____ \$ _____
Airport pick up (If applicable) _____ \$ _____
Late booking fee (If booking within 45 days of Start date) _____ \$ _____
Additional options (Courses, Private Lessons etc.) _____ \$ _____
TOTAL FEES \$ _____

I understand and agree to the Terms & Conditions of Languages Abroad (as per www.languagesabroad.com/terms.html)

APPLICANT'S SIGNATURE: _____ DATE: D ____ / M ____ / Y ____

IMPORTANT: PLEASE READ!

HOW TO ENROLL:

- 1) Please complete and sign this enrollment form (if the student is under 18 years, parent/ guardian will need to sign under age waiver form)
- 2) If enrolling within 45 days of the start date, FULL PAYMENT is due. If enrolling outside of 45 days, a \$300 or 10% deposit is due. If paying by credit card, please complete and fax in credit card approval form WITH this form.
- 3) Fax the completed enrollment form, credit card approval form (and waiver if applicable) to +1 416-925-5990.
- 4) Please do NOT book flights until your program is confirmed. Any further questions please call us 1-800-219-9924.