

ENROLLMENT FORM

FAX : 416 925 5990 MAIL: Languages Abroad, 386 Ontario Street, Toronto, ON Canada M5A 2V7

FAX TO THE ATTENTION OF (your contact in our office):

PERSONAL DETAILS:

PLEASE PRINT CLEARLY

First Name: _____ Family name: _____ Sex: M / F _____
Address: _____
City: _____ Province/State: _____
Postal code: _____ Country: _____ Citizenship: _____
Tel.# (Home): _____ Tel. # (Work): _____
Fax #: _____ E-mail address: _____
Date of birth: D ____ /M ____ /Y ____ Age: _____ Smoker/non smoker: _____
Contact Person in case of an emergency: (Name / Tel. #) _____
How did you hear of Languages Abroad?: _____
What are you expecting from this experience: _____

SCHOOL AND COURSE INFORMATION:

School location: _____ Country: _____
Course Type (Course Only/Standard/Intensive/Private/Combined/Holiday): _____
Course dates: From D ____ /M ____ /Y ____ To D ____ /M ____ /Y ____ Weeks _____
Important: Please refer to the price page on our web site for exact start dates and end dates. Most courses start on a Monday.
Language level (No knowledge / Beginner / Intermediate / Advanced/ Other - Please Describe Level): _____
Any other language experience or spoken: _____

ACCOMMODATION CHOICE: (PLEASE SEE SCHOOL LOCATION LISTING FOR OPTIONS, IF SHARING WITH FRIEND PLEASE ADVISE)

Accommodation choice (apartment / host family / guesthouse / residence /other): _____
Single / Double / Quad Room : _____
Catering choice if staying in host family : (B&B / HB / FB) _____
Do you have any special health conditions or dietary requirements: _____
Additional comments (Please add another sheet if needed) _____

PROGRAM FEES & ADDITIONAL OPTIONS (All prices in US Dollars):

Basic Program Fees (Tuition, accommodation, catering)	\$ _____
Medical insurance coverage (period of coverage in blocks of weeks).	
Coverage From: D ____ M ____ Y ____ Coverage To: D ____ M ____ Y ____	
(Cost is \$30.00 per week) \$ 30.00 x _____ Weeks	\$ _____
Extra Nights Accommodation: Dates _____ Number of nights: _____	\$ _____
Airport pick up (if applicable) _____	\$ _____
Late Booking Fee (Applies to programs booked within 45 days of course start date)	\$ _____
Additional options (courses, workshops, excursions etc.) _____	\$ _____
	Total Program Price \$ _____

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

By signing this form you understand and agree to the general terms and conditions of Languages Abroad.

Important: Please read all notes below!

To enroll in a program a deposit or full payment must also accompany this enrollment form.
Please follow these registration steps:

- 1) Please complete and sign this enrollment form (if the student is under 18 years of age parent or guardian will need to complete and sign an under age waiver form).
- 2) A \$300 deposit is required with all new enrollments (if registering within 45 days of program start date full payment is required). If paying by credit card you need to fill out and attach the credit card approval form.
- 3) Fax both the completed enrollment form and credit card approval form, and waiver form if applicable, to 416 925 5990 or mail forms to the address located at the top of this form.

We strongly recommend that you do not book flights until you have been confirmed in our program. Should you have any further questions please call us at 1 800 219 9924 or 416 925 2112.