

# Languages Abroad ENROLLMENT FORM

FAX #: (416) 925-5990 – Email: [office@languagesabroad.com](mailto:office@languagesabroad.com)

## PERSONAL DETAILS PLEASE PRINT CLEARLY!

First name: \_\_\_\_\_ Last name: \_\_\_\_\_ Sex: M / F  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State / Province: \_\_\_\_\_ Zip/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 \_\_\_\_ # of Weeks: \_\_\_\_\_  
(Please refer to our website for EXACT start / end dates)  
Language level: No knowledge / Beginner / Elementary / Intermediate / Advanced  
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): No board / 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 coverage from D \_\_\_\_ M \_\_\_\_ Y \_\_\_\_ to D \_\_\_\_ M \_\_\_\_ Y \_\_\_\_  
Cost is \$30 per week: \$30 x \_\_\_\_\_ weeks \_\_\_\_\_ \$  
Extra night of accommodation from D \_\_\_\_ M \_\_\_\_ Y \_\_\_\_ to D \_\_\_\_ M \_\_\_\_ Y \_\_\_\_ Number of nights: \_\_\_\_\_ \$  
Airport pick up \_\_\_\_\_ \$  
Additional options (Courses, Private Lessons, etc.) \_\_\_\_\_ \$  
Cancellation Insurance (2%, minimum \$75 - only applies for cancellation prior to departure due to health reasons) \_\_\_\_\_ \$  
**TOTAL FEES** \$ \_\_\_\_\_

I understand and agree to the Terms & Conditions of Languages Abroad (as per [www.languagesabroad.com/practical-info/terms.html](http://www.languagesabroad.com/practical-info/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 (whichever is greater) 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 or email to [office@languagesabroad.com](mailto:office@languagesabroad.com)
- 4) Please do NOT book flights until your program is confirmed. Any further questions please call us 1-800-219-9924.