

ENROLLMENT FORM

Language Learning Abroad, 186 Princess St., Kingston, ON, Canada K7L 1B1 Fax 613-548-1787

PERSONAL DETAILS:

PLEASE PRINT CLEARLY

First Name: _____ Family Name: _____ Sex: Male / Female

Address: _____ City: _____ Prov/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 emergency: (Name / Tel #): _____

How did you hear of Language Learning Abroad? _____

What are you expecting from this experience? _____

SCHOOL AND COURSE INFORMATION:

School: _____, Location: _____

Course Type (Course only / Standard / Intensive / Private / Combined/Holiday): _____

Course Dates: From D ___ M ___ Y ___ D ___ M ___ Y ___ Weeks _____.

Important: Please refer to the price page on our web site for exact start dates and end dates. Most course start on a Monday.

Language Level (No knowledge / Beginner / Intermediate / Advance / Other – Please Describe) _____

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 with a host family: (B&B / HB / FB): _____

Do you have any special health conditions or dietary requirements? _____

Additional Comments (add sheet if needed): _____

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

Basic Program Fees (Tuition, accommodation, catering) \$ _____

Medical insurance (based on quote from our office) \$ _____

Cancellation insurance (based on quote from our office) \$ _____

Extra Nights Accommodation: Dates _____ # 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 \$ _____

PAYMENT DETAILS:

Deposit Amount (\$300.00 minimum): _____ Insurance Amount: _____

Payment Method: Cheque (payable to Language Learning Abroad) Visa MasterCard

Card #: _____ Expiry Date: _____

I authorize a charge of \$ _____ to my credit card.

APPLICANT'S SIGNATURE: _____ DATE: D ___ M ___ Y _____

By signing this form you understand and agree to the general terms and conditions of Language Learning Abroad