



**Personal Information**

Name: \_\_\_\_\_ Mailing address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
 Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ FAX: \_\_\_\_\_  
 Mobile #: \_\_\_\_\_ E-mail (print large & clear): \_\_\_\_\_  
 Citizenship: \_\_\_\_\_ Sex: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_  
 Person to contact in case of emergency \_\_\_\_\_ Phone#: \_\_\_\_\_  
 What is your knowledge of Spanish?                      None      Basic      Elementary      Intermediate      Advanced

**Program Information**

What school do you wish to attend? \_\_\_\_\_ Location of school: \_\_\_\_\_  
 Type of program and number of hours: \_\_\_\_\_ Start date: \_\_\_\_\_ End date: \_\_\_\_\_  
 Number of weeks: \_\_\_\_\_ Academic credit: Yes / No Name of institution Providing Credit: \_\_\_\_\_  
 Reason for choosing location/school: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Expectations \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Attach additional page for multiple locations.

**Accommodation Information**

*All options are not available for all schools*

Circle one of the following accommodations:      Home-stay      Residence      Shared Flat      Apartment

Circle one: Private room      Shared room      Preferences (**not guaranteed**): \_\_\_\_\_

Do you Have Any Allergies, Medical Conditions, or Dietary needs? \_\_\_\_\_

**Flight Information**

This information is not necessary at this time. **You should NOT purchase a plane ticket until you receive a confirmation regarding your program from us.** If you plan on arriving a couple days prior to your program start date or want to leave several days afterwards you need to inform us of this, and request extra nights of accommodation if you desire us to do so.

Airport Pickup:                      Yes / No                      Arrival Info: \_\_\_\_\_

Extra Nights of Accommodation: Yes / No      What Dates & How Many Nights? \_\_\_\_\_

**Turn Over**

