

Language Skills Abroad
Registration Form
Send to 9550 E Thunderbird Rd Suite 254
Scottsdale, AZ 85260
USA

Or Fax to 1-480-657-8464

Please feel free to contact us with any questions about this form at info@languageskillsabroad.com
or at toll free at 1-877-689-9970

Name _____ Gender: _____

Date of Birth (MM/DD/YEAR) _____ Citizenship: _____

Occupation: _____ Native language _____

Other languages spoken _____

Present knowledge of language for which you will be attending school?

Entry level Beginning Proficient Intermediate Advanced Very advanced

1. Language program information:

Name of school you wish to attend: _____

City in which this school is located: _____

Starting date of classes. Please note that classes typically fall on a Monday.

(MM/DD/YEAR) _____

Type of language program: Group Private

Confirm number of lessons per day? _____

How many weeks? _____ Please confirm last day of class (MM/DD/YEAR) _____

2. Accommodation information

- Accommodation type:

Host family *Residence *Shared Apartment *Private Apartment Hotel

Flat shared with locals (available in Spain only) Other _____

*Please note that some the above accommodation options are only available in some locations while not in others. Please double check the website to confirm that the option you circled is available in the location to which you will be traveling.

- I will need Language Skills Abroad to arrange the above requested accommodation type: No Yes
- Room type: Private room Shared room



- If traveling with a companion or a group, is there anyone with whom would you like to share...

your accommodations? _____

Your room? _____

Will the above named person be registered at the same school at the same time as you?

No Yes If no, which dates will they be registered? _____

*By signing this registration form, you understand that if the person with whom you intend to share an accommodation states that they wish to have a different accommodation and/or a private room, you will be placed in a separate accommodation and/or a private room as well and billed for the accommodation type for which you were placed and NOT for which you requested.

3. Host family information ONLY

- Please circle the options you would like to have in your accommodation IF you have requested a host family:

Breakfast only Breakfast and dinner Breakfast, lunch and dinner

Host family with children Host family withOUT children No preference

Smoking okay Non smoking No preference

Allergies to: Cats Dogs Penicillin Seafood Dairy products Plants Other _____

- Dietary restrictions: _____

- Please list any special medical requirements: _____

4. Student contact information:

Home phone number _____ Work phone number: _____

Cell phone number _____ Best time to call: Morning Afternoon Evening

E mail address: _____

Mailing Address: _____

5. Emergency contact information

- In case of an emergency, whom should we contact?

Name: _____ Relation to you _____

Address: _____

Home phone: _____ Work phone _____ Cell phone _____

Email address: _____

6. Deposit information: My \$100 deposit is enclosed in the form of a

Check Money order Credit card: (circle one) Visa MasterCard Discover American Express

Name on credit card: _____

Credit card number _____ Expiration date _____

Signature of cardholder: _____ Date signed _____

7. Payment information: The balance of my program not including the enclosed deposit is included in the form of a

Check Money order Credit card: (circle one) Visa MasterCard Discover American Express

Name on credit card: _____

Credit card number _____ Expiration date _____

Signature of cardholder: _____ Date signed _____

8. Student signature: _____ **Date signed** _____

9. Legal guardian signature: _____ **Date signed** _____

*****Registration will not be processed without signature on line 8. Line 9 MUST be signed in addition to line 8 if student is a minor******

By submitting this form with my signature/s, I agree to the following terms and conditions:

1. The credit card number provided will be charged or check provided will be cashed for the \$100 deposit towards the balance of my program. This deposit is non refundable under ANY circumstances other than if the program cannot be confirmed. If I cancel my program with more than 1 week before the Sunday before my program begins, \$50 of the deposit is transferable towards any program offered through Language Skills Abroad in the future. If I cancel the program within less than 1 week prior to the Sunday before my program begins, I understand that the entire balance of the deposit will not be refunded nor applied towards another program.
2. Confirmation of my program will be e mailed to the e mail address provided by me in this registration form. Upon receipt of confirmation, the credit card number or the check which I provided to cover the balance of the program will be charged or cashed.
3. If I provided a check for an inaccurate sum, I will send payment for the balance to Language Skills Abroad within 5 business days of receipt of my confirmation, otherwise my program is subject to cancellation. If the sum is over the amount owed, I understand that the check provided will be cashed and a check will be issued to me from Language Skills Abroad to reimburse me for the overage.
4. If, after the program is confirmed and the payment is processed, I choose to cancel my program, I will receive a refund excluding i) the non refundable deposit and ii) excluding the amount the individual school charges per its cancellation policy, I have contacted Language Skills Abroad regarding the cancellation policy of the school I have chosen to attend and agree to the terms of cancellation.
5. Requests such as room-sharing, smoking preferences, or any other kinds of requests in the comment field are not guaranteed.
6. I am aware of the fact that by studying in a foreign country, I will expose myself to a different culture and lifestyle. I will not hold the school/s, which I am attending, nor Language Skills Abroad responsible if I am dissatisfied with the location/s to which I have chosen to travel.
7. I will exercise my best judgment in all actions held prior, during, and after my stay in the country/countries in which I intend to study and I will not hold responsible the school/s, which I am attending nor Language Skills Abroad for any injury, theft or mishap of any kind. If I fail to use my best judgment, I will not hold responsible the school or Language Skills abroad for being removed from the program without any refund.
8. I have read, understand, and agree to the policies outlined by Language Skills Abroad at