

Application 2020



Date

Winter programs:

- | | |
|--|--|
| <input type="checkbox"/> Academic year (September–June) | <input type="checkbox"/> Trimester I (September 12wks) |
| <input type="checkbox"/> Semester I (September–December) | <input type="checkbox"/> Trimester II ((January 12wks) |
| <input type="checkbox"/> Semester II (January–June) | <input type="checkbox"/> Trimester III (April 12 wks) |

Summer programs:

- Homestay & travel (June 14 – July 12)

*dates are subject to change

1. PERSONAL DATA

Legal (passport) Name: Nickname:
Passport #: Date of expiration: Place of issue:
Country: e-mail: Address:
Town: State: Area code: Phone #:
Male: Female: Date of birth: Age:

2/. FAMILY DATA

Father's name:
Occupation: Phone (work): E-mail:
Mother's name:
Occupation: Phone (work): E-mail:
Brothers and sisters in the family:
Name: Age: Name: Age:
Name: Age: Name: Age:
Name, address and telephone of person –other than abovementioned parents– to contact in case of emergency:
.....
.....
.....

3/. ACADEMIC DATA

Curso acabado el 1 de julio próximo: Conocimiento de inglés: Pobre Regular Bueno Excelente
Colegio donde estudia:
Dirección del colegio:

4/. HEALTH RECORD

Please circle the following as applicable. The participant:

HAS _ DOES NOT HAVE _ any physical or health disability requiring medical attention.

HAS _ HAS NOT _ been under psychiatric treatment.

SUFFERS _ DOES NOT SUFFER _ from any type of allergy.

NEEDS _ DOES NOT NEED _ any special medication.

NEEDS _ DOES NOT NEED _ any special diet.

Father's signature

Mother's signature

Participant's signature