

SPAIN FOR STUDENTS PROGRAM APPLICATION

Thank you for registering for the Spain for Students program. Please complete this application form and submit your deposit using a credit card through our site or by mailing a check. If you have any questions about registration, please call (336)794-6944 or email us: info@chispaspain.com

APPLICATION DATE _____

1. PROGRAM INFORMATION

Program Starting Day _____ Program Code _____

2. STUDENT INFORMATION

Last Name _____

First Name _____

Date of Birth _____ Nationality _____

Passport Number _____

E-mail _____ Phone # _____

Street Address _____

City _____ State _____ Zip Code _____

3. SCHOOL INFORMATION

Current Grade Level: 7th 8th 9th 10th 11th 12th Other _____

Name of School _____

Name of Teacher _____

E-mail _____ Phone # _____

School Address _____

City _____ State _____ Zip Code _____

Spanish Class Level (Beginners also welcome) _____

4. DEPOSIT INFORMATION

Payment Format: Check Paypal Deposit Amount _____

5. PARENTS/GARDIAN INFORMATION

Relationship to Student: Mother Father Legal Guardian

Last Name _____

First Name _____

E-mail _____ Phone # _____

Address _____

(If different from Student)

Relationship to Student: Mother Father Legal Guardian

Last Name _____

First Name _____

E-mail _____ Phone # _____

Address _____

(If different from Student)

6. REFERENCES

List 2 references that can provide information about your character and academic performance

* Name _____

Relationship to student _____

E-mail _____ Phone # _____

* Name _____

Relationship to student _____

E-mail _____ Phone # _____



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