

# Spanish Learning Abroad

## APPLICATION FORM

*please submit this with the HEALTH & GENERAL INFORMATION form*

**Group I** \_\_\_\_ June 14 - July 12 (*Seville*)

**Tennis Program** \_\_\_\_\_ *weeks*

**Group II** \_\_\_\_ June 21 - July 19 (*Granada*)

**Group III** \_\_\_\_ July 3 - July 31 (*Seville*)

**Flex dates from** \_\_\_\_\_ **to** \_\_\_\_\_ **site** \_\_\_\_\_

**I prefer flight arrangements with group** \_\_\_\_ **We'll do our own flight arrangements**

Name of Applicant (as appears in passport) .....

Passport # ..... Expiration ..... Country of Issue .....

Date of Birth ..... Male ..... Female ..... Current Grade .....

School ..... Current Spanish Level .....

Teacher Reference ..... Phone .....

Home Address .....

Parent/Guardian Name ..... Phone ..... Cell .....

Parent/Guardian Name ..... Phone ..... Cell .....

Preferred Email ..... Other Email .....

## AGREEMENTS

"We hereby state, as sole guardians of the applicant, our wish to enroll him/her in the selected 2008 program offered by Spanish Learning Abroad, Inc. In signing this application form, we are stating that we have read all the pertinent information regarding the program and believe that the applicant is fully able to meet the physical and emotional requirements necessary for its successful completion. Also, we have read and understood the guidelines governing the selected 2008 program, and agree to fully support their letter and spirit. We further understand that if our son/daughter is unable to comply with these guidelines, his/her participation may be abbreviated at the discretion of the program supervisor, at our expense. We also accept the fact that travel may involve possible risks from strikes, civil unrest, war, weather, and other potentially dangerous circumstances which are beyond the control of Spanish Learning Abroad, Inc. and we voluntarily accept these as risks of my son/daughter's participation in this program. We have enclosed the deposit to be credited to the tuition, which will only be refundable if this application is not accepted. We agree that if the application is accepted we are obligated to the full tuition amount, even if the applicant later withdraws from the program. We also agree to reimburse Spanish Learning Abroad for any medical expenses incurred on behalf of our son/daughter. We further agree that in future promotional material Spanish Learning Abroad, Inc. may use photographs or film of this year's program that may include our son/daughter, or statements made by him/her or by us regarding the program."

Signature (parent) ..... Date .....

Signature (parent) ..... Date .....

"I, the applicant, have read and understood the objectives of the selected 2008 Spanish Learning Abroad, Inc, program and agree to commit my best efforts to helping achieve them. I enthusiastically commit to speaking Spanish at all times. I have also read and understood the rules and guidelines governing the program. I agree to fully comply with their letter and spirit, and help others do so. I specifically commit to remaining alcohol/drug-free for the entire duration of the trip, and understand that failure to sustain this commitment may result in my participation being abbreviated at the discretion of the program supervisors. I also agree that in future promotional material Spanish Learning Abroad, Inc. may use photographs or film of this year's program which may include me, or statements that I make regarding the program."

Signature (student) ..... Date .....

# HEALTH & GENERAL INFORMATION

Please be as complete as possible: this is the sheet supervisors will refer to in the event of an emergency. This information is treated as confidential. Unless you instruct otherwise, the supervisor will share it with caregivers, host families and chaperones **only in a medical emergency**.

In the event medical attention is needed, which procedure would your insurance provider want us to follow?

\_\_\_ *No need to call insurance for authorization, just keep receipts.*

\_\_\_ *Other:*.....

## **1. Student's Health**

Please describe any relevant medical history or conditions that we should be aware of. ....

.....  
.....  
.....

Does this student have any allergies (medication, food, cats, dogs, etc)? .....

.....  
.....

Is this student taking any medication? Which? .....

What for? .....

Are there any special dietary needs? .....

.....

## **2. General Information**

Please describe this student's likes and dislikes, or favorite pastimes and activities. ....

.....  
.....  
.....

What do you think are the strengths and weaknesses of his/her personality? .....

.....  
.....  
.....

Has he/she ever shown symptoms of anxiety, homesickness or depression? .....

.....  
.....

Are there any aspects of this program that you think might pose a challenge to this student?

.....  
.....

**Thank you** for your candid comments. They are very important in helping us prepare a successful experience.