

APPLICATION FORM

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PERSONAL DETAILS												
LAST NAME			HOME ADDRESS	HOME ADDRESS								
FIRST NAME			CITY	CITY ZIP CODE								
SEX Male Female			STATE	STATE								
DAY/MONTH/YEAR OF BIRTH			COUNTRY	COUNTRY								
NATIONALITY			MOBILE PHONE/WHATS/	MOBILE PHONE/WHATSAPP EMERGENCY PHONE								
PASSPORT N°			OCCUPATION	OCCUPATION								
NATIVE LANGUAGE			E-MAIL	E-MAIL								
NAME, ADDRESS, AND PHONE NUMBER OF PERSON WE SHOULD CONTACT IN CASE OF EMERGENCY												
WHAT IS YOUR LEVEL OF SPANISH? A0 (Complete Beginner) A1 (Beginner) A2 (Elementary) B1 (Intermediate) B2 (Upper Intermediate) C1 (Advanced) C2 (Proficient)												
DO YOU HAVE A LEARNING DISABILITY?												
HAVE YOU EVER STUDIED SPANISH BEFORE? Yes* No *If yes, please indicate name, address, phone number, and email of your Spanish teacher and institution:												
HOW DID YOU HEAR ABOUT US FOR THE FIRST TIME? Friend University/school Government institution Search engine www.enforex.com Travel agency Fair Advertisement Link Other Please specify the name or location of the option you have chosen:												
SELECTED COURSE(S)	AND DESTINATION(S)											
COURSE NAME a.	DE	STINATION or ONLINE	N° WEEKS	CLASSES/WEEK START DATE	FINISH DATE							
b.												
DESTINATIONS IN SPAIN		SUMMER CAMPS IN SPAIN		DESTINATIONS IN LATIN AMERICA								
ALICANTE	MARBELLA	BARCELONA BEACH	MALAGA	ARGENTINA - Buenos Aires	ECUADOR - Quito							
BARCELONA	SALAMANCA	BARCELONA CENTRO	MARBELLA ELVIRIA	CHILE - Santiago de Chile	MEXICO - Playa del Carmen							
CADIZ	SEVILLE	MADRID	MARBELLA CENTRO	COLOMBIA - Cartagena de Indias	GUATEMALA - Antigua							
GRANADA	TENERIFE	SALAMANCA	MARBELLA LAS CHAPAS	COSTA RICA - San Jose	PERU - Cusco							
MADRID	VALENCIA	VALENCIA		DOMINICAN REP Santo Domingo	URUGUAY - Montevideo							
MALAGA			ONLINE 24/7 - 365	ONLINE 24/7 - 365 OTHER(S)								
OTHER(S)			WORLDWIDE									
ACCOMMODATION If	you would like us to arrang	ge your accommodation, please indicat	te your preferences below:									
TYPE OF ACCOMMODATION												
HOST FAMILY		SINGLE ROOM		NO MEALS								
STUDENT RESIDENCE DOUBLE ROOM (With whor			om?)	☐ WITH BREAKFAST								
☐ SHARED STUDENT APARTMENT ☐ DOUBLE ROOM FOR SING		GLE USE	WITH BREAKFAST AND D	AND DINNER (HALF BOARD)								
PRIVATE APARTMENT		TRIPLE ROOM (With whor	n?)	☐ WITH BREAKFAST, LUNCH, AND D								
OTHER(S)		SHARED ROOM										
TYPE OF ACCOMMODATION												
		DESTINATION	N° WEEKS	ARRIVAL DATE	DEPARTURE DATE							
a.		DESTINATION	N° WEEKS	ARRIVAL DATE	DEPARTURE DATE							

ACCOMMOD	OATION PREFERENCES										
DO YOU WANT A I	PRIVATE BATHROOM (UPON AVA	AILABILITY AND AT AN AE	DDITIONAL COST)?	☐ No							
DO YOU NEED A S	PECIAL DIET (AT AN ADDITIONA	ALCOST)? Yes No	Specify:								
OTHER REQU	ESTS (we will do all we can to com	nply with your preferences,	but we cannot make any guara	ntees)							
DO YOU SMOKE?	? Yes No DO YOU PREFER A NON-SMOKING FAMILY? Yes No DO YOU PREFER A FAMILY WITHOUT PETS? Yes No										
IS THERE ANYTHIN	NG ELSE WE NEED TO KNOW (ME	EDICAL PROBLEMS, ALLER	GIES, DISLIKE OF PETS) IN OR	DER TO HI	ELP US FIND YOU	A SUITABLE FAMII	LY?				
on how to reach you or depart after the	d in the homestay accommodation by public trace designated times, there will be vever, this cannot be guaranteed	ansportation along with co charges for extra nights. \	onfirmation of your booking. You should also advise your h	You should	l arrange to arrive	e on Sunday after	noon/evening and leave	on Saturday morning	g. If you arrive earlier		
TRANSFER SE	ERVICES										
If you would like to	be met at the airport and transfer	rred to your accommodation	on, please complete the data b	elow. Pleas	$low. Please \ advise \ Enforcex of your \ arrival \ details \ as soon \ as \ possible, at \ least \ one \ week \ before \ the \ course \ begins.$						
ARRIVAL TRANSFE	ARRIVAL TRANSFER \square Yes, I want an arrival transfer \square No, I don't want an arrival transfer					RETURN TRANSFER Yes, I want a return transfer No, I don't want a return transfer					
DAY/MONTH/YEA	R OF ARRIVAL			DAY/N	DAY/MONTH/YEAR OF DEPARTURE						
ARRIVALTIME				DEPA	DEPARTURETIME						
AIRLINE		Flight number		AIRLI	lE .	Flight number					
COMING FROM (C	CITY)			DEPA	RTING FROM (CITY	Y)					
ARRIVAL IN	ALICANTE BAR	RCELONA GRANA	DA GERONA		GIBRALTAR	JEREZ	MADRID	MALAGA	REUS		
SPAIN	SALAMANCA SEV	ILLE TENERI	FE NORTE TENERIFE SU	IR .	VALENCIA	☐ VALLADOL	.ID OTHER(S)				
ARRIVAL IN	ARGENTINA CHI				DOMINICAN REP.						
LATIN AMERICA											
	GUATEMALA ME)	XICO PERU	URUGUAY		OTHER(S)						
CAMP BUS TRANS											
YES, I WANT TH	HE ROUND-TRIP CAMP SHUTTLE	FROM/TO MADRID	MALAGA		MARBEL	LA	SALAMANCA	VALEN	CIA		
YES, I WANT TH	HE DAILY CAMP BUS IN		BARCELONA		MADRID)	MALAGA	MARBE	LLA		
OTHER SERV	ICES										
Cost per week: EU	NSURANCE (see section of the Ge R 50 (programs in Spain; mandato s (= total stay)		ns and students under 18) / U	5D 60 (pro	grams in Latin Am	erica; mandatory	for Argentina, Chile, Inte	ernship programs, and	students under 18)		
Valid for cancellat	GUARANTEE (see section of the Ge ions before and after arrival. The ted and paid in full upon enrollme	e cost (non-refundable) of			EUR 75 (program	ns in Spain) / EUR	150 (Summer Camps ar	nd Junior Programs) /	USD 90 (Mexico)		
INVITATION LETTI	ER (Enforex will send out invitation	n letters only if the total co	st of the program has been pai	i.) Do y	ou require it?	YES, Express	courier, extra cost or	Regular post, free	□ NO		
AGREEMENT	AND PAYMENT										
who require a visa case whatsoever w	nrollment a (non refundable) depo may have other/additional condit iill a refund be made for the cost o www.enforex.com/payment.html	tions. Please refer to the go of the program or accommo	eneral conditions on the next	page). This	deposit is not an a	additional cost. Th	ne remaining fees must b	e paid at least 4 week	s before arrival. In no		
Yes, I have read	and agree with the Enforex Term	ns and Conditions.									
HOW TO PAY Please indicate how you would like to pay (Bank or personal checks won't be accepted). Bank transfers are made payable to IDEAL EDUCATION GROUP, S.L.					* Fill this out only if you are paying by VISA or Master Card (Transactions with other credit cards are not accepted) Visa Master Card						
Bank transfer	All bank charges are paid by the sender. Bank transfer Visa or Master Card* To our representative				NAME OF CARD HOLDER						
					WHILE OF CARD FOLDER						
Account name Bank name	IDEAL EDUCATION GROUP, S.L SABADELL				ID/PASSPORT NO. OF CARD HOLDER						
Swift Code and BIC			CREDIT CARD NO.								
Branch Address						TE					
(€) EUROS ACCOU		4000			CARD VEDICIO	TION NI IMPED (C	ON BACK OF CARD)				
IBAN number ES26-0081-0298-4800-0121-4223 (\$) US DOLLARS ACCOUNT					SAND VENIFICA		JACK OF CARDI				
IBAN number ES24-0081-0298-4200-7053-0365					TOTAL AMOUNT	FENCLOSED OR A	AUTHORIZED FOR CHAP	RGE	EUR USD		
DATE AND SIGNA	DATE AND SIGNATURE OF STUDENT/LOCAL REPRESENTATIVE				Authorized sig	gnature					
www.almatur.opole.pl				Without a han	ndwritten signatur	e, your payment will not b	pe processed.				