Enrolment form 2014

PERSONAL DETA	AIIS	shout the s	tudent:									
Last name:	TIP HID WOOM the Student.			First name:				Gende	Gender:		Age:	
Date of birth (D/M/Y):								Nation			.5	
Address:	moner organ. Nationality.											
Zip Code / City:			(Country:				State:				
	obile phone (student):					E-ma	il:	Jacob				
	AII.S a	shout the co	ontact ners	on during	the studies (tudents	under 18):			
Last name:	ibout the co	ontact pers	son during the studies (parents/guardian for students und First name:				arraer 16).					
Address:												
Zip Code / City:			(Country:	ntry: State:							
Phone (land line):							Mobile phone:					
Emergency number:							il :					
COURSES												
Start of studies (D/M/Y):	Start of studies (D/M/Y):			End of studies (D/M/Y):			<u> </u>		Number of weeks:			
School location:	School location:			O Berlir	1		O Freiburg		O Montreux		O Lyon	
	O STA	NDARD - 20 I	pw									
	O INTENSIVE - 25 lpw											
	O PREMIUM - 30 lpw											
	O PRI	VATE		Number of lessons / week:								
Course type:	○ COMBI 5 - 25 lpw											
	O COI	MBI 10 - 30 lp)W									
				☐ Goethe Zertifikat B1		☐ Goethe Zertifikat E			☐ Goethe Zertifikat	Goethe Zertifikat C1		
	O EXA	AM PREP PREM	ЛIUM - 30 lpw	/ TELC E	31		□ TELC B2		☐ TELC C1			
				DELF I	B1		□ DELF B2		□ DALF C1	J DALF C1		
Language knowledge:												
									O Intermediate		O Advanced	
Number of years of study of French / German:												
A CCONTACTOR	ONI		1 .6 1									
ACCOMMODATION - Complete only if app					data			Number	of weeks:			
Arrival date:			_	Departure date:						rd (dinner meal)		
O Host family				Double room			→ DiedkidSt		oaru (diffiler filear)			
Student apartmentSelf-catering homesta							□ No meal □ Breakfast			☐ Half board (dinner meal)		
				Double footil		L No Illedi		ası	- Hall board (diffile)			
○ Student residence ☐ Single room ☐ Share and ☐ Share												
O Studio Double room Double room Do you require a special diet or do you have any health problem?												
Do you require a special diet or do you have any health problem? Do you have any special request about your accommedation? (if you please specify on a separate sheet*)												
Do you have any special request about your accommodation? (if yes, please specify on a separate sheet*) *We will try our best to take your requests into consideration, but it cannot be guaranteed. Requests sent AFTER the enrolment process won't be taken into account.ration.												
The state of take y	our reque			not be gadia.	The car requests seri		. the emoline process in					
AIRPORT TRANS	SFERS	- Comple	te only if a	plicable								
:		aint-Exupéry	O Berlin Teg	· · · · · · · · · · · · · · · · · · ·	O Berlin Schönef	eld	O Zurich		O Basel/Mull	house	O Frankfurt	
Arrival date (D/M/Y):	Arrival date (D/M/Y):		Time:		Flight number:				Coming from:			
Departure date (D/M/Y):		Time:		Flight number:				Flying to:				
INSURANCE - Co	mpuls	ory field										
Do you require health / accident insurance cover valid in the country of destination?												
O NO, I have valid insurance cover. In this case, please send us a copy of your insurance cover.												
O YES, I wish to take out an insurance policy. Please send me the appropriate documentation.												
Do you require cancellation insurance for the course booked (around 3% of the total amount of the invoice)?												
MISCELLANEOU												
How did you hear about ESL (official representative or other)? Please specify:												
Have you already taken part in a language course? O NO O YES, organisation and location:												
An enrolment fee is added to all course prices: CHF 110 for the programmes in Switzerland / EUR 75 for the programmes in France / Germany. An extra fee is added, for last minute enrolment procedure less than 2 weeks before the course start: CHF 50 / EUR 35.												
Special accommodation: 110 CHF / EUR 75, as placement fees in hotels, B&B, youth hostels, etc Your local representat												
I agree with all ESI's terms and conditions (see "terms and conditions" page).											. oar representative.	
Place and date:												
Signature of the student:												
Signature of the parent or guardian (for students under 18):												
Please send this enrolment form to the mentioned postal address, e-mail or fax number.												