

> ENROLMENT FORM



[Please read our enrolment conditions overleaf carefully before completing your enrolment form]

[CAPITAL LETTERS, PLEASE]

Mr

Mrs

Miss

Ms

FIRST NAME

SURNAME

ADDRESS

TEL [HOME]

TEL [WORK]

TEL [MOBILE]

E-MAIL

PLACE OF BIRTH

DATE OF BIRTH

OCCUPATION

HOW DID YOU HEAR ABOUT THE INSTITUTO CERVANTES?

HAVE YOU STUDIED AT THE INSTITUTO CERVANTES BEFORE?

YES

NO

(IF NO) HAVE YOU EVER STUDIED SPANISH?

YES

NO

I WISH TO ENROL FOR THE FOLLOWING:

1ST OPTION

COURSE NO>

LEVEL>

DAY>

TIME>

2ND OPTION (We will make every effort to facilitate your preferred option. Only if no place is available or your course is cancelled due to insufficient students, will we move on to your 2nd choice)

COURSE NO>

LEVEL>

DAY>

TIME>

FEE: _____

CHEQUE

CASH

VISA/ MASTERCARD

LASER

CREDIT/DEBIT CARD N° [PLEASE INCLUDE 3 DIGIT SECURITY CODE ON BACK OF CARD]

EXPIRY DATE

NAME ON CARD

I HAVE READ & I ACCEPT THE TERMS & CONDITIONS OF ENROLMENT STATED OVERLEAF.

SIGNATURE OF APPLICANT ^

[FOR TEACHER'S USE ONLY]

.....
RECOMMENDED LEVEL AFTER ASSESSMENT TEST ^

SIGNATURE >

DATE >