

C R L A

P.O. BOX 1966-2050, SAN JOSE, COSTA RICA
Fax (506) 280-2548 Tel (506) 280-1685, 280-1739, 280-5834

spanish@crla.co.cr

www.spanishandmore.com

REGISTRATION FORM

STUDENT INFORMATION

Name:

Place of birth:

Date of birth(month/day/year)

Male: Female:

Marital status:

Address:

Country:

Telephone number: (work) (home)

(Fax) (Include fax or email for enrollment confirmation)

E-mail:

Profession/Occupation:

What languages do you speak?

Have you received Spanish classes before? No Yes

If yes, where? For how long?

Present Spanish level:

Complete Beginner Basic Intermediate Advanced

How did you find out about the C.R.L.A.?

Why did you choose C.R.L.A.? Former Student Name of student
 Internet Name of search engine/directory
 Magazine / Book Name of magazine / book
 Other source Please specify

PROGRAM

PROGRAM YOU ARE ENROLLING IN:

Monday-Friday or Mon.-Thursday

Number of Weeks: Hours/Day: 3 4 5 6

Homestay: Yes No

DATES YOU WILL BE AT CRLA:

From To

Do you wish to be picked up at the airport? Yes No

DATE TIME AIRLINE FLIGHT#

HOME STAY

What type of lodging and family do you prefer?

Room: Private Shared room

Atmosphere: Quiet Social Indifferent

Children: Yes No Indifferent

Pets: Yes No Indifferent

Smoking: Yes No Indifferent

Diet: Vegetarian Non-vegetarian

Other preferences

Do you have allergies or other relevant health problems? (Specify)

NOTE: The information provided will be used to make the best possible match between student and host family. Although we try to meet as many of the student's wishes as possible, we do not require that the family or the academy provide everything that the student has indicated.

What do you hope to gain from this experience?

Student's signature: _____ Date: _____

PERSON TO NOTIFY IN CASE OF EMERGENCY

Name & relation to student:

Address:

Telephones: (home) (work)