



Student Enrollment Form

Student Information

Full name:

Address:

City:

State / Province:

Postal Code:

Country:

Gender: Male / Female

Date of Birth:

Occupation:

Phone:

Mobile Phone:

Email address:

Are you traveling with others: Yes / No

If yes, how many and what are there names:

Central Valley Spanish School
Apartado 6002-1000
San José, Costa Rica
Telephone in Costa Rica: 506 2294-5412
Telephone in U.S.A.: 407 385-7228
Email: info@centralvalleyspanishschool.com



Academic Program Information

Which program?

How many weeks?

Class starting date?

What do you think your level of Spanish is? Beginner / Intermediate / Advance

Where did you acquire this knowledge?

Have you ever been to a Spanish speaking country before?

Do you speak any other languages?

Homestay Information

Homestay: Yes / No

Do you have any special health needs or dietary concerns?

Special homestay requests:

Smoking: Yes / No

Children: Yes / No

Pets: Yes / No

Any additional homestay requests:



Flight Information

Airport pick-up: Yes / No

What date do you plan to arrive?

What time of day do you expect to arrive?

Which airline and flight number will you be arriving on?