

PERSONAL DETAILS OF THE STUDENT (exactly as shown on ID card or passport)

Family Name (Surname): _____ First Name(s): _____

Address: _____

Post Code: _____ City: _____ Country: _____

Nationality: _____ Country of Birth: _____ Date of Birth: _____

Sex: ☐ Male ☐ Female Age: _____ Passport Number: _____

Telephone: _____ E-mail: _____

Height: _____ Weight: _____ Shirt size: _____ Trouser size: _____

PERSONAL DETAILS OF THE PARENT(S) OR LEGAL GUARDIAN(S)

Name(s) of Parent(s) or Legal Guardian(s): _____

Address: _____

Post Code: _____ City: _____ Country: _____

Telephone: _____ E-mail: _____

COURSE INFORMATION

Arrival date: _____ Departure date: _____ Weeks: _____

☐ 1st year of Baccalaureate age 16/17 ☐ 2nd year of Baccalaureate age 17/18**EMERGENCY CONTACT**

Family Name (Surname): _____ First Name(s): _____

Address: _____ Relationship to Applicant: _____

PERSONAL DETAILSReligion: _____ Do you regularly attend services? ☐ Yes ☐ No**HABITS**Do you smoke? ☐ Yes ☐ NoIf "Yes", are you willing to stop smoking? ☐ Yes ☐ NoDo you drink alcohol? ☐ Yes ☐ NoIf "Yes" do you drink at home? ☐ Yes ☐ NoDo you drink with friends? ☐ Yes ☐ No

Describe your normal social life:

HOBBIES AND INTERESTS Please list your hobbies and interests, starting with those you most enjoy:

1. _____ 2. _____ 3. _____
4. _____ 5. _____ 6. _____

SPORTS List the sports you regularly participate in:

1. _____ 2. _____ 3. _____
4. _____ 5. _____ 6. _____

LANGUAGES

	Years	Months	Hours/week	Level
How long have you studied Spanish en High School?	_____	_____	_____	_____
How have you studied Spanish in a Language School?	_____	_____	_____	_____

SELF ASSESSMENT We would like you to assess your own competence in Spanish

	None	Beginner	Intermediate	Advanced
Reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Writing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Listening comprehension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Speaking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

OTHER LANGUAGES

Language	Degree of fluency	How long Studied
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PARENTS CONSENT

Does your son / daughter / charge have your permission to drink alcohol? ☐ Yes ☐ No

To your knowledge does your son / daughter / charge smoke? ☐ Yes ☐ No

Does your son / daughter have your permission to remain out of the family / Yes school after 10 p.m. weeknights / 11 p.m. weekwnds? ☐ Yes ☐ No

I / We have read the Conditions of Acceptance and agree to be bound by them. ☐ Yes ☐ No

I / We have read the completed Application Forms and agree with the information provided ☐ Yes ☐ No

Name: _____ Signature: _____

Date: _____

DECLARATION

By signing this application form you are agreeing that: you have read, understand and agree to the Terms and Conditions for Students and the privacy policy and the current Price of LC Idiomas Gran Canaria; the laws of the place where you will study will apply to any agreement arising out of this application form, and you will abide by and study within the terms of any visa which may be required for your course.

If you agree to LC Idiomas using the student's image for photography, filming or sound recording, please tick here. ☐

LC Idiomas will only use your image for its own promotional materials and will secure your data. Please see our Privacy Policy for more information on how LC Idiomas manages personal data.

Special instructions/requirements: _____

Name of signatory or agency: _____

Signature:

If you are filling this form out electronically please type your name above and tick the box to declare that all the information on the form is correct. ☐

Please send your form to: info@lcampus.co

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