

# Application Form

Family Name: ..... First Name: .....

Address: ..... City: ..... Postal Code: .....

Country: ..... Telephone: ..... Fax: .....

E-mail: ..... Age:  Male  Female Home Language: .....

Emergency Contact Phone: ..... Emergency Contact Name: .....

## Courses

	Lessons per week		Students			
	20	25	1	2	3	Lessons/week: <input type="text"/>
Intensive Spanish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Long Term	<input type="radio"/>	<input type="radio"/>				
Academic Semester	<input type="radio"/>	<input type="radio"/>				
Academic Year	<input type="radio"/>	<input type="radio"/>				
Spanish + Tourism	<input type="radio"/>	<input type="radio"/>				
Junior Summer Course	<input type="radio"/>	<input type="radio"/>				
DELE Preparation					<input type="radio"/>	Nivel Intermedio
						Nivel Superior

**Dates**

From (day/month/year): ..... / ..... / ..... To: ..... / ..... / .....

## Accommodation

	Single room				Double room			
	SC	BB	HB	FB	SC	BB	HB	FB
Homestay		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
abc Student Residence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shared Flat	<input type="radio"/>				<input type="radio"/>			
abc Executive Shared Flat	<input type="radio"/>				<input type="radio"/>			
Student Residence Plus		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
University Residence		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hotel		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SC: Self-catering    BB: Bed & breakfast    HB: Breakfast & dinner    FB: Full board

Accommodation is booked from the **Sunday** before the course starts until the **Saturday** after the course ends. In case of exception, please specify:

**Dates**

From (day/month/year): ..... / ..... / ..... To: ..... / ..... / .....

## Meeting and Transfer Service

No     Yes (extra cost. Please specify)

Barcelona Airport     Arrival only     Arrival and departure

Girona Airport

Reus Airport

Arrival date (day/month/year): ..... / ..... / ..... Time of arrival:  :  Flight n°:  From: .....

## Questionnaire

What is your present level of Spanish? (Level test available at [www.abccollege.es](http://www.abccollege.es)): .....

How long have you studied Spanish?: .....

How did you hear about **abcCollege** courses?: .....

A1 Beginner

A2 Elementary

B1.1 Pre-Intermediate

B1.2 Intermediate

B2 Upper Intermediate

C1 Advanced

C2 Superior

## Payment

Deposit of 150 euros:  Bank transfer     Charge to my VISA/Mastercard

Rest of payment (at least 3 weeks before the start of the course):

Charge to my VISA/Mastercard     Bank transfer

I have read and I accept the school General Conditions.

Signed: ..... Date: ..... / ..... / .....



## EducoTeam

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### PRIJAVA/ENROLMENT FORM

**PREZIME:** \_\_\_\_\_ **IME:** \_\_\_\_\_

**KUĆNA ADRESA:** \_\_\_\_\_

**GRAD i POŠT.BROJ:** \_\_\_\_\_ **TELEFON:** \_\_\_\_\_

**E-MAIL ADRESA:** \_\_\_\_\_

**DATUM ROĐENJA:** \_\_\_\_\_ **POL:** \_\_\_\_\_

**IME I PREZIME OCA:** \_\_\_\_\_ **MAJKE:** \_\_\_\_\_

**TELEFON (RODITELJA) NA POSLU:** \_\_\_\_\_ **MOBILNI:** \_\_\_\_\_

**CENTAR - GRAD I ŠKOLA :** \_\_\_\_\_

**TIP KURSA:** \_\_\_\_\_

**DATUM POLASKA:** \_\_\_\_\_ **DATUM POVRATKA:** \_\_\_\_\_

**DUŽINA BORAVKA:** \_\_\_\_\_ **BROJ ČASOVA:** \_\_\_\_\_

**TIP SMEŠTAJA:** PORODICA INTERNAT/KOLEDŽ OSTALO \_\_\_\_\_

**TIP SOBE:** \_\_\_\_\_ **ISHRANA** \_\_\_\_\_  
/opcije samo u slučaju kada škola nudi mogućnost izbora/

**SPECIJALNI ZAHTEVI:** dijeta, alergije, bolesti, kućni ljubimci: \_\_\_\_\_

**POSEBNE NAPOMENE U VEZI EVENTUALNIH ZDRAVSTVENIH PROBLEMA:** \_\_\_\_\_

**ŽELIM PORODICU:** PUŠAČE NEPUŠAČE

**ŽELIM TRANSFER:** DA OW RT NE

**( AVIO ) PREVOZ:** INDIVIDUALNI POSREDSTVOM EDUCOTEAM-A

**OVIM POTVRĐUJEM DA SU SVI GORE NAVEDENI PODACI TAČNI I DA SAM U CELOSTI UPOZNAT/A I PRIHVATAM PROGRAM I OPŠTE USLOVE ( TERMS & CONDITIONS ) ŠKOLE ZA KOJU SE PRIJAVLJUJEM I OPŠTE USLOVE POSLOVANJA EDUCOTEAM DOO, BEOGRAD**

**POTPIS STUDENTA/RODITELJA  
I BROJ LIČNE KARTE**

**POTPIS PREDSTAVNIKA EDUCOTEAM-a**

\_\_\_\_\_  
**MESTO I DATUM**