



# ENROLMENT FORM

MR.

MS.

Family name

First name

Nationality

Profession

Address

City

Country

E-mail

Telephone

Fax

Place of birth

Date of birth

Passport n°

Place of issue

Date of issue

Expiration date

## Type of course required (put a cross)

Non intensive group course: 1 lesson per week ..... 2 lessons per week ..... 3 lessons per week .....

Semi-intensive group course: 4 lessons per week .....

Intensive group course: 5 lessons per week ..... 10 lessons per week .....

Minigroup 2 persons ..... Minigroup 3 persons ..... One-to-one .....

From

to

## Knowledge of Italian (put a cross)

none ..... some ..... average ..... good ..... very good .....

## Accommodation required (put a cross)

No .....

Yes .....

From.....to.....

## If yes, please specify (put crosses):

Homestay: single room ..... double room ..... half board..... B&B..... only use of the kitchen.....

Shared flat: single room ..... double room .....

Independent flat .....

Smoking Yes ..... No .....

Eventual health problems

Eventual allergies

**Payment:** I have sent € ..... by bank transfer as advance payment and I send a proof of payment

**I have read the general conditions and I accept them:**

Signature

Date

## Language.it will use my personal information for internal purposes only

INFORMATION IN ACCORDANCE WITH LAW N.196 OF 30/06/2003 (PROTECTION OF PERSONAL INFORMATION). This is to inform you that any data regarding you, provided by you or otherwise acquired in the course of our work will represent a body of information that will be treated as specified by the above-stated law, legally and respecting all obligations of correctness and privacy. In any moment, under your written request, this information can be deleted.

Signature .....