

# Application form

## SPANISH COURSE FOR INTERNATIONAL STUDENTS

### "PALENCIA TEACHES YOU SPANISH"

PHOTO

PLEASE, COMPLETE THIS FORM IN BLOCK CAPITALS

#### STUDENT DETAILS

Family name:  First name:

Date of birth:  /  /  Gender: Male  Female  Country of birth:

Current citizenship:  Own language:  Other languages:

Home address:

City:  Zipcode:

Passport number:  Passport expiry date:

Student e-mail address:

#### PARENT / LEGAL GUARDIAN DETAILS

##### PARENT 1 / GUARDIAN

Full name:  Occupation:

Email address:  Phone number:  Work number:

Home address (Only if it is not the same as the student's):

##### PARENT 2

Full name:  Occupation:

Email address:  Phone number:  Work number:

Home address (Only if it is not the same as the student's):

Main contact email address:

(ALL DOCS AND INFO WILL BE SENT HERE)

##### EMERGENCY CONTACT:

Full name:  Phone number:

Remarks:

#### ACADEMIC DETAILS

Current level of Spanish:

Elementary  Lower intermediate  Intermediate  Upper intermediate  Advanced

Have the student ever studied abroad?  Yes  No If yes, where?

School I attend:  Grade:

## HEALTH AND MEDICAL INFORMATION

Does the student have any allergies?  Yes  No

Does the student follow any dietary requirements?  Yes  No

If yes, please provide details of any special requirements regarding health or diets (e.g. allergies, being vegetarian, being celiac...)

Please provide details of any ongoing illness or medical condition and its treatment including medication:

Can the student swim?  Yes  No

## PARENTAL AUTHORIZATION FOR MEDICAL TREATMENT

In the event of any medical emergency (disease or injury), we, the undersigned parent/guardian and the applicant, hereby give consent permission of any medical or surgical diagnosis, treatment and/or hospital cares to be rendered to the minor as considered necessary by physicians and clinic personnel on the appropriate hospital premises. In any event, I do hereby indemnify and hold harmless ACTIVA S.L, its employees and representatives who act in reliance upon this authorization with regard to medical treatment.

Signature of the student's parent/guardian

## CONDITIONS TO BE REGISTERED AND PAYMENT DETAILS

Please email these documents to \_\_\_\_\_ before 10 June 2015:

- This completed application form and terms and conditions form (signatures are mandatory).
- A copy of the BANK TRANSFER (full payment). Please quote the student's full name and the number of weeks chosen.
- A copy of the student's passport.
- A copy of:
  - The European Health Insurance Card (European Union Nationals)
  - An international health insurance policy (Non-European Community Nationals)

### HOW TO PAY:

Please pay full fees TO ACTIVA S.L. by international bank transfer:

**Bank name:** BANKINTER  
**IBAN:** ES42 0128 9441 6501 0000 1886  
**SWIFT CODE:** BKBKESMMXX

**TERMS AND CONDITIONS**  
**SPANISH COURSE FOR INTERNATIONAL STUDENTS**  
**“PALENCIA TEACHES YOU SPANISH”**

**GENERAL RULES AND REGULATIONS**

1. **Smoking:** Smoking is strictly forbidden in all spaces where the Spanish legislation states. This is in addition to a complete ban on smoking on the Residence premises.
  
2. **Alcohol possession, sale and consumption:** Students are not allowed to own, sale or drink any alcoholic beverage under any circumstance. In case of alcohol possession, sale or consumption, students may be expelled immediately from the program.
  
3. **Class, activities and excursions attendance:** Attendance at classes, activities and excursions is compulsory. Students can only fail to attend for good reason and only when it is specifically authorised by the program coordinator.
  
4. **Vandalism and stealing:** Any acts of vandalism (e.g. graffiti, table doodling, damage to property, fire making ...) that occur in private property or public areas is unlawful. The student's parent or guard will be charged with all the repair and/ or replacement expenses that originate from the abovementioned incident. Stealing and shoplifting, however small, will result in immediate expulsion..
  
5. **Independent travelling:** Students are not allowed to travel independently outside the location where the program takes place, with the only exception of those excursions organised by Activa S.L.
  
6. **Discipline procedure and expulsion from the program:** In the event of a serious disciplinary offence, bad behaviour or infringement of the program rules and regulations, Activa S.L may take any disciplinary action against students and they may be expelled from the program.

**STUDENT INSURANCE**

Students are insured through an accident and civil liability insurance policy. Students' parent/guard will be charged with any other expenses that are not specifically covered.

**MEDICAL INSURANCE**

Students must have appropriate medical insurance before they can travel to Spain:

- **European Union Nationals:** should apply for the European Health Insurance Card from their local health insurance office.
  
- **Non-European Community Nationals:** should have an international health insurance policy that is valid for Spain.

## PARENTAL AUTHORIZATION

I hereby authorize my child/ ward \_\_\_\_\_ FULL NAME OF THE STUDENT for the Spanish Course PALENCIA TEACHES YOU SPANISH organised by Activa S.L and give consent for the Course Director and group leaders to make decisions for my child/ward while on the program with regard to travelling, student residence accommodation and sports and social activities program. I agree to release Activa S.L from any liability resulting from the infringement of the program rules and regulations and any other causes of action or any other claims that may arise from my child's / ward's participation.

I accept that my child/ward may be sent home at any time if Activa S.L believes any action that may cause unacceptable disruption to the health or safety of any other students. In the event of expulsion or early return due to disciplinary reasons, disease or any psychological or emotional condition that has not been reported previously, fees are not refunded. In no case whatsoever, will money be refunded, but the travel and other costs incurred as a result of the early return must be met by the student's parent/ guardian.

I understand and accept the risks of travelling abroad and living in a different country. I send my child/ward since I believe that he is mature enough to deal with daily situations and any other unusual situation that might arise.

I authorize Activa S.L, its employees and representatives to act and make decisions in the event of an emergency, accident, disease or injury regarding my child/ward

I confirm that the information in the application form is true and that there is not any consideration included in the medical record that prevents my child/ward from participating in the course.

I declare that I have read this agreement as well as the prices, terms and conditions and that I accept them fully.

Signature of the student's parent/guardian:

Date \_\_\_\_/\_\_\_\_/\_\_\_\_