

*Colegio de Lenguas Adelita*  
Learn. Advance. Express.

Registration:

Please complete the following registration form and mail it to [info@learnspanishadelita.com](mailto:info@learnspanishadelita.com)

<b>First Name:</b>	
<b>Last Name:</b>	
<b>Address:</b>	
<b>City, State Zip:</b>	
<b>Country:</b>	
<b>Home Phone:</b>	
<b>Cell Phone:</b>	
<b>Email Address:</b>	
<b>Birth Date:</b>	
<b>Primary (native) Language:</b>	
<b>Other Languages Spoken:</b>	
<b>Gender:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Occupation:</b>	
<b>Entrance Level:</b> If you are a complete beginner and want to start from the beginning of the program, please indicate that here; a placement exam is not necessary.  Otherwise, to determine your level, please download and complete the Placement Exam from our website and leave this space blank.	
<b>Expected Arrival Date:</b>	
<b>Expected Departure Date:</b>	
<b>Class Types Desired:</b>	<input type="checkbox"/> Private Classes ____ per day <input type="checkbox"/> Group Classes ____ per day <input type="checkbox"/> Trimester Program 180 hours ____ (3 or 4) classes per day

	<input type="checkbox"/> Trimester Program 240 hours ____ (3 or 4) classes per day <input type="checkbox"/> Semester Program 300 hours <input type="checkbox"/> Semester Program 400 hours <input type="checkbox"/> Sabbatical Program 600 hours <input type="checkbox"/> Sabbatical Program 800 hours <input type="checkbox"/> Specialized Course (please indicate area of specialty, ie. Law, business, medicine, literature, philosophy, etc.)
<b>Airport Pickup (Leon):</b>	<input type="checkbox"/> Yes _____ Arrival Date & Time _____ Airline & Flight Number <input type="checkbox"/> No
<b>Airport Drop-off (Leon):</b>	<input type="checkbox"/> Yes _____ Departure Date & Time _____ Airline & Flight Number <input type="checkbox"/> No
<b>Housing Preference:</b> You will be matched with a Home Stay based on availability. If you choose to stay in a Hotel, Hostel, or Apartment we can provide you with options and help you with the booking process.	<input type="checkbox"/> Home Stay (Mexican Family) <input type="checkbox"/> Hotel <input type="checkbox"/> Hostel <input type="checkbox"/> Apartment
<b>Allergies / Dietary Restrictions / Disabilities:</b>	
<b>Roommate's Name (if applicable):</b>	
<b>In case of emergency please contact:</b>	
<b>How did you hear about our school?</b>	<input type="checkbox"/> Word of Mouth <input type="checkbox"/> Flyer <input type="checkbox"/> Google Search <input type="checkbox"/> Google Ad <input type="checkbox"/> Facebook <input type="checkbox"/> Other _____