

REGISTRATION FORM

(A) Student Information	First Name:	it appears on your pas M Only if X was chose YYYY ge:	sport. F	Х:	DD	Emerg	y: ss: ce: ency Con	tact Name tact Phone ne:	1	City: ostal Code:	
B Program	KISS German (20 lessons per week) (25 lessons per week)	Slot 1	Slot 2 temporal unavailable. Slot 2 Slot 2	Slot 4 Slot 4	Number of Weeks	:	Sta	art Date:		ММ	DD
C Services	(Ausbildung Pack Only fill out the sec What is your highest le What is your field of pr What subject(s) did yo What subject(s) did yo What will your German	tion below if yo wel of education? eference? u enjoy the most? u do well in?	u have select	ed Ausbildun	s, please contact us g Package. Below A1 etails and schedu	If you se If you se We will d so pleas A1	lected High Scho lected Other, ple do our bes to pla o be as detailed A2	ase let us know wh ce you in a field tha as possible when p B1 B14	at your preference t is best suited to roviding your subj . B2	your strengths and prefi ects to the left. Above B2	erences,
(D) Agent	Have you been i Agency: Contact Agent:	n contact wi	th an agent	?	Yes	No City: Agent I	Email:		Countr	у.	

I, hereby certify that the above information is true and complete. I understand that any false or incomplete information submitted in support of my registration may invalidate my registration. I have read and understand all of ILAC policies & procedures including the <u>Tuition Refund Policy</u>.