

Student

Family Name:

Given Name:

Place and Date of Birth:

Nationality:

Job Title:

Telephone number:

E-mail address:

Languages Spoken:

Address:

Classes

Language classes:

Number of students:

Student's(s') level:

Starting date (date the first class is to take place):

Finishing date (where foreseen):

Class duration:

Location:

Day(s) and time(s) foreseen for the sessions:

Teacher:

Course Objective

- ☐ Learning / Improving Grammar Knowledge
- ☐ Learning / Improving Writing Skills (Understanding and Production)
- ☐ Learning / Improving Oral Skills (Understanding and Production)
- ☐ Learning / Improving Communication Skills
- ☐ Language Learning for Professional Purposes
- ☐ Passing an exam. Please specify which exam:
- ☐ Other:

What is your purpose for taking language classes?

☐ Work

☐ Study

☐ Travel

☐ Leisure

Please choose a package: a) 10 sessions b) 20 sessions c) 30 sessions d) Other.....

Comments:

Chosen Package Price:		CHF
Enrolment fees:	75.00	CHF
Learning Materials Fees:	0.00	CHF
Mobility Fees:		CHF
Grand Total:		CHF

Please note that a 24-h notice is compulsory for all **changes** and cancellations. Should you fail to inform your teacher within that time frame, your class will be invoiced for. I have read and accept the terms and conditions and I commit to respecting these.

Signed in....., on.... /.... /

Signature: