

DOSSIER D'INSCRIPTION
FICHA DE INSCRIPCIÓN
APPLICATION FORM

© Living Language - Reg. N° 72191 Dublin 1979



4
recent photos
passport size

With a 😊 !

Please write your full name at the back of each photo

OFFICE USE ONLY		N°	
Received on			IRL
Period(s)			SP
School yr.	Summer	Tuit.	

Please answer every question and return with **non-refundable booking deposit(s)**

NOM de FAMILLE APELLIDOS SURNAME: _____		PRENOMS NOMBRE FIRST NAME: _____	
Conformément au Passeport/Como en el Pasaporte		As appears on Passport	
DATE de NAISSANCE FECHA de NACIMIENTO DATE OF BIRTH: _____	LIEU LUGAR PLACE _____	EDAD AGE: _____	SEXE/SEXO SEX: <input type="checkbox"/> F <input type="checkbox"/> M

ADRESSE/DIRECCIÓN
FULL ADDRESS: _____

PERE/PADRE Father's name: _____	Home/Dom.	Work/Trav./Trab.	
MERE/MADRE Mother's name: _____	Home/Dom.	Work/Trav./Trab.	
	Courriel e-mail _____		Student's
CONTACT en cas D'URGENCE En caso de URGENCIA, CONTACTAR		Relation:	
ALTERNATIVE EMERGENCY Contact:			

PROFESSION des PARENTS PROFESIÓN de los PADRES PARENTS' PROFESSION: FATHER: _____	PERE/PADRE	MERE/MADRE MOTHER: _____
NBR. de NÚM. de NO. OF:	SOEURS HERMANAS SISTERS	FRERES HERMANOS BROTHERS
	EDAD AGE:	EDAD AGE:

SOINS SPECIAUX / ALLERGIES / REG. ALIMENTAIRE
 CUIDADOS ESPECIALES / ALERGIAS / RÉG. ALIMENTICIO
ANY HEALTH/ALLERGY/DIET PROBLEMS: _____

ASSURANCE MEDICALE SEGURO MÉDICO: HEALTH INSURANCE:	COMPAGNIE COMPAÑÍA COMPANY:	No de POLICE Núm. de PÓLIZA POLICY NO:
NATIONALITE NACIONALIDAD NATIONALITY:	No. de PASSEPORT Núm. de PASAPORTE PASSPORT NO.	EXPIRE le CADUCA el EXPIRY:

Importante: "Declaro autorizar a Living Language, la Parte Local y/o el cuadro (para-)médico a tomar las disposiciones necesarias en caso de urgencia médica o quirúrgica."

Important : « J'autorise Living Language, la Partie Locale et/ou le corps (para-)médical à prendre toutes les dispositions nécessaires en cas d'urgence médicale ou chirurgicale. »

Please note: "In case of accident or illness of my child, I authorise Living Language and the Irish/French/Spanish Party or contingent to make all the necessary medical or surgical arrangements."

FECHA
DATE: [_____]

SIGNATURE PARENTALE →
FIRMA de los PADRES
PARENT'S SIGNATURE: _____

LIVING LANGUAGE CONTACT LTD. - Reg. 72191 Dublin Castle 1979

102 Pembroke Road, DUBLIN 4 - IRELAND ☎ +353-1. 660.4911 / 660.4704 📠 660.4714 ✉ llc@iol.ie

NOM/APELLIDOS
SURNAME:

PRENOMS/NOMBRE
FIRST NAME:

ACADEMIC INFORMATION - SCOLARITE - ESCOLARIDAD

ETABLISSEMENT fréquenté
COLEGIO al que asiste

SCHOOL ATTENDED: _____

PENSIONNAIRE
INTERNO

BOARDER

EXTERNE
EXTERNO

DAY PUPIL

DIRECTEUR/DIRECTOR

Langue étudiée/Lengua estudiada

PRINCIPAL: _____ Language studied

Professeur /Profesor

TEACHER: _____

CLASSE
CURSO

Étudié depuis
Estudia desde

ANNEES
AÑOS

CLASS: _____ Year Studied for: _____ Yrs

JUNIOR CERT

Subjects & Results

BREVET

Matières & Niveaux

MÉRITOS

Asignaturas y méritos

Langue étudiée Lengua estudiada Studied language	Très Bonne Muy Bien Very good	Bonne Bien Good	Moyenne Regular Average	Faible Mal Weak
SPOKEN PARLE/HABLA				
WRITTEN ECRIT/ESCRIBE				

	Level Grade		Level Grade	
SCIENCE			FRENCH Français	
MATHEMATICS			SPANISH Español	
HISTORY			GERMAN Deutsch	
GEOGRAPHY			ENGLISH Anglais Inglés	
PHYSICS			LATIN	
BUSINESS			CIVICS	
MUSIC				
ART				

AUTRES LANGUES/OTRAS LENGUAS

OTHER LANGUAGES: _____

MATIERES préférées/ASIGNATURAS preferidas

SUBJECTS: Favourite:

Non préférées/Menos preferidas

Least favourite:

PREVIOUS STAYS IN ENGLISH speaking countries

SEJOURS en pays ANGLOPHONES - ESTANCIAS en países de habla INGLESA

Mal du pays? ¿Nostalgia?

Homesickness?

Yes Oui/Sí

No Non

WHERE? LIEU/LUGAR

Accompagné/Acompañado)

With parents: _____

Total

Semaines pour :

WEEKS, doing: _____

Seul/Solo

Without parents: _____

Semanas:

WEEKS, doing: _____

Comment nous avez-vous connus?/¿Cómo nos has conocido?

HOW DID YOU HEAR ABOUT US? Family Friend School Web Newspaper Sibling i.e.:

PERSONALITY - CARACTERE - PERSONALIDAD

EXTRAVERTI/ABIERTO

OUTGOING

ARTISTIQUE/ARTISTA

ARTISTIC

RESERVE/RESERVADO

QUIET

SPORTIF/DEPORTISTA

SPORTY

AFICIONES

HOBBIES:



Other: _____

DEPART / Fecha de PARTIDA

DEPARTURE DATE:

RETOUR/Fecha de REGRESO

RETURN DATE:

1. **SEPT. to JUNE:**

“At SCHOOL in Ireland”: Individual Placement

Semi-individual Placement (4 weeks)

« Au COLLÈGE en France »

“COLEGIO en España”

+ ACCOMMODATION: (Subject to availability)

BOARDING

AT THE HOME OF A STUDENT

FAMILY

2. **SUMMER:**

IN DUBLIN'S FAIR CITY: French, Sports & Culture - @ home of one student—not an exchange

DUBLIN CRASH COURSE: Intensive English Grammar Course (Homestay)

DIÁLOGOS EN ESPAÑA: Spanish & Sports - @ home of one student—not an exchange

COURS INTENSIF: Intensive French Course in France (Boarding)

Special Request:

PRIVATE TUITION: _____ @ _____ hrs/week. Activities: _____

LIVING LANGUAGE CONTACT LTD. - Reg. 72191 Dublin Castle 1979

102 Pembroke Road, DUBLIN 4 - IRELAND ☎ +353-1. 660.4911 / 660.4704 📠 660.4714 ✉ llc@iol.ie