

## **ENROLMENT FORM**

Send to SILC VOYAGES, 35 rue du Sauvage, 16000 ANGOULEME CEDEX, FRANCE

with 2 photos and €350 (including €75 service fee + €275 deposit) and the student profile + copy of your public liability insurance's policy

Registration n°: **PARTICIPANT** Family name: Sex: Sex: Nationality: \_\_\_\_\_ Date of birth: \_\_\_\_ Age: \_\_\_\_ Mobile phone: \_\_\_\_\_ Person to contact in case of emergency: Post code: Country: Country: Tel: \_\_\_\_\_ Fax: \_\_\_\_ Father's mobile phone: \_\_\_\_ Mother's mobile phone: \_\_\_\_ Other address, tel, fax, e-mail (in case of holidays, moving, in an emergency...): Father's occupation: Mother's occupation: Work contact details: Tel: Fax: E-mail: **SEJOUR** ☐ Immersion: Classic Cultural Dates of stay: from \_\_\_\_\_ to \_\_\_\_ to ☐ One to One: ☐ Classic Cultural ☐ 10 hours per week ☐ 15 hours per week ☐ 20 hours per week Dates of stay: from \_\_\_\_\_ to \_\_\_\_ ☐ High-School Integration: Dates of stay: from \_\_\_\_\_ to \_\_\_\_ TRANSFER (must be filled in) Transfer upon arrival yes no no Return transfer yes no no **SCHOOL INFORMATION** 1st language and number of years of studying the language: 2<sup>nd</sup> language and number of years of studying the language: Your language level? Oral Written Fluent ..... Intermediate ......

Beginner \_\_\_\_\_\_

|  | MEDICAL INFORMATION (to be filled with attention and in detail)              |  |   |  |  |
|--|--|--|---|--|--|
| Allergies  | ☐ Yes  | □ No   | Which   |  |  |
|  |  |  | (e.g. malaria)  |  |  |
| Disability Medical treatment Special diet Are you up-to-date with Blood group  | ☐ Yes<br>☐ Yes<br>☐ Yes<br>your vacci  | □ No □ No □ No nes ?   | which   | □ No   |  |
| In   | case of med  |  |   | le a letter written in french with full explanation.<br>e provide a medical certificate.   |  |
|  | MOF  | RE INFOI   | RMATION   | REGARDING PARTICIPANT  |  |
| Smoker?  |  | o go out i   | n the evening   | without an adult   |  |
|  |  |  | MODE D  | E PAIEMENT   |  |
|  |  |  |   |  |  |
| I confirm payment of the non refundable deposit of €300 + service fee as well as the balance of the invoice by:  ☐ Credit card ☐ Bank transfer |  |  |   | OBLIGATORY INFORMATION  Card holder name:  No the 3 digits that appear in the signature panel at the back of your card   |  |
| Swift transfer   |  |  |   | Date d'expiration: Date and signature  I authorise SILC to withdraw the amount of the invoice (deposit and payment dates according to the invoice).                                |  |
|  |  |  |   |  |  |
| I/we, as parent(s) / guardia<br>during the stay and to use   |  | y authoris   | e teachers or   | UTHORISATION  group leaders to take photographs / video footage of my child ebsite.  Yes   |  |
| during the stay and to use I/we declare that the above   | them for ou<br>e informati   | y authoris<br>ur brochur<br>on is true                               | e teachers or<br>es and our we<br>and that I/we                                   | group leaders to take photographs / video footage of my child<br>ebsite. 🗖 Yes 🔲 No  |  |
| during the stay and to use I/we declare that the above   | them for ou<br>e informati<br>ny and agre<br>must be duly<br>a + service fee | y authoris<br>ur brochur<br>on is true<br>e to the te<br>completed a | e teachers or<br>es and our we<br>and that I/we<br>rms and cond<br>and signed and | group leaders to take photographs / video footage of my child ebsite.  Yes  No did not forget to mention anything important. I/we authorise my litions as set out in the brochure. |  |