

# Critical Language Center

## STUDENT ENROLLMENT APPLICATION

Student's Name: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Age Group: \_\_\_\_ (6-9) \_\_\_\_ (10-13) \_\_\_\_ (14-17) \_\_\_\_ (18-30) \_\_\_\_ (31 +)

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Language Requested: \_\_\_\_\_

Level: \_\_\_\_ Beginning \_\_\_\_ Intermediate \_\_\_\_ Advanced

Preference: \_\_\_\_ Private \_\_\_\_ Semi-Private \_\_\_\_ Group \_\_\_\_ Specialty

Previous foreign language background or study: \_\_\_\_\_

Reason for wanting to study this language: \_\_\_\_ Interest \_\_\_\_ Work \_\_\_\_ Other

Explain: \_\_\_\_\_  
\_\_\_\_\_

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Registration Fee: \_\_\_\_\_

Tuition: \_\_\_\_\_

Materials: \_\_\_\_\_

Total Amount: \_\_\_\_\_

Method of Payment: \_\_\_\_ Cash \_\_\_\_ Check

\_\_\_\_\_  
Student's Signature (parent's signature for minors)

\_\_\_\_\_  
Date