



Enrolment form

First name _____	Family name _____	Nationality _____
Sex _____	Age _____	Address _____
_____ e-mail _____		
Telephone : _____	Mobile _____	

Please include a copy of your ID

Starting dates : Most students arrive any Sunday to begin classes on any Monday of the month. They should come to the school at 8.45 a.m. on the Monday to be tested and put in a group at their level.

If, upon arrival at our school, a suitable group does not exist for those students who registered for group lessons (15 hours per week), private lessons (8½ hours per week) will be substituted at no additional fee.

Please also note that our fees do not include cancellation or health insurance.

Date of arrival _____ Date of departure _____

Approximate level : complete beginner beginner intermediate advanced

Language chosen : French English other _____

Why do you want to learn this language? _____

- Courses :
- Small group – 30 hours over 10 weeks
 - Small group - 15 hours per week
 - Individual tuition - n° of hours per week _____
 - Two to one – n° of hours per week _____
 - Company group

Accommodation required:

- | | | |
|-----------|--|-------------------------------------|
| Family | <input type="checkbox"/> Bed & breakfast | <input type="checkbox"/> Half board |
| Hotel ** | <input type="checkbox"/> Single | <input type="checkbox"/> Double |
| Hotel *** | <input type="checkbox"/> Single | <input type="checkbox"/> Double |

Accommodation not required

Allergies _____

I require a transfer on arrival only on departure only two way transfer

I enclose a deposit of 150 € (350 € if a visa is requested) + 65 € enrolment fees. I understand that no money can be refunded for any reason and that insurance against cancellation, accident, illness or loss of property is my own responsibility and personal insurance is strongly recommended.

- I give permission for the Regency School to charge my credit card for a deposit of 150 Euros (350 € if a visa is requested) + 65 € enrolment fees and the balance one month before my arrival date.
- I give permission for the Regency School to debit my credit card for the total fees.

Credit Card Type : VISA MASTERCARD - Number _____

Expires _____ Security Code number (last 3 digits on reverse of card) _____

Date _____ Signature _____

MONACO