

Student Pre-Enrollment Form

Date: _____ Sales Representative: _____

Legal Name as it appears on the student's passport/id: _____

Gender: Male Female Date of Birth: Month _____ Day _____ Year _____

Country of Birth: _____ Country of Citizenship: _____

Passport Number (international students only) _____ Expiration Date: _____

Parent's E-mail: _____ Student's E-mail: _____

Student's Skype Address: (if available) _____

Current Grade Level: _____ Grade applying for: Lower School: (3, 4, 5, 6,)

Middle /High School circle grade: (7, 8,) (9, 10, 11, 12)

Requested Start Date: Month _____ Day _____ Year _____

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1. Length of planned enrollment: 3 months, 6 months, 1 year, 2-4 years
 2. If attending for one year or less, does this student need to earn academic credits? Yes No
 3. Does this student plan to graduate from Club Med Academies? Yes No
 4. English Language Proficiency Level for Writing & Reading: Beginner Intermediate Advanced
 5. English Language Proficiency Level for Speaking: Beginner Intermediate Advanced
 6. Does this student have a current student visa? No Yes If yes, type of Visa

Home Address: Print the complete address. Contact Name: _____

Country: _____ City _____

Address: _____ Postal Code _____

Phone Number at This Location: _____

For Office use only: _____

1. Transcripts received (yes or no) 2. Date sent for evaluation: ____/____/____

3. Date transcripts sent to Laurel Springs: ____/____/____ 4. Academic Plan received (yes or no)

Notes: _____

