

Discovery Language Academy Adult Student Application

Adult students- Fill Out Parts 1, 3, and 4

To be filled out by the school

Registration Number: _____

Day of Registration: _____

Part 1 - Information about the Student

Student's Full Name: _____

Date of Birth (Day/Month/Year): _____

Complete Address: _____

Nationality: _____

Phone Number: _____

Email: _____

Day School Student attends: _____

Part 2 - Information about the Parents

Guardian's Name: _____

Nationality: _____

Phone Number: _____

Email: _____

Workplace (Optional): _____

Are you an Alumni? _____

Part 3 - Is there anyone in your Family who is in this School? YES NO

Name: _____

Relationship: _____

Part 4- Emergency Contacts:

Name: _____

Relationship: _____

Address: _____

Phone Number: _____

Email: _____

Name: _____

Relationship: _____

Address: _____

Phone Number: _____

Email: _____

Other information, such as allergies or medications:

How did you hear about the school?

Radio _____ Friend _____ Family _____ Facebook _____ Other _____

I understand that I am responsible for ALL monthly payments as concurred in the tuition agreement. All withdrawals must be sent to the office in writing, otherwise students are responsible for a full year's tuition.

Signature (Guardian/ Adult Student) _____