

REGISTRATION FORM

Name Surname Sex

Address

Town Post Code Country

Telephone Number e-mail adress

Date of birth / / Nationality
Month Day Year

Profession Passport number

How did you find us?

What level of Spanish do you think you have BEFORE studying in Soleã Spanish School?

- | | | |
|---|--|---|
| <input type="checkbox"/> A1 (Beginners) | <input type="checkbox"/> B1 (Intermediate) | <input type="checkbox"/> C1 (Superior) |
| <input type="checkbox"/> A2 (Basics) | <input type="checkbox"/> B2 (Advanced) | <input type="checkbox"/> C2 (Proficiency) |

COURSE

I wish to register in the:

- Intensive Course One to one Course DELE Course Group Course

From / / to / / Price of course € + 35€ Registration fee
Month Day Year Month Day Year

PAYMENT

I will make the payment of 100€ as advanced payment of the total price of the course by Bank Transfer to Soleã Spanish School 7 S.L.

IBAN: ES43 1465 0100 9119 0024 3418 BIC/SWIFT CODE: INGDESMXXX

I wish to pay for the rest of the course:

- By bank transfer to the account mentioned above. By Credit Card
(only payments in the school)

Date / / Signature (of parents or guardian in case of under 18)
Month Day Year