



## Application Form for the Paris Intensive Junior/Teen Residence Program

Personal Information of Participant			
Last name:		First name:	
Nationality:		Native language:	
Date of birth: (mm/dd/yyyy)	Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Current School:	Grade:
Passport number:		Country of issue:	
Email of participant:			
Home phone:		Cell phone:	
Street address:			
City:		State/Province:	
Country:		Zip/Postal code:	
Communication with other participants			
Can we share your first name, e-mail address and departure date with other program participants who might be interested in making contact before your program starts? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Parent/Guardian Contact Information	
Last name:	First name:
Relationship to participant:	Daytime phone:
Evening phone:	Cell:
Emergency number:	Email of parent/guardian:

Course Information	
Course name: Paris Super-intensive Jr./Teen Residence Program	How many years of French study:
Start date:	Finish date:

Optional Excursions and Sports	
The school offers extra and optional excursions on Saturday evenings and Sundays as follows. The cost per excursion is \$155 US. Please select below the optional excursion(s) you would like to join while in Paris:	
Saturday July 9 - Musical and Dinner <input type="checkbox"/>	Sunday, July 10 - Amusement Park <input type="checkbox"/>
Saturday July 23 - Musical and Dinner <input type="checkbox"/>	Sunday, July 24 - Amusement Park <input type="checkbox"/>
Tennis <input type="checkbox"/> 8x 45 minutes per week	Golf <input type="checkbox"/> 8 x 45 minutes per week

# The Learning Traveller

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[www.learningtraveller.com](http://www.learningtraveller.com)



## Accommodation and Meals

Accommodation is a single room in residence with 3 meals per day. There are no accommodation or meal options for this program.

## Medical Information and Dietary Requirements/Preferences

It is essential that you declare any/all medical conditions and issues (including medication) as well as any/all dietary issues on the attached Medical Information and Dietary Requirements/Preferences Form. Failure to do so may result in you not receiving proper medical attention if an illness or medical emergency should arise (please attach additional pages if required).

## Travel Details

Please wait until your booking has been confirmed by us before you make travel arrangements. You will be asked to e-mail us your travel details approximately 4 weeks before the course start date.

## Airport Pickup and Drop off

A return airport transfer for Paris is **included in the price** of your program. Please indicate below only if you **do not** require this service.

I **do not** require a return airport transfer:

I require **only a one-way** airport transfer:

Arrival transfer:  Departure transfer:

## Tell Us About You

It is always very helpful if teachers and monitors can get to know you before you arrive. Tell us about yourself including your hobbies and interests as well as what you hope to get out of a total immersion program in Paris (please attach additional pages if required):

## How did you hear about The Learning Traveller?

## Terms and Conditions & Parental Authorization (required for all participants under 18)

By signing below, I acknowledge the following:

1. I have read and agree to The Learning Traveller Terms and Conditions found at [www.learningtraveller.com/terms.asp](http://www.learningtraveller.com/terms.asp)
2. I authorize my child, named in this application, to participate in the selected program.

Name of parent or legal guardian:

Relationship to applicant:

Signature of parent or legal guardian\*:

Date:

Signature of student:

Date:

\*In the event of a joint or shared custody arrangement, both parents must sign the application.

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## LANGUAGE PROFILE

Name: \_\_\_\_\_

Surname : \_\_\_\_\_

Date of arrival in Paris: \_\_/\_\_/\_\_

How many years have you been learning French? \_\_\_\_\_

Average number of hours studied per year: \_\_\_\_\_

Which (if any) language examinations are you preparing for? \_\_\_\_\_

Date of exam: \_\_/\_\_/\_\_

◦Indicate your level for each of the following: (Please consult your teacher)

Reading comprehension:

Writing:

Listening comprehension:

Speaking:

Overall:

◦In order to help your teachers at LINES to prepare your lessons, please write about 10 sentences in French about your last holiday without using either a dictionary or a grammar reference book.

.....  
.....  
.....  
.....  
.....

◦Objectives.

Please tell us, either in French or your mother tongue, what you particularly need to work on, what your main weaknesses are. Please consult your teacher first. Mention also any books you have to read.

- 1.....
- 2.....
- 3.....
- 4.....
- 5.....
- 6.....

Books:.....

◦Motivation. Please tell us why you have chosen the Paris Teen Residence Program

.....  
.....  
.....

◦Your teacher's comments (optional):

.....  
.....  
.....

Please attach a  
passport size photo  
here.



## Medical Information and Dietary Requirements/Preferences Form

NAME: \_\_\_\_\_ DATE OF ARRIVAL: \_\_/\_\_/\_\_\_\_ AGE ON ARRIVAL: \_\_\_\_\_

EMERGENCY CONTACT TELEPHONE NUMBER DURING THE COURSE: \_\_\_\_\_

**Do you suffer from any of the following?**

▫Asthma: Yes/No

Details:

▫Allergies to food, animals or medicine: Yes/No

Details:

▫Anorexia or Bulimia: Yes/No

Details:

▫Epilepsy Yes/No

Details:

**Do you need a special diet for religious or medical reasons?**

Yes/No

Details:

**Do you have a physical disability or condition that might affect your ability to fully participate in the program? Yes/No**

Details:

**Are you vegetarian?**

Yes/No

**Are you on medication, and if so, must this be refrigerated?**

Yes/No

Please give complete details (attach a separate sheet of paper if necessary).

I authorize school staff to administer first aid\* where the care of a nurse or doctor is not considered necessary.

In the unlikely event that my child should require emergency treatment or surgery, I authorize school staff to sign the consent form on my behalf.

Signed:.....mother/father/guardian (please circle one)

Date:.....

\*this includes only ordinary home remedies such as a band-aid for a cut finger or an aspirin for a headache. Depending on local laws, staff may be legally prevented from helping your child in this way without your written permission.