



## Application Package for the Vienna Teen Residence Program

Thank you for booking your language immersion program through The Learning Traveller!

**Prior to completing the application package please be sure both teens and parents have read through the information found on the following sections of The Learning Traveller website:**

1. For Teens: [www.learningtraveller.com/teenprograms\\_forteens.asp](http://www.learningtraveller.com/teenprograms_forteens.asp)
2. For Parents: [www.learningtraveller.com/teenprograms\\_forparents.asp](http://www.learningtraveller.com/teenprograms_forparents.asp)

In order to get your program booking underway, please:

- 1) complete each page of the attached application and fax the documents to **+1 519 821 7490**
- 2) mail the original application (please keep a copy for your records) to:  
**The Learning Traveller Inc**  
**Suite 201, 121 Wyndham Street North**  
**Guelph, Ontario N1H 4E9 Canada**

Be sure to include your non-refundable deposit check for **\$300 US/\$300 CDN** as well as a photo copy of the main page of your passport

**PLEASE NOTE: YOU WILL NEED A VALID PASSPORT TO ENTER AUSTRIA. IF YOU ARE AN AMERICAN OR CANADIAN CITIZEN YOU DO NOT NEED AN ENTRY VISA. IF YOU DO NOT HAVE A VALID PASSPORT PLEASE ENSURE YOU APPLY FOR A NEW ONE WELL IN ADVANCE OF YOUR PROGRAM START DATE. ALL TRAVEL DOCUMENT REQUIREMENTS ARE THE RESPONSIBILITY OF THE APPLICANT.**

### **Booking Confirmation:**

Once we receive your completed application package we will provide a booking confirmation (this can take up to 72 hours) as well as final payment instructions.

### **Travel Arrangements:**

Upon receipt of your booking confirmation, you can make your travel arrangements. Please do not make any travel arrangements until you have received a booking confirmation from our office. Please arrange to arrive in Vienna on a Sunday between 8:00 and 20:00 and depart on a Saturday between 8:00 and 20:00 (arrival or departure outside of these hours/days will result in extra costs and must be pre-approved by our office). Once you have your travel arrangements confirmed please provide us with the details by e-mail to [info@learningtraveller.com](mailto:info@learningtraveller.com).

### **Pre-departure Information:**

Approximately one month prior to your course start date you will receive a comprehensive pre-departure package with information to help you prepare for your language immersion program.

**CALL US TOLL-FREE ON 1 888 386 1411 IF YOU HAVE ANY QUESTIONS ABOUT THE APPLICATION PACKAGE OR PROCESS**



## Application Form for Vienna 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: Vienna Teen Residence Program	Estimated German level: Beginner <input type="checkbox"/> , Elementary <input type="checkbox"/> , Intermediate <input type="checkbox"/> , Advanced <input type="checkbox"/>
Start date (Sunday):	Finish date (Saturday):
20 lessons per week <input type="checkbox"/>	30 lessons per week <input type="checkbox"/>

Accommodation and Meals
Accommodation is in Standard or Superior residence rooms with 3 meals per day. Please choose: Standard room (4 to 6 beds) with shared washrooms: <input type="checkbox"/> Superior room (2 to 3 beds) with private washroom: <input type="checkbox"/>

# The Learning Traveller

YOUR LANGUAGE TRAVEL EXPERTS  
[www.learningtraveller.com](http://www.learningtraveller.com)



## 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 Vienna 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:

## 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.

**CALL US TOLL-FREE ON 1 888 386 1411 IF YOU HAVE ANY QUESTIONS ABOUT THE APPLICATION PACKAGE OR PROCESS**

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



## Medical Information and Dietary Requirements/Preferences Form

Student name: \_\_\_\_\_ Date of arrival: \_\_\_/\_\_\_/\_\_\_  
Age on arrival: \_\_\_\_\_

Emergency contact name & telephone number during the course:

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

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.