



## Application Package for the Paris Gap Year 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  
121 Wyndham Street North, Suite 201  
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 FRANCE. DEPENDING ON YOUR COUNTRY OF ORIGIN YOU MAY ALSO NEED AN ENTRY VISA (US/CANADIAN CITIZENS DO NOT NEED AN ENTRY VISA FOR STAYS OF LESS THAN 3 MONTHS). PLEASE CHECK WITH YOUR LOCAL FRENCH CONSULATE FOR VISA INFORMATION. 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. For students staying in homestay accommodation, please arrange to arrive in Paris on a Saturday or 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). For arrival information for all other accommodation options, please contact us. 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 the Paris Gap Year Program

| Personal Information of Participant |  |                   |        |
|-------------------------------------|--|-------------------|--------|
| Last name:                          |  | First name:       |        |
| Nationality:                        |  | Native language:  |        |
| Date of birth: (mm/dd/yyyy)         | Gender:<br>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   |
|---|
| 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"/>  |
| Most communication from The Learning Traveller is sent out by email. Pre-departure packages are sent as either electronic copies or by post. Please select how you would prefer to receive your pre-departure package: Electronic <input type="checkbox"/> Hard Copy by Post <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:<br>Paris Gap Year Program   | How many years of French study:              |
| Estimated French level:<br>Beginner: <input type="checkbox"/> , Elementary: <input type="checkbox"/> , Intermediate: <input type="checkbox"/> , Advanced: <input type="checkbox"/> |  |
| Start date (Saturday or Sunday):   | Finish date (Saturday):                      |
| 20 lessons per week <input type="checkbox"/>   | 25 lessons per week <input type="checkbox"/> |

# The Learning Traveller

YOUR LANGUAGE TRAVEL EXPERTS

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



## Accommodation and Meals

Accommodation is a single room with 2 meals (breakfast and dinner) per day. There are no accommodation or meal options for this program.

## Homestay Information

For the homestay option, please answer the following questions:

1. Do you mind if there are children in the homestay: yes  no
2. Do you mind if there are animals (dogs, cats, birds): yes  no
3. Do you mind if adults smoke in the homestay: yes  no
4. Please list any other homestay preferences you have:

**Please note:** We will do our best to match your preferences however we ask that you have an open mind as wonderful host families come in all shapes and sizes and are located in a variety of settings.

## 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

Airport transfers for Paris are **not included in the price** of your program. Please indicate below if you wish to purchase this service.

I require: an arrival transfer:  a 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.



## 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.