

ENROLMENT FORM



Instituto Cervantes

(Please read our Enrolment Conditions carefully before completing your enrolment form.)

CAPITAL LETTERS, PLEASE

MR MRS MISS MS

SURNAME:

FIRST NAME:

ADDRESS:

.....

POSTCODE: TEL:

E-MAIL:

PLACE OF BIRTH: DATE OF BIRTH:

OCCUPATION:

HAVE YOU STUDIED AT THE INSTITUTO CERVANTES BEFORE?

YES NO

I WISH TO ENROL FOR THE FOLLOWING:

COURSE LEVEL

DAY(S) & TIMINGS

I have read and I accept the conditions of enrolment.

.....
Signature

(For Teacher's use only) RECOMMENDED LEVEL AFTER TEST ASSESSMENT SIGNATURE: DATE:
