



Welcome Madrid Enrollment Form

Please print out this form, complete it in legible handwriting or type, and sign and date the enrollment form at the end. Once completed, please send it by mail to:

In Spain:

Welcome Madrid
c/o Admissions
C/Juan Álvarez Mendizábal 83
Sótano Izquierda
28008 Madrid
Spain

In the USA:

Welcome Madrid
c/o admissions
131 11th Street, SE
Suite "B"
Washington, DC 20003
USA

Or Fax to:

In Spain:

(34) 91-548-3160

In The USA:

Fax: +1 (775) 618-2689

Application Deadlines:

Normally, we must receive a complete enrollment form and fees no later than 30 days before the program starts.

1. Personal Information

__Mr. __Mrs. __Ms. __Miss First Name: _____ Last Name: _____

Street Address: _____

Street Address (cont.): _____

City/Town: _____ State/Province: _____ Zip/Postal Code: _____

Country: _____ Telephone: + _____ (____) _____
Country code City Code Telephone

Fax: [optional] + _____ (____) _____ E-mail: [optional] _____

Citizenship: _____ Passport No: _____

Date of Birth: ____/____/____ Native Language: _____ Other Languages: _____
DD/ MM/ YYYY

2. Language Course Information

I am currently a(n):

- High School/Preparatory Student
 College/University Student
 Post Graduate Student (Master/PhD/Other)
 Interested Adult
 Professional → Please enter your profession: _____

Current Level of Spanish:

- Zero Beginner
 Elementary
 Pre-Intermediate
 Intermediate
 Advanced

I would like to enroll in a:

- Course Package (1,250 €)
 Course only (600 €)
 Pre-Intermediate
 Individual Lessons
 None of the above

For the period of:

- Summer
 Fall
 Spring
 None of the above

If you require individual lessons, please state number of hours per week: _____ hours/week

3. Accommodation/Lodging Information

Do you need accommodations? Yes No

If you need accommodations, please select all that apply:

- Private Room
 Shared Room
 Private Shower
 Private Flat
 Meals Included

Do you smoke? Yes No

Do you like pets? Yes No

Do you mind children? Yes No

Do you have allergies to foods/animals/other? _____

Do you require any special assistance? _____

4. Arrival Information

Do you need airport pickup (50 €)? Yes No

If so, your arrival date (dd/mm/yyyy): _____ Time: _____ Flight No.: _____

5. Payment Information

How do you wish to pay for our services? Credit card Bank Transfer *

If paying with credit card:

Credit Card No: _____ Expiration Date: Month _____ Year _____

Cardholder Name: _____

Street Address: _____

City/Town: _____ State/Province: _____ Zip/Postal Code: _____

I authorize to charge the above credit card account: Course deposits only the full payment due

*** If paying by bank transfer:**

Please send your wire transfer as follows:

To: Welcome Madrid S.L.L.
Bank: Caixa Galicia
Address: Calle Andrés Mellado 108, C. P. 28008, Madrid, Spain
Swift: CAGLESMM
Account Number:
IBAN: ES63 2091 0605 8930 4001 5812

Please find enclosed a copy of the wire transfer for the application fee and deposits (or a full payment)

Comments: _____

6. Agreement and Release

By signing this Enrollment Form, I certify the above information is complete and correct. I understand that my misrepresentation may result in my expulsion from the program without any refund. I acknowledge that the terms and conditions appearing on this site constitute part of my agreement with Welcome Madrid, including sections concerning responsibility, refunds, changes in dates, accommodations, courses and billing of the selected options. I have read the Agreement and agree to follow all of Welcome Madrid's procedures. This Agreement will be effective when my application is accepted by Welcome Madrid and shall be governed by the laws of Spain.

Applicant's Signature _____ Date: _____

Please do not forget to make a copy of this completed and signed application for your records and enclose your payment of the application fee and deposits.