



SPAIN-CHINA CULTURAL EXCHANGE AND SPANISH LANGUAGE LEARNING

# APPLICATION FORM - KIDS AND TEENAGERS

EDUCATIONAL PROGRAM FOR YOUNG LEARNERS

Date of enquiry:

Preferred dates of stay:

## PARENT/GUARDIAN'S DETAILS

- ❖ RELATIONSHIP:
- ❖ FULL NAME:
- ❖ SEX:
- ❖ AGE:
- ❖ ADDRESS:
- ❖ CITY:
- ❖ COUNTRY:
- ❖ PHONE NUMBER:
- ❖ EMAIL ADDRESS:
- ❖ SECONDARY CONTACT PERSON AND RELATIONSHIP WITH THE STUDENT  
(name, phone number, email address):

## STUDENT'S DETAILS

- ❖ FULL NAME:
- ❖ SEX:
- ❖ AGE:
- ❖ NATIONALITY:
- ❖ ADDRESS (Leave blank if same as above):
- ❖ CITY:
- ❖ COUNTRY:
- ❖ PHONE NUMBER:
- ❖ EMAIL ADDRESS:
- ❖ SCHOOL:
- ❖ ALLERGIES/HEALTH PROBLEMS:
- ❖ SPECIAL REQUIREMENT REGARDING HEALTH:

- ❖ SPANISH LEVEL: A1 A2 B1 B2 C1 C2

(For our reference only. Student's level will be assessed by GaliAsia's teachers before beginning the program).

- ❖ HOBBIES AND INTERESTS (This information will be used by GaliAsia to plan your personalized program):

- ❖ ADDITIONAL INFORMATION: