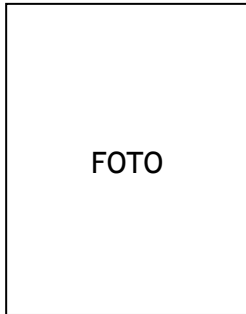




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## YOUTH PROGRAMS APPLICATION FORM

PROGRAM \_\_\_\_\_ GROUP  INDIVIDUAL   
 START DATE \_\_\_\_\_ FINISH DATE \_\_\_\_\_ WEEKS \_\_\_\_\_  
 RESIDENCE  HOST FAMILY  CLASSES Yes  No   
 CANCELLATION INSURANCE Yes  No  FLIGHT Yes  No  SERVICIO UM Yes  No   
 DEPARTURE AIRPORT \_\_\_\_\_ ARRIVAL AIRPORT \_\_\_\_\_

**1. STUDENT INFORMATION**  
 FAMILY NAME \_\_\_\_\_ NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ POSTCODE \_\_\_\_\_  
 CITY \_\_\_\_\_ COUNTRY \_\_\_\_\_  
 HOME PHONE \_\_\_\_\_ STUDENT MOBILE \_\_\_\_\_  
 DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ NATIONALITY \_\_\_\_\_  
 E-MAIL \_\_\_\_\_ DNI \_\_\_\_\_  
 PASSPORT NUMBER \_\_\_\_\_ ISSUE DATE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_  
 NAME OF YOUR SCHOOL \_\_\_\_\_  
 WHERE/HOW DID YOU HEAR ABOUT HES IDIOMAS \_\_\_\_\_

**2. PARENTAL INFORMATION**

<b>FATHER:</b>	<b>MOTHER:</b>
NAME _____	NAME _____
SURNAME _____	SURNAME _____
ADDRESS _____	ADDRESS _____
CITY/COUNTRY _____	CITY/COUNTRY _____
E-MAIL _____	E-MAIL _____
MOBILE _____	MOBILE _____
WORK PHONE _____	WORK PHONE _____
EMERGENCY TELEPHONE NUMBER 24H _____	

**3. PERSONAL INFORMATION**  
 Does your child have any allergies? Yes  No  Specify and attach a medical certificate \_\_\_\_\_  
 Does your child take any medication? Yes  No  Specify and attach a medical certificate \_\_\_\_\_  
 How to act in case of an allergic reaction? \_\_\_\_\_  
 Does your child require a special diet? Yes  No  Specify \_\_\_\_\_  
 Does your child allergy or is afraid of animals? Yes  No  Specify \_\_\_\_\_  
 \*\*Please note that overseas is common to have pets at home. To assign the family that best suits the student's profile you might have allowed, unless for health reasons or fear cannot live with animals.  
 Please give details of any special requirement relating to health, allergies, diet, etc... \_\_\_\_\_  
 Does your child have any physical or psychological disability? Specify and attach a medical certificate \_\_\_\_\_  
 What is the student's level of English?  
 Beginner  Elementary  Pre Intermediate  Intermediate   
 Upper Intermediate  Advanced

#### 4. PERSONAL INTERESTS

- |                                      |                                 |                                    |                                  |                                      |
|--------------------------------------|---------------------------------|------------------------------------|----------------------------------|--------------------------------------|
| <input type="checkbox"/> Tennis      | <input type="checkbox"/> Golf   | <input type="checkbox"/> Books     | <input type="checkbox"/> Art     | <input type="checkbox"/> Movies      |
| <input type="checkbox"/> Swimming    | <input type="checkbox"/> Garden | <input type="checkbox"/> Computers | <input type="checkbox"/> Travel  | <input type="checkbox"/> TV          |
| <input type="checkbox"/> Basket      | <input type="checkbox"/> Gym    | <input type="checkbox"/> Sea/beach | <input type="checkbox"/> Horses  | <input type="checkbox"/> Play music  |
| <input type="checkbox"/> Soccer      | <input type="checkbox"/> Dance  | <input type="checkbox"/> Sky       | <input type="checkbox"/> Dogs    | <input type="checkbox"/> Music       |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Skate  | <input type="checkbox"/> Mountain  | <input type="checkbox"/> Cats    | <input type="checkbox"/> Playstation |
| <input type="checkbox"/> Sailing     | <input type="checkbox"/> Bike   | <input type="checkbox"/> Children  | <input type="checkbox"/> Walking | <input type="checkbox"/> Wii         |

#### 5. PARENT CONSENT

Mr/Mrs \_\_\_\_\_ with ID card number \_\_\_\_\_ as parent or legal guardian of \_\_\_\_\_, authorize my son / daughter to travel abroad to attend the courses organized by HIGH EDUCATIONAL STUDIES, giving the Director and Leaders accompanying my prerogatives fathers regarding to my son / daughter in everything concerning to the program established, such as: trips, homestay, cultural and sports activities, excursions, etc., exempting them from all moral and legal responsibility, for breaking the rules and conditions established in this program, or any other matter relating it, by my son / daughter. Also I release the Director and Leaders of the courses, from liability for any act done by my son / daughter without proper authorization or prior notification. I testify that my son/daughter knows and accepts the rules and conditions established by HES in relation to schedules, accommodation, behavior, teachers, leaders, classmates, etc., which I also completely accept.

I declare to know and accept the course fee, general conditions, method of payment and cancellation policies attached.

*Sr/Sra \_\_\_\_\_ con DNI n° \_\_\_\_\_, como padre, madre o tutor legal de \_\_\_\_\_, AUTORIZO a mi hijo/a para desplazarse al extranjero, con el fin de asistir a los cursos organizados por HIGH EDUCATIONAL STUDIES, otorgando al Director y Tutores acompañantes mis prerrogativas paternas con respecto a mi hijo/a en todo lo concerniente al programa establecido, como son: viajes, estancia en familias, actividades culturales y deportivas, excursiones, etc. eximiéndoles de TODA RESPONSABILIDAD MORAL Y LEGAL, POR INCUMPLIMIENTO DE LAS CONDICIONES PARTICULARES establecidas en dicho programa, o de cualquier otro asunto relacionado con el mismo, por parte de mi hijo/a. También eximo al Director y Tutores de dichos cursos, de la responsabilidad derivada de cualquier acto realizado por mi hijo/a sin la debida autorización, previa comunicación, de su tutor. Así mismo instruyo a mi hijo/a en todo lo referente a las CONDICIONES PARTICULARES establecidas por HES y con respecto a horarios, itinerarios, alojamiento, disciplina, profesorado, tutores, compañeros, etc. QUE ACEPTO EN SU TOTALIDAD.  
Declaro conocer y aceptar el precio del curso, las condiciones generales, la forma de pago y las normas de cancelación que se adjuntan.*

Sign \_\_\_\_\_ Date \_\_\_\_\_

#### 7. MEDICAL PERMISSION

The undersigned, in their capacity of recognized parents or guardians, authorize HIGH EDUCATIONAL STUDIES and their delegates, representatives and host families participating in the program, to authorize any X-ray recognition, surgical diagnosis and anesthesia process resulting from the regulations and always under full supervision of the medical or emergency room team that are responsible of the medical acts or that supervise the medical or dental (it it is a dental treatment) procedures. We signed this authorization as personal support to the mentioned representatives, or delegates, approving and supporting, each and every diagnose and hospital care that doctors, dentists and surgeons decide that are the best option for the participant of this program.

*Los abajo firmantes, en su capacidad de padres o tutores reconocidos, autorizamos a HIGH EDUCATIONAL STUDIES así como sus delegados, representantes y familias anfitrionas participantes en el programa, haciendo constar nuestro consentimiento a todo reconocimiento de Rayos X, diagnóstico-quirúrgico y posterior proceso de anestesia como resultado de normativas aplicables y siempre bajo total supervisión del equipo médico correspondiente o sala de emergencias responsables de actos y supervisiones de la práctica de la medicina o bien de la práctica de un dentista para el caso de tratamiento odontológico. Firmamos la presente autorización a favor y en apoyo personal a los ya mencionados representantes, y/o delegados suscribiendo nuestra aprobación a todos y cada uno de los diagnósticos y atención hospitalaria requerida a resultas del mejor dictamen a juicio de médicos, dentistas y cirujanos en beneficio de nuestro participante en el programa.*

Sign \_\_\_\_\_ Date \_\_\_\_\_