



ADULT REGISTRATION

Date _____

Student or Company _____

New student Current student Former student

Referred by: _____

Company class representative _____

Daytime Phone Number _____

Email Address _____

Language _____

Level _____

Student's Name:

Occupation

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Schedule: Day _____

Time _____

Location _____

Start date _____

Enclosed please find \$ _____ check cash

Signature of the student or the representative of the group Date _____

=====
For Office Use Only

Class ID _____

Instructor _____

Target completion date for class _____

Entered: Add. B. _____ Exc. C. _____ Exc. D. _____ Inv # _____ and date sent _____

Forms received in person _____ by mail _____ Date _____



ADULT STUDENT INFORMATION

Date _____

Student's Name _____ Birthday _____

Home Address _____

City _____ State _____ Zip code _____

Phone #s: Home _____ Work _____ Cell _____

Email _____ Fax _____

Educational Background/ Grade Finished _____

Occupation _____

Language to be learned _____ Level _____

Previous Education in language to be learned _____ yrs/months How often? _____

Nationality _____ Length of time in US _____

Contact in case of emergency: Name _____

Phone _____ Relationship _____

Why do you want to learn another language? _____

What are the most important things that you would like to learn? _____

If we have to change the existing schedule what other day and time would you prefer?

Day _____ Time _____

_____ Date _____

Signature of student



Agreement between Larson's Language Center and the Student

I, student of _____ (language):

- 1. Agree to spend time studying the lessons and completing the homework. I understand that I will be graded on Attendance, Homework, and Study.
2. Agree to read the Student Handbook after I receive it.
3. Agree to notify Larson's Language Center if unable to attend a class for any reason, even at the last minute.
4. Agree that if I am part of a private lesson with the authority to determine the schedule, I must notify the office (by e-mail, a phone call, or message on the answering machine) to cancel the class at least 48 hours before the scheduled class, or the class will be considered missed.
5. Agree that my classes will be cancelled for weather when the school districts in Benton or Washington Counties are closed, but that I may call the office for confirmation.
6. Agree that if I miss a class I may arrange a make-up lesson, at the rate of \$35.00 per hour, according to the instructor's availability.
7. Agree that Registration is not refundable, and Tuition is only refundable 5 weeks prior to the start date.
8. Agree to notify Larson's Language Center within four weeks of the final class as to whether I will continue with the next level, and the length of a rest period I would prefer.
9. To return any books and Cds loaned, or pay for them in case of damage or loss.

The signing of this agreement indicates that everything is well understood.

Signature of student, or representative of the group _____ Date _____

For Groups

Signature of the student _____ Date _____ Signature of the student _____ Date _____

Signature of the student _____ Date _____ Signature of the student _____ Date _____

Signature of the student _____ Date _____ Signature of the student _____ Date _____

Signature of the student _____ Date _____ Signature of the student _____ Date _____