

STUDENT ADMISSION APPLICATION FORM



SARAM Academy

**TOTAL
SPANISH
EXPERIENCE**

Date of application: _____ Assigned ID: _____

Intended period of the program: from _____ to _____ .

Welcome! You are about to start the Total Spanish Experience.
Please provide all the information below for your registration.

PHOTO

1. Student Information

Full Name:		
Name in Native Language Character: <i>If Necessary</i>		
Personal Number:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth: YYYY/MM/DD
Place of Birth: Country, City, State		Age:
Current Address:		ZIP Code:
Instant Messaging App: <i>Whatsapp</i> <input type="checkbox"/> <i>Other:</i>		Messaging App ID: <i>If Necessary</i>
Home phone number:	Email Address:	
How will you be supported in you studies? <i>Self supporting (working)</i> <input type="checkbox"/> <i>Parent's full support</i> <input type="checkbox"/> <i>Other:</i>		
Passport Number:	Expiration Date: YYYY/MM/DD	Civil Status:

2. Contact Information In Case Of Emergency

Name:	Telephone:
Address:	Relation:

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Address:	Relation:

3. Schooling *(Latest studies Carried Out)*

School/University:	Admission Date: AAAA/MM/DD
Obtained Tittle: Ej. Licenciatura en Lenguas Modernas con Terminal en Español	
Status of Schooling: <i>Cursando estudios</i> <input type="checkbox"/> <i>En proceso de titulación</i> <input type="checkbox"/> <i>Actualmente titulado</i> <input type="checkbox"/>	
Graduation date <i>(Real or tentative)</i> : YYYY/MM/DD	

4. Occupation

Company Name:	Position:
From: YYY/MM/DD	Untill: YYY/MM/DD

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I want to get assistance for any home stay program ☐

I'll have home assistance with friends/family ☐

5. Health & Medical Insurance Conditions

Do you have any medical condition, disabilities or special needs? Yes ☐ No ☐

Please describe:

6. Plan Of Study

Why did you decided to apply into the Total Spanish Experience Program?

What are your plans after the Total Spanish Experience Program?

What are your expectations regarding our Spanish program?

¿Can you please describe your hobbies? This info will help us to choose a friend for the 'Amigui' program.

Do you have any other comments? (personal doubts, notice of allergies, religion, others).

7. Contact Information *Let This Section Be Filled By The Personal Of SARAM Academy*

How did you find about the SARAM Academy Total Spanish Experience Program?

Instagram ☐ Facebook ☐ Tiktok ☐ Other:

Did you receive a personal recommendation?

Yes ☐ No ☐ Reference Number:

Scholarship program available:

Observations:

Thank You!