



Ph. (619) 692-3181

ENROLLMENT FORM

Student No.:

For office use only

In order to register into our classes, please print and fill out this form. Then send it to us by fax to the number (619) 692-3176 or mail the completed form to our address.

Please write in clear block letters

Last Name: M.I.: First Name:

Address:

City: St.: Zip:
Area Code: Home Ph:
Cell Ph.: Work Ph:

Personal email:
Alternative email:

Language to Study: Italian Spanish French

Payment Information

Credit Card Check M.O. C.Check Cash
Visa/M.C. : Exp.Date: Ammount : \$
Name on Card/Check :
Security Code: Last 3 digits on back of card
Written Ammount :
Pay to the order of : **Language World**

Recurring Payment Authorization

I _____ authorize Language World on this date of ____/____/____20____ to Charge my Credit Card (listed above) for the monthly ammount of \$ _____ dollars, for the time that I remain a student at the "Language World" Institute. I also acknowledge that if this card becomes inactive or the payments are not covered by the financial institution that supports this card, I will be responsible for all the payments, pending, pastdue payments and extra charges that this lack of payment may cause. I do know that there will be an extra charge of \$35.00 dollars for each ocurrence of insuficient of funds on my credit card/check.

_____ Date

_____ Signature