

Student Application

Harvest Language Center
Apdo. 62-16 C.P. 45180
Guadalajara, Jalisco, Mexico

Date you plan to begin school: _____

Personal Data:

Name: _____

Permanent address: _____

Current address: _____

Phone number: _____ E-mail address: _____

Date of Birth: _____ Marital Status: _____

Please list the names and birth dates of the children that will be living with you during the course of your studies:

If you plan to enroll your children in a school other than Harvest, will you need assistance? _____

If so, please contact us personally to discuss the options with which we are familiar.

Religious Background

Denominational affiliation: _____

Home church: _____

Pastor: _____

Address: _____

Pastor or church e-mail: (if available) _____

Educational Background

List all schools attended since high school and the dates and subjects of study:

Name of school	Subjects of study	Dates attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have or have you ever had any known hearing or visual impairment, learning impairment, speech impediment, or memory loss?

Have you ever studied a foreign language? _____ What language(s)? _____

When and where did you study? _____ For how long? _____

How many levels do you plan to attend? _____ (there are 4 total)

Do you think you might enter this program at a level other than Level 1? _____

What is motivating you to learn Spanish at this time? _____

What level of proficiency do you desire or need to attain (novice, intermediate, advanced or superior...)
