

GETTYSBURG LANGUAGE INSTITUTE



Student Application

Contact Information

NAME	
STREET ADDRESS	
CITY ST ZIP CODE	
COUNTRY	
HOME PHONE	
E-MAIL	

Academic And Other Information

SEX MALE FEMALE

DATE OF BIRTH

___ HIGH SCHOOL NAME ___

___ GRADE LEVEL ___

___ SCHOOL ADDRESS ___

Interests

Tell us in which areas you are interested and confident

___ Vocabulary

___ Speaking

___ Listening

___ Reading

___ Understanding

___ Conversation

___ Writing

___ Spelling

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from High School, previous or through other activities, including hobbies or sports.

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Previous English Study Experience

Summarize your previous study experience.

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Person to Notify in Case of Emergency

NAME	
STREET ADDRESS	
CITY ST ZIP Code	
COUNTRY	
HOME PHONE	
E-MAIL	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a student, I must exercise the best character. Any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate rejection.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this Institute to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in Gettysburg Language Institute.