

DESTINO ABROAD APPLICATION

Student's First Name		Student's Last Name		Nickname	
Home Phone	Date of Birth	Current Grade	School Name		
Home Address		City		State	Zip
Mother or Guardian's Name		Mother's Email Address		Mother's Cell	
Father or Guardian's Name		Father's Email Address		Father's Cell	
Sibling's Names and Ages (Please List All Siblings)					
Applicant lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (Please specify) Do you need duplicate mailings sent to an alternate mailing address? If so, please include additional address:					
Do you have any medical conditions and/or allergies? If so, please explain:			Yes No		
Do you take any medication? If so, please explain:			Yes No		
Have you had Spanish classes before? If so, what is the last level completed?			Yes No Pre-high school Spanish High school Spanish I High school Spanish II High school Spanish III High school Spanish IV		
Program Choice – Please indicate the place and dates of the program you would like to enroll in:					
Reference – Please provide the name of a teacher or faculty member who we can contact about your enrollment in the program:					
Emergency Contact – Please provide the name and phone number of a person to be contacted in case of an emergency:					
Refer a Friend – Is there someone you know who may be interested in receiving information from Destino Abroad? Receive \$100 if any new referral you list here signs up for a trip. Please list any additional friends on the back of this application.					
Friend's Name			School		
Home Address			Email Address		
Friend's Name			School		
Home Address			Email Address		