



Babel Travel
El viaje Comienza hoy!

Application for Initial F-1 Students

1. Please complete and sign this application form. Your application cannot be processed without the following :

- A completed application form including all required signatures
- Proof of financial certification (minimum required US \$9000), no more than 3 months old
- Copy of your passport

2. Please send the completed application by email, or using our website tool :

Website :	Email :
Babel Travel	admisiones@babeltravel.com

Health Insurance

It is a Massachusetts State Law that all students must have insurance, though you are not required to present proof of health insurance to Babel Travel. For more information about health insurance plans for international students, please contact our agents.

Cancellation and Refunds

You accepted our cancellation and refund policy by performing step 1 on our website. Our politic of cancellations and refunds is explained in the Terms and Conditions of Courses and Programs, published on our website. Please read these terms and conditions at the bottom of babeltravel.com

PERSONAL INFORMATION

LEGAL NAME IN FULL

LAST NAME FIRST NAME MIDDLE

FOREIGN/HOME COUNTRY ADDRESS

STREET NUMBER, STREET, APARTMENT NUMBER

CITY/TOWN ZIP CODE COUNTRY

MAILING ADDRESS IN USA

STREET NUMBER, STREET NAME, APARTMENT NUMBER

CITY/TOWN STATE ZIP CODE

PHONE NUMBER

EMAIL ADDRESS

GENDER

MALE

FEMALE



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DATE OF BIRTH

MONTH/DAY/YEAR	COUNTRY OF BIRTH	COUNTRY OF CITIZENSHIP
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EMERGENCY CONTACT

NAME OF PERSON	RELATION TO PERSON	PHONE NO.
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F-2 Dependents (Family members accompanying you):

NAME	DOB:	Country of Birth:	RELATIONSHIP:
NAME	DOB:	Country of Birth:	RELATIONSHIP:
NAME	DOB:	Country of Birth:	RELATIONSHIP:
NAME	DOB:	Country of Birth:	RELATIONSHIP:

Please Check the session when you wish to begin:

2018 Sessions

- | | | | |
|-------------|------------|------------|------------|
| ┆ January | ┆ February | ┆ March | ┆ April |
| ┆ May | ┆ June | ┆ July | ┆ August |
| ┆ September | ┆ October | ┆ November | ┆ December |

SCHOOL INFORMATION YOU INTEND TO ATTEND

SCHOOL NAME _____

SCHOOL LOCATION

STREET NUMBER, STREET, APARTMENTNUMBER _____

CITY/TOWN	ZIP CODE	COUNTRY
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I have read and understand the information provided by

I understand and acknowledge the expenses for attending the English School represented here by Babel Travel, and I fully understand the cancellation and refund policy. I am aware that the \$150.00 application fee and the \$250.00 tuition deposit are non-refundable..

Signature of applicant _____ Date _____

Signature of parent (if applicant is under 18 years old) _____ Date _____



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MEDICAL EMERGENCY STATEMENT:

In the event of illness or injury, I authorize medical diagnosis and treatment of injury or illness to the applicant and release of medical information for medical treatment and insurance purposes. I accept responsibility for medical expenses outside the limits of any medical insurance and those pre-existing conditions not covered by health insurance. Submission of this application constitutes an acceptance of the terms and conditions for attending the English School represented here by Babel Travel.

SIGNATURE OF APPLICANT: _____ DATE: _____

PARENT OR GUARDIAN (if under 18) _____ DATE: _____