## **OFFICIAL ENROLLMENT FORM**

1. Complete the enrollment form. Sign your form!

2. Attach a \$350 initial deposit payable to INTERACT TRAVEL.

3. Give everything to your teacher, do not mail them directly to ITI.

Orga	nizing Teache		
_	-	Organizing Teacher Last Name	
		School Name	
PERSONAL DATA PRINT CLEARLY IN BLOCK CAPITALS & BLACK OR BLUE INK			
Check one: Student Adult-Parent Teacher Use Only			
Legal Last Name (as it matches your passport)			
Legal Middle Name (as it matches your passport	t)		
Legal First Name (as it matches your passport) MAILING ADDRESS:			
Give specific street name & house number			
City		State Zip Code	
Day Phone			
Email Date of Birth:		Sex: Male Female	
Month Day Year			
Person to be contacted in an emergency			
Last Name		First Name	
Day Phone		Cell Phone	
Email			
I certify that I have read and understand all terms and conditions as set forth in the Agreement and the ITI Preguntas Student Booklet and that I agree to and accept all such terms and conditions.			
Signature of Applicant:	Use your lea	Date:	
>			
IF APPLICANT IS UNDER 21 YEARS OF AGE, THE PARENT OR LEGAL GUARDIAN FOR THE APPLICANT MUST REVIEW AND AGREE TO THE FOLLOWING:			
I certify that I am the parent or legal guardian of the applicant, that I have read and understand all terms and conditions as set forth in the Agreement and the ITI Preguntas Student Booklet and that I accept and will be bound by all such terms and conditions on my behalf and on behalf of the applicant.			
Signature of Parent or Legal Guardi	an:	Date:	