



CLT STUDENT REGISTRATION FORM

STUDENT NAME		NATIONALITY	
CELL NUMBER		TARGET LANGUAGE	
EMAIL		MARTAL STATUS	<input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE
HOME ADDRESS		TYPE OF CLASS	<input type="checkbox"/> GROUP <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SKYPE <input type="checkbox"/> FIELD TRIP CLASS IN GROUP
WORK ADDRESS			
WORK NUMBER		DESIRED LOCATION	<input type="checkbox"/> HOME <input type="checkbox"/> COFFEE SHOP <input type="checkbox"/> OFFICE <input type="checkbox"/> OTHER _____
EMERGENCY CONTACT	1. 2. 3.		
NAME AND LIST PREVIOUS INSTITUTIONS	1. 2. 3.		
LENGTH OF ATTENDANCE		AREAS OF INTEREST	<input type="checkbox"/> SOCIAL <input type="checkbox"/> BUSINESS <input type="checkbox"/> ENTERTAINMENT <input type="checkbox"/> FOOD <input type="checkbox"/> COOKING <input type="checkbox"/> GROCERIES <input type="checkbox"/> SHOPPING <input type="checkbox"/> TRAVEL <input type="checkbox"/> TRANSPORTATION COMMENTS: _____
PURPOSE OF LEARNING			
RECOMMENDED BY		PERSONAL HOBBIES	
EXPECTED STAY IN KOREA OR ASSIGNED COUNTRY			TYPES OF CLASS
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