



Language Exchange

STUDENT ENROLLMENT FORM

Please use the following form to enroll for a class. If more than one person is enrolling, please complete a separate form for each person. Return complete enrollment form to:

Language Exchange of Northern Colorado
1797 S. College Ave.
Fort Collins, CO 80525

Today's Date: _____

Class Enrolling in: _____

Student's Name: _____

Mailing Address: _____

Phone Number: _____ Alt Phone: _____

Email Address: _____

I have read and agree to the terms of the Payment, Absence, & Cancellation Policies. _____
(initial here)

Are you a new student? YES / NO **New students complete the section below.**

Family members who have attended/currently attending LEXNC? Name/s _____

There is a one-time enrollment fee of \$29 for all new students.

For families, the first family member is \$29, each additional family member is \$10.

DOB: _____ Primary Language: _____

Parents' Names (if student under 18): _____

Parents Email (if different from above): _____

School (if currently enrolled): _____

What are your expectations/goals upon completion of the class? _____

How did you hear about us? _____

Questions/Comments: _____

Office Use Only: <input type="checkbox"/> QB _____ <input type="checkbox"/> CC _____
