

THE LINGUISTIC LAB

APPLICATION FORM

On completion of this form, please can you send it by post, along with a photograph of the applicant to the following address:

Labis Filis, Linguistic Lab, PO Box 12, 20 400 Xylokastro, Corinthia, Greece

I agree with the regulations (1-15) and would like to take part in the Linguistic Lab Summer Program in Greece.

Homestay Information Form

During the homestay periods, you will be living as a guest with selected families. When placing the applicant with a family, some background information about the applicant and their family is helpful to our homestay coordinators.

Please complete **ALL** the sections of the form below where applicable.

Surname:		
Forename:	Middle Names:	
Address:		
County / State:	ZIP / Post Code:	
Country:		
Telephone Number:	Email Address:	
Age:	Date of Birth:	Sex: Male / Female (Please Select)
Height:	Weight:	
Number of Sisters:	Age of Sisters:	
Number of Brothers:	Age of Brothers:	
Allergies / Dietary Requirements or Other Relevant Information:		
Foreign Language Skills:		
Sports / Hobbies / Interests / Dislikes or Other Relevant Information which may be helpful when placing the applicant with a compatible family:		
Name and Signature of Parent / Guardian:		
.....		Date:
Please use this space to include any other information you think may be useful to us:	Please Attach a Passport Sized Photograph Here:	

LINGUISTIC LAB

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