



LARSON'S LANGUAGE CENTER

1730 W. Poplar St. Rogers, AR 72758
(479) 633-9900



ADULT ENROLLMENT APPLICATION

Student's name: _____ Nickname _____

OR Company class representative _____

Birthday _____ Gender: M F

Current student Former student New student(s) Referred by: _____

Home phone # _____ Work # _____ Cell # _____

Email Address 1 _____ Email Address 2 _____

Home Address _____

City _____ State _____ Zip code _____

Language to be learned _____ Last level coursed _____

Current Level: (Select one) 1-1 1-2 2-1 2-2 3-1 3-2 other _____

Session: Fall 20____ Winter 20____ Private Group

Schedule: Day _____ Time _____

Start date _____ Location _____

Enclosed please find \$ _____ check # _____ cash Credit card _____

Material deposit: Ch #/ Cred.C# _____ Amount \$ _____ **Self study material:** Windows CD Macintosh CD

Nationality _____ Length of time in US _____

Occupation _____

Previous Education in language to be learned _____ yrs. _____ months How often? _____

If you have taken languages classes before, how difficult was it for you?

Circle a number 0 1 2 3 4 5
 (not) (very)

Contact in case of emergency: Name _____

Phone _____ Relationship _____

Could you sponsor a student by paying 50 % of tuition? ____ Yes ____ No Another % _____

X _____ Date _____

Signature of the student or the representative of the group

=====
For Office Use Only

Class ID _____ Instructor _____ Session dates: Start _____ End _____

Payment: Amount: \$ _____ **Form/concept:** _____

Inv # _____ Date sent: _____ **Docs.** Reception: date _____ by _____

Entered in: Add. B. ___ Gr ___ Int ___ Catg. ___ Calls ___ Db ___ Hours and Prog. ___ Pre-Reg. ___ Att. Rcd. ___ Mat. Code ___



LARSON'S LANGUAGE CENTER

1730 W. Poplar St. Rogers, AR 72758
(479) 633-9900



<u>EDUCATION HISTORY:</u>	NAME & LOCATION	YEARS ATTENDED	DID YOU GRADUATE	TITLE/LICENSE ACHIEVED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, CORRESPONDENCE SCHOOL				
GRADUATE SCHOOL				
Ph. D PROGRAM				

Why do you want to learn another language? For example: personal growth, travel plans, academic preparedness, job requirement, etc. Be as specific as possible. _____

What are the most important things that you would like to learn? _____

If we have to change the existing schedule what other day and time would you prefer?

Day _____ Time _____

Have you experienced or exhibited any physical, mental, emotional, physiological need? Yes ____ No ____

If yes, describe in detail:

Have you ever been convicted of a felony?

Yes No

If you answered "Yes," please give date(s) and explain:

X _____ Date _____

Signature of the student or the representative of the group



LARSON'S LANGUAGE CENTER

1730 W. Poplar St. Rogers, AR 72758
(479) 633-9900



Agreement between Larson's Language Center and the Student

I, _____, student of _____ (language):

1. Agree to spend time studying the lessons and completing the assignments and understand that records of attendance and assignments will be recorded. Students will be graded on quizzes and a final test.
2. Agree to read and sign the Student Handbook.
3. Agree to read and follow the new Arkansas Department of Health (ADH) and the CDC pandemic recommendations /guidelines. <https://www.cdc.gov/coronavirus/2019-ncov/community/colleges-universities/index.html>
4. **Agree to notify Larson's Language Center if I am unable to attend a class for any reason, even at the last minute.**
5. Agree that my classes will be cancelled for weather when ANY school in Benton County is closed. The cancellation of **evening** classes will be notified by email at least one hour prior to the class start time, and the class will be made up at a later date.
6. Agree that if a class is missed, a make-up lesson can be arranged at the rate of \$48.00 per hour, according to the instructor's availability. Otherwise, students are responsible for studying the lesson on their own and must request a copy of any missed handouts, activities, vocabulary and phrases list from a fellow student, or get them from the instructor in the next class.
7. **Agree that registration is not refundable, and tuition is only refundable four weeks prior to the start date.** There will be \$15 fee for making split payments. In this case, the first payment is due before the class starts, and the balance is due five weeks after the class start date. Students making payments for tuition are still responsible for the entire amount.
8. Agree to notify Larson's Language Center within four weeks of the final class as to whether the student will continue with the next level.
9. **Agree to return any lent books and/or Cds, or pay for them in the case of damage or loss. The book deposit fee (check or credit card), will be cashed by the school after 5 working days of either the student's drop out of class, or the last day of class, if the school does not receive any notification from the student on this regard during this time.**
10. Agree that if a **private lesson** is cancelled, the office must be notified (by e-mail, a phone call, or message on the answering machine) at least 48 hours before the scheduled class, or the class will be considered missed. If 48 hours notice is given, that class will be rescheduled at no extra cost. These students have the authority to determine their schedule, but rescheduling is only allowed 3 times per private course. The only exception which allows a class cancellation without any notice is weather related.

The signing of this agreement indicates that everything is well understood.

_____ Date _____
Signature of the student or the representative of the group