

Interchange Language Institute

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APPLICATION FORM

STUDENT'S NAME IN FULL:

PLACE AND DATE OF BIRTH:

NATIONALITY: RELIGION: CIVIL STATUS:.....

PREVIOUS SCHOOL AND/OR STUDIES:

FATHER'S NAME AND OCCUPATION:

MOTHER'S NAME AND OCCUPATION:

BUSINESS ADDRESS AND TELEPHONE NO:

.....

HOME ADDRESS AND TELEPHONE NO:

.....

CEL. NO:FAX NO:

E-MAIL ADDRESS:

COURSE DESIRED:

REFERRED BY:

AGREEMENT

I hereby agree to abide by the regulations of this Institute and pay all fees in advance.

Date:..... Signature:.....

IMPORTANT

**THE DIRECTOR RESERVES THE RIGHT TO SUSPEND AND / OR EXPEL A STUDENT WHOSE
CONDUCT AND / OR ACADEMIC PROGRESS IS NOT CONSIDERED SATISFACTORY**