



Language Exchange  
of Northern Colorado, LLC

# 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  
412 S Howes St, Ste A  
Fort Collins, CO 80521

Today's Date: \_\_\_\_\_

Class Enrolling in: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

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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: \_\_\_\_\_

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