



LUZ LANGUAGE CENTER

Language courses, Translation
& Interpretation services

Breaking barriers through languages

REGISTRATION FORM

Registered by _____ Training Fees _____

Date of start _____ Date of registration _____

(For administration use only)

Name of student : _____ Date of Birth : _____

Name

First name

Address: _____

Street

Town

Country

Postal Code

Telephone : (_____) _____ / (_____) _____

Home

Mobile

Email : _____

Parent/Tutor (Optional)

How have you heard of us?

Name: _____

Name

First name

Address: _____

Next of Kin:

Telephone: (_____) _____

Name

Relation

Email: _____

Telephone 1

Telephone 2

Chosen days and hours

Days (Indicate chosen days)	Hours
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

Language

Type of Course: *

Duration/Level

1- The total payment of the training fee is required before the actual start of the courses including the registration fee.

2- A certificate is issued at the end of the training.

3-Any absence from classes must be notified and justified at least 24 hours before class.

4-**Luz language center** denies responsibility for instability of the internet network coming from the student.

I read and accepted the above training conditions.

Name and Signature (Student)

Date

Name and Signature
(Director)

ⁱPlease fill out this form with the required information and then scan and send to the center.

*Choose between **Special Course** or **Normal Course**

LOCATION

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