



REGISTRATION FORM

THE STUDENT

DATES: From _____ To _____

First and Last Name: _____

Email: _____

Phone number: _____

Birth Date: _____

THE PARENT'(s) / GUARDIAN(S)

First and Last Name: _____

Email: _____

Phone number: _____

Skype/ WhatsApp / We Chat: _____

ROOM SELECTION

One time registration fee \$175 plus based on:

- Private room (1 person): \$235/DAY
- Semi-Private (2 people): \$199/DAY
- Dorm (3-4 people): \$165/DAY

THE SCHOOL

Name of the school in the US: _____

MEDICAL CONDITION

Does your child have any mental or physical condition that we should be aware of? _____

List any current medication: _____

Send this form to info@cogitoworldeducation.org