INESLE
Instituto de Español

INESLE - Spanish Summer Program in Madrid - SPAIN

PAYMENT APPLICATION - Form 3

Please Print or Type

Applicant/
Student Name: _____ _____ Usually Called: _____
Last (family) *First*

Gender: ☐ M ☐ F Date of Birth: ____/____/____ Social Security Number: _____
Month/Day/Year

Home Address:

_____
Street and Number Apt. #

_____
City *State* *Zip* *Country*

Applicant E-mail Address _____

Home Telephone (_____) _____ _____

Parent Cell Phone (_____) _____ _____

Parent E-mail Address _____

Parent's names:

Mother _____ Father _____

Applicant lives with :

Both Parents ☐ Father ☐ Mother ☐ Guardian ☐ Other ☐

Name and home address of person financially responsible for student:
Title (Mr. and Mrs., Dr., etc.)

_____
Last (family) *First* *Middle*

Address:

_____
Street and Number Apt. #

_____
City *State* *Zip* *Country*

Relationship to student: _____

E-mail address: _____

INESLE Madrid
Av. Monasterio de El Escorial, 35 -H- 4ºB
28049 Madrid (Spain) - tel: +34 606 193 231
info@inesle.com - www.inesle.com

INESLE
Instituto de Español

Program Tuition:

3,475 € (2-weeks program)

Tuition includes:

Acommodations; Meals; Classes; Health insurance; Afternoon activities in Madrid and Santander; Trips. Air-fare is not included.

Due dates for payments

To be sure that your child can participate on our summer program in Madrid, please make your payments by the dates indicated below to the bank account of INESLE Madrid.

February 15st, 2026	1,000 euros deposit (non-refundable)
April 15st, 2026	balance of due fees (3,475 – 1,000 = 2,475 euros at prices prevailing at time of writing)

Payment:

The acceptable means of payment is by Flywire (www.flywire.com/pay/inesle) or following bank transfer:

- Wire transfer to our bank using the following format exactly as printed:

Receiving Bank:	Banco Santander - Office #4338
Receiving Bank:	IBAN#: ES04 0049 4338 79 *International Bank Account Number*
Receiving Bank:	BIC / SWIFT: BSCHESMMXX *Bank Identification Code*
Beneficiary Account Name:	INESLE EDUCACION, S.L.
Beneficiary Account #:	Ask
Full IBAN # (electronic format):	Ask
Full IBAN # (paper format):	Ask
Concept:	INESLE Madrid 2026 - *Applicant Name*

The signatures below indicate and acknowledge that we have read, understand and agree to the contents of this contract.

Signature of student: _____ Date: _____

Signature of parent: _____ Date: _____

INESLE Madrid
Av. Monasterio de El Escorial, 35 -H- 4ºB
28049 Madrid (Spain) - tel: +34 606 193 231
info@inesle.com - www.inesle.com