

ENROLMENT FORM

PERSONAL DETAILS

Family Name _____ (Mr/Miss/Mrs/Ms) First Name _____ Address _____ _____ Country _____ Tel. No. _____ Nationality _____ Fax _____ Date of Birth _____ E-mail _____ Age _____ Passport No _____ Person to contact & telephone number for Emergencies _____	ATTACH TWO RECENT PHOTOGRAPHS HERE
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COURSE DETAILS

START DATE _____
FINISH DATE _____
TOTAL WEEKS _____

Please ✓ the appropriate box

What is your level of English?

Elementary Upper-Intermediate
 Pre-Intermediate Advanced
 Intermediate

Select the course you wish to take?

GENERAL ENGLISH 20 Lessons per wk
INTENSIVE ENGLISH 30 Lessons per wk
BUSINESS ENGLISH 30 Lessons per wk

EXAMINATION COURSES Lessons per wk

	20	30
10 wks - FCE	<input type="checkbox"/>	<input type="checkbox"/>
12 wks - FCE or CAE	<input type="checkbox"/>	<input type="checkbox"/>

LONG TERM COURSES

6 Months – 24 weeks 20 Lessons per wk
 7 months – 28 weeks 20 Lessons per wk
 8 Months – 32 weeks 20 Lessons per wk
 9 Months – 36 weeks 20 Lessons per wk
 10 Months – 40 weeks 20 Lessons per wk

ARRIVAL & DEPARTURE DETAILS

ARRIVAL DETAILS

ARRIVAL DATE (SAT/SUN) _____
ARRIVAL TIME _____
FLIGHT NUMBER _____
AIRPORT Heathrow Southampton Stansted
 Gatwick Bournemouth

DO YOU WANT A TAXI TRANSFER? YES NO

DEPARTURE DETAILS

DEPARTURE DATE (SAT/SUN) _____
DEPARTURE TIME _____
FLIGHT NUMBER _____
AIRPORT Heathrow Southampton Stansted
 Gatwick Bournemouth

DO YOU WANT A TAXI TRANSFER? YES NO

ACCOMMODATION DETAILS

Please ✓ the appropriate box

SINGLE ROOM YES
TWIN ROOM YES
Do you smoke? YES NO
Special requests? _____
DIETARY (e.g. Halal, Vegan, Gluten-free etc.) _____

OTHER (e.g. Children/No Children, Pets/No Pets etc.) _____

MEDICAL (e.g. Deafness, Asthma, Epilepsy, Heart Condition etc.) _____

DECLARATION

I agree to abide by the conditions of enrolment and have read the terms described overleaf and the information given in the Course and Price details.
 A Parent or Guardian should sign on behalf of students under the age of 18 years.

Signature _____	Date _____
OFFICE USE ONLY	
Extended from _____ to _____	Signature _____ HF Name _____
Extended from _____ to _____	Signature _____ Address _____
Extended from _____ to _____	Signature _____ Tel. No. _____
FEES: EF <input type="checkbox"/> PF <input type="checkbox"/> FF <input type="checkbox"/>	
AGENT NAME: _____	

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