

**PERSONAL DETAILS**

Family Name _____ First Name _____ Address _____ _____ Country _____ Home Tel. No. _____ Nationality _____ Mobile Tel. No. _____ Date of Birth _____ E-mail _____ Age _____ Fax _____ Person to contact & telephone number for Emergencies _____	PASSPORT No. _____  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 week  
 INTENSIVE ENGLISH  30 Lessons per week

<b>EXAMINATION COURSES :</b>	Lessons per week	20	30
10 weeks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 weeks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Which Examination do you wish to take?  
 FCE  CAE  IELTS

<b>LONG TERM COURSES</b>	Lessons per week	20	30
6 Months – 24 weeks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 months – 28 weeks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Months – 32 weeks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Months – 36 weeks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Months – 40 weeks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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

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**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**

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

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

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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"/> CAS <input type="checkbox"/>		AGENT NAME: _____	