

# wessex academy - Enrolment Form

Week No.....

PIF   
EF

PLEASE COMPLETE AND FAX TO 00 44 1202 716266 OR POST TO THE SCHOOL OR YOUR LOCAL AGENT

Class No .....

## PERSONAL DETAILS

Family Name (Mr/Miss/Mrs/Ms) \_\_\_\_\_  
 First Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Country \_\_\_\_\_ Tel \_\_\_\_\_  
 Nationality \_\_\_\_\_ Fax \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ E-mail \_\_\_\_\_  
 Age \_\_\_\_\_ Passport No \_\_\_\_\_

Attach two recent passport photographs here

## COURSE DETAILS

Please ✓ the appropriate box

START DATE: \_\_\_\_\_  
 FINISH DATE: \_\_\_\_\_  
 TOTAL WEEKS: \_\_\_\_\_

What is your current level of English ?

Elementary  Upper - Intermediate   
 Pre-Intermediate  Advanced   
 Intermediate

STANDARD COURSES : *Lessons per week*

GENERAL ENGLISH	20 lessons	<input type="checkbox"/>
INTENSIVE ENGLISH	30 lessons	<input type="checkbox"/>
BUSINESS ENGLISH	30 lessons	<input type="checkbox"/>
SUMMER COURSE	20 lessons	<input type="checkbox"/>
SUMMER INTENSIVE	30 lessons	<input type="checkbox"/>
FIRST – Beginners	30 lessons	<input type="checkbox"/>

WESSEX ACADEMIC YEAR (WAY) *Length of course*

	6 Months	<input type="checkbox"/>
	9 Months	<input type="checkbox"/>

EXAMINATION COURSES *Lessons per week*

	20 lessons	<input type="checkbox"/>
	30 lessons	<input type="checkbox"/>

GENERAL ENGLISH *Length of course*

LONG COURSES

	24 weeks	<input type="checkbox"/>
	36 weeks	<input type="checkbox"/>
	44 weeks	<input type="checkbox"/>

## ARRIVAL DETAILS

Please ✓ the appropriate box

ARRIVAL DATE (SAT/SUN) \_\_\_\_\_  
 ARRIVAL TIME \_\_\_\_\_  
 FLIGHT NUMBER \_\_\_\_\_  
 AIRPORT \_\_\_\_\_

Heathrow  Southampton   
 Gatwick  Other \_\_\_\_\_

DEPARTURE DATE (SAT/SUN) \_\_\_\_\_

DO YOU WANT A TAXI TRANSFER?

ON YOUR ARRIVAL DAY   
 ON YOUR DEPARTURE DAY

## ACCOMMODATION DETAILS

Please indicate the type of room you require.

SINGLE ROOM   
 TWIN ROOM   
 SMOKING   
 NON-SMOKING

Please state any special accommodation requests  
 DIETARY \_\_\_\_\_

SPECIAL \_\_\_\_\_  
 MEDICAL \_\_\_\_\_

## 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 age 18 or under.

Signature \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

### Office Use Only

Extended from _____ to _____	Signature _____	HF Name _____
Extended from _____ to _____	Signature _____	Tel. No. _____
Extended from _____ to _____	Signature _____	HF Name _____
AGENT NAME _____		Tel. No. _____

