



CLASS ID		
DEPOSIT		
FAX ACC		
PROFORMA		
INITIAL CONF		
TAXI		
FINAL CONF		
U18		
WEB		

Personal Details	Male <input type="checkbox"/> Female <input type="checkbox"/>	Address:
	Family name:
	First name:	E-mail:
	Nationality:	Home tel:
	Date of birth: / /	Mobile no:
	Age:	Occupation:
Where did you hear about the School?		
<input type="checkbox"/> Family / Friends <input type="checkbox"/> Teacher <input type="checkbox"/> Website <input type="checkbox"/> Agent		

Course	Standard (15 hrs/week) <input type="checkbox"/> Standard Plus (21 hrs/week) <input type="checkbox"/> English for Professionals (25 hrs/week) <input type="checkbox"/>	Course dates: From: To: No. of weeks:	What is your level? (A1) Elementary <input type="checkbox"/> (A2) Pre-intermediate <input type="checkbox"/> (B1) Intermediate <input type="checkbox"/> (B2) Upper Intermediate <input type="checkbox"/> (C1) Advanced <input type="checkbox"/>
	Exams:		
	PET <input type="checkbox"/> FCE <input type="checkbox"/>		
	CAE <input type="checkbox"/> IELTS <input type="checkbox"/>		

Accommodation	Arrival date Departure date
	<input type="checkbox"/> Please arrange my accommodation for me. I would prefer: <input type="checkbox"/> Single Room, Breakfast, Evening Meal <input type="checkbox"/> Shared Room, Breakfast, Evening Meal* <input type="checkbox"/> Residential Accommodation, Single Room, Self-catering
	Do you smoke? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Special dietary and medical needs:
*For shared room outside summer, please contact the school for availability	

Taxi	Do you need a taxi transfer? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, do you need: One way <input type="checkbox"/> Two way <input type="checkbox"/>
	Arrival: Airport: Flight number: Departing from:
	Date and time of arrival:
	Return: Date of take-down: Flight number and time of flight:
Departing from:	

Deposit	I paid my deposit and registration fee of £300 by:
	<input type="checkbox"/> Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard Expiry Date: <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>
	Card No: <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> Security Code: <input type="text"/> - <input type="text"/> - <input type="text"/>
	<input type="checkbox"/> Bank Transfer Date: <input type="checkbox"/> Other Please specify: