

Enrolment Form

English World Course in London

- English World
- English World IELTS Exam Preparation
- English World Cambridge Exam Preparation

Additional one-to-one hours per week 5 hours per week

Location: London

Course start date: _____ Course finish date _____

What is your level of English?

- Beginner Elementary Pre Intermediate Intermediate Upper Intermediate Advanced Very Advanced

Have you studied with Regent before? Yes No Which School? _____ When? _____

- Homestay single room Homestay en-suite No accommodation

Accommodation start date: _____ Accommodation finish date: _____

Please tell us about any special requirements (eg: disability, allergies, diet)

Do you smoke? Yes No Would you prefer non-smoking accommodation? Yes No

Distance Learning

- Online lessons: 5 hours per week 10 hours per week 15 hours per week 20 hours per week

Course start date: _____ Course finish date _____

What is your level of English?

- Beginner Elementary Pre Intermediate Intermediate Upper Intermediate Advanced Very Advanced

Distance Learning lessons are taught between the hours of 09:00 - 18:00 GMT, Monday - Saturday.

Personal Details (Please write in CAPITALS)

Family Name		First Name		
Nationality	Occupation	Date of Birth		
<input type="checkbox"/> Male <input type="checkbox"/> Female	Age	First Language	Second Language	
How did you hear about Regent?				
Who is paying for your course? <input type="checkbox"/> Myself <input type="checkbox"/> Parents <input type="checkbox"/> Company <input type="checkbox"/> Other				
Home Address				
Email	Tel	Mobile	Fax	
Address for invoice (if different)				
Emergency Contact During Course				
Relationship to student		English spoken <input type="checkbox"/> yes <input type="checkbox"/> no	Tel	Email
Reason for studying <input type="checkbox"/> Academic <input type="checkbox"/> Professional <input type="checkbox"/> Other				
Name of your college/university (students)				
Name of your company (professionals)				

Method of Payment (please tick)

Credit/Debit Card Bank Transfer

Credit Card Visa Mastercard

I hereby authorise Regent to charge the deposit of: £300 to my card

I hereby authorise Regent to charge the full amount of: £ to my card now

Card number Security Code (last 3 digits on reverse of card)

Valid from Expiry date

Name of cardholder

Address of cardholder

Signature of cardholder

Your agreement and signature

1. I have read and understood the Terms and Conditions.
2. I certify that all the information given by me in this enrolment form is accurate and complete.
3. If applicant is under 18, a parent or guardian must sign this form.
In doing so, the parent or guardian agrees to the Terms and Conditions.
4. I agree to the use of my personal information, including health and religious or dietary requirements, set out in the terms and conditions. Yes No
5. I agree that you can send me occasional information about Regent Language Training courses and services. Yes No

Signature of student	Date
Signature of parent or guardian (If student is under 18)	Date