

# Enrolment Form

## The All English course for teenagers

All English course    Bradfield 13-17 years    Bradfield 11-12 years

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? \_\_\_\_\_

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

## Travel information

Airport Transfer - Standard Times

Airport Personal Service - Non-Standard Times

Arrival date: \_\_\_\_\_

Arrival time: \_\_\_\_\_

Arrival airport: \_\_\_\_\_

Arrival flight number: \_\_\_\_\_

Arrival terminal number: \_\_\_\_\_

Arrival flight origination: \_\_\_\_\_

Arrival transfer needed?   Yes    No

Departure date: \_\_\_\_\_

Departure time: \_\_\_\_\_

Departure flight number: \_\_\_\_\_

Departure terminal number: \_\_\_\_\_

Departure flight destination: \_\_\_\_\_

Departure transfer needed?   Yes    No

Passport name: \_\_\_\_\_

Passport number: \_\_\_\_\_

Passport expiry date: \_\_\_\_\_

## Permissions

I give permission, in an emergency, for members of staff to authorise medical treatment and/or anesthetic for my child. If for any reason it is not possible to contact the parents, the school staff have authorisation to take any necessary decision concerning all medical treatment (including emergency treatment). In all cases the advice of the medical professional will be taken

Yes    No

I give my child permission to take part in all activities associated with the course:

Yes    No

On Residential courses, I give permission for my child (14-17) to have the opportunity to go out in small unsupervised groups (minimum 3 students per group). This is possible on trips and visits. Students will be required to sign out and back in again when they go out in unsupervised groups.

Yes    No

Please note that staying out times requested by staff will take preference.

## Personal Details (Please write in CAPITALS)

Family Name First Name

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Nationality Occupation Date of Birth

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Male  Female Age First Language Second Language

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How did you hear about Regent?

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Who is paying for your course?  Myself  Parents  Company  Other

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Home Address

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Email Tel Mobile

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Address for invoice (if different)

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Emergency Contact During Course

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Relationship to student English spoken  yes  no Tel Email

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Reason for studying  Academic  Professional  Other

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Name of your school/college/university (students)

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## 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

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Address of cardholder

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Signature of cardholder

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## 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

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

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