



# Student enrolment Form

Applicant  
photograph here

PLEASE TICK APPROPRIATE BOX:

Agent making an application for student/s:

Parent making an application for student:

Student making a direct application:

## PERSONAL DETAILS

Family Name:	First Name/Given Name:
Nationality:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth:	Passport Number: (International students only)
Place of birth:	Place of Issue: <input type="checkbox"/> Date of Issue: <input type="checkbox"/> Valid Until: <input type="checkbox"/>
Profession / Occupation:	
Home Address:	
Email:	
Contact telephone:	
Relative to contact in case of an emergency:	

## COURSE YOU ARE APPLYING FOR

Course title	Start date	End date

Level of English: (please provide proof of English language level e.g. qualifications/school report)

Beginner:	Elementary:	Pre-Intermediate:
Intermediate:	Upper Intermediate:	Advanced:

How do you intend to fund your studies:

Self:	Employer:	Sponsor:	Family:
-------	-----------	----------	---------

Name of Employer sponsor:



IT IS IMPORTANT FOR YOUR HEALTH AND WELFARE THAT THESE QUESTIONS ARE ANSWERED FULLY. YOUR APPLICATION WILL NOT BE PREJUDICED IN ANY WAY. IF YOU WISH TO GIVE DETAILS IN CONFIDENCE, PLEASE CONTACT US BY EMAIL.

<b><u>SPECIAL REQUIREMENTS:</u></b>		
Do you suffer from any allergies?	<b>Yes</b>	<b>No</b>
If yes please give details:		
Are you currently taking any medication or receiving medical treatment?	<b>Yes</b>	<b>No</b>
If yes please specify		
Do you have a registered disability or special education needs?	<b>Yes</b>	<b>No</b>
If yes please specify		
Do you suffer /have you ever suffered a major illness?	<b>Yes</b>	<b>No</b>
If yes please specify		
Do you have any dietary requirements?	<b>Yes</b>	<b>No</b>
If yes please specify		
Are you currently taking any medication or receiving medical treatment?	<b>Yes</b>	<b>No</b>
Any other information you think is relevant:		

<b><u>ADDITIONAL INFORMATION:(International students only)</u></b>		
Do you require airport transfer?	<b>Yes</b>	<b>No</b>
If you require a transfer please complete the details below or send them to us no later than 1 month before your arrival date.		
Arrival date and time:	Flight No:	Departure Airport and Terminal:
Departure date and time:	Flight No:	Departure Airport and Terminal:

<b>ACCOMMODATION REQUIREMENTS</b>				
Host Family	Self Catering	Share room	Hotel	None

Your application must be accompanied of a copy of your passport and a non-refundable deposit of £250, either a sterlingCheque or banker’s draft in STERLING made payable toColchester LanguageAcademy.The deposit will be deducted from theCourse fees. Please note that if you arrive after the start of your course, the full course fee is still normallypayable.

Finally-how did you hear about us?

Bysigning this form you are confirming that all information provided is complete and accurate at the time of application. AnyInaccurate or false information could result in your application being rejected.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_