2017 USA Registration Form



Please complete this form in CAPITAL LETTERS in black ink.

1. Student Details							
Family Name:							
First Name:							
Date of Bir	th (MM,	/DD/YYYY)):	Male	Fer	nale	
Country of citizenship:							
Country of birth:							
Student Home Address:							
Country:			Post Code:				
Tel:							
Email: Any additional learning support needs? Yes: No:							
Any additional learning support needs? Yes: No: No: If yes, please give details:							
in yes, prease give details.							
2. Emergency contact							
Contact Name:							
Relationship to student:							
Telephone:							
Email:							
3. Visa	c						
F1 Student Visa F1 Transfer (current school:)							
Tourist Visa (B1, B2) Visa Waiver (no visa) Other							
Do you require International Courier? Yes: \$60 No							
4 \\/bis	h cont	er and w	رموط،				
				- Di	Cara Franci		
Boston		Chicago	Jd	n Diego	San Fran	CISCO	
Start date	Course Dates: Start date Month:			Day:	Year		
End date					Year		
	End date Month: Number of weeks:			Day:	Teal	-	
5. Whic	h Cou	rse?				6	
			Essential	Standard	Intensive	Super Intensive	
General English							
TOEFL Preparation							
Business English							
Cambridge ESOL FCE							
Preparation CAE							
Profession	Professional Certificate						
University Pathways	University Preparation Course						
	University						
	Placement Service						
Unlimited Package (please also indicate 1st course above)							
Career Preparation Activity							
One-to-One English		Number of lessons (5 is the minimum)					
OUC-FO-OHE FLISHIN		(2 is the millimin)					

6. Current Level of English (estimate if unknown)
Beginner Elementary Pre-Intermediate Intermediate
Upper Intermediate Advanced Proficiency
7. Insurance
Do you need medical insurance? Yes: \$25 a week No:
8. Use of Representatives
Have you used an Educational Representative during your application?
Yes No (go to section 9)
Name of Representative / Agency:
Branch:
Name of contact at Representative / Agency:
9. Accommodation available Sunday - Saturday
Do you want the center to arrange your accommodation?
Yes: Number of weeks: No: (go to section 10)
140. (go to section 10)
Please refer to the pricelist for options available in each center.
Accommodation is subject to availability at the time of receipt of full fees.
9a. Accommodation
Choose your accommodation type: Homestay: Student Residence:
Choose your room type: Single: Shared:
9b. Other Requirements
Are there any foods you do not eat? Meat: Pork: Nuts:
Other (please specify):
Do you have any allergies to animals? Cats: Dogs: Other:
Are you happy to live with a family with young children? Yes: No: Do you have any other allergies, disabilities or a medical condition? Yes: No:
Do you have any other allergies, disabilities or a medical condition? Yes: No: If yes, please give details:
il yes, piease give details.
Do you smoke? Yes: No:
Do you smoke: I'es. No.
10. Transfers
Do you need an airport transfer?
Yes my arrival airport is:
Yes my departure airport is:
11. How much will you pay now?
I will pay all registration, tuition and accommodation fees now.
I will pay a deposit of \$150 now
12. How would you like to pay?
Credit card Debit Card Bank transfer
13. Declaration
I have read and understood the Stafford House International Terms and Conditions.
I accept them willingly to the exclusion of all other terms and conditions. Terms and conditions can be found at www.staffordhouse.com/terms
SIGN HERE