

# 2016 USA Registration Form

Please complete this form in CAPITAL LETTERS in black ink.

1. Student Details	
Family Name:	
First Name:	
Date of Birth (MM/DD/YYYY):	Male <input type="checkbox"/> Female <input type="checkbox"/>
Country of citizenship:	
Country of birth:	
Home Address:	
Country:	
Tel:	
Email:	
Any additional learning support needs? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
If yes, please give details:	

2. Emergency contact	
Contact Name:	
Relationship to student:	
Telephone:	
Email:	

3. Visas	
<input type="checkbox"/> F1 Student Visa	<input type="checkbox"/> F1 Transfer (current school: _____)
<input type="checkbox"/> Tourist Visa (B1, B2)	<input type="checkbox"/> Visa Waiver (no visa) <input type="checkbox"/> Other
Do you require International Courier? Yes: \$60 <input type="checkbox"/> No <input type="checkbox"/>	

4. Which center and when?			
Boston <input type="checkbox"/>	Chicago <input type="checkbox"/>	San Diego <input type="checkbox"/>	San Francisco <input type="checkbox"/>
Course Dates:			
Start date	Month:	Day:	Year:
End date	Month:	Day:	Year:
Number of weeks:			

5. Which Course?			
	Standard	Intensive	Super Intensive
General English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOEFL Preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cambridge ESOL Preparation	FCE <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	CAE <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Certificate (refer to website for start dates)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Career Preparation Activity	<input type="checkbox"/>		
One-to-One English	Number of lessons <input type="checkbox"/> (5 is the minimum)		

6. Current Level of English (estimate if unknown)			
Beginner <input type="checkbox"/>	Elementary <input type="checkbox"/>	Pre-Intermediate <input type="checkbox"/>	Intermediate <input type="checkbox"/>
Upper Intermediate <input type="checkbox"/>	Advanced <input type="checkbox"/>	Proficiency <input type="checkbox"/>	

7. Insurance	
Do you need medical insurance? Yes: \$25 a week <input type="checkbox"/> No: <input type="checkbox"/>	

8. Use of Representatives	
Have you used an Educational Representative during your application?	
<input type="checkbox"/> Yes	<input type="checkbox"/> 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: <input type="checkbox"/> Number of weeks: <input type="text"/>	No: <input type="checkbox"/> (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: <input type="checkbox"/> Student Residence: <input type="checkbox"/>
Choose your room type:	Single: <input type="checkbox"/> Shared: <input type="checkbox"/>

9b. Other Requirements	
Are there any foods you do not eat? Meat: <input type="checkbox"/> Pork: <input type="checkbox"/> Nuts: <input type="checkbox"/>	
Other (please specify):	
Do you have any allergies to animals? Cats: <input type="checkbox"/> Dogs: <input type="checkbox"/> Other: <input type="checkbox"/>	
Are you happy to live with a family with young children? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Do you have any other allergies, disabilities or a medical condition? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
If yes, please give details:	
Do you smoke? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	

10. Transfers	
Do you need an airport transfer? No: <input type="checkbox"/>	
Yes <input type="checkbox"/> my arrival airport is:	
Yes <input type="checkbox"/> my departure airport is:	

11. How much will you pay now?	
<input type="checkbox"/> I will pay all registration, tuition and accommodation fees now.	
<input type="checkbox"/> I will pay a deposit of \$150 now	

12. How would you like to pay?		
Credit card <input type="checkbox"/>	Debit Card <input type="checkbox"/>	Bank transfer <input type="checkbox"/>

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 <a href="http://www.staffordhouse.com/terms">www.staffordhouse.com/terms</a>	
Signature	Date
SIGN HERE	