2024 UK REGISTRATION FORM

Please complete this form in CAPITAL LETTERS in black ink.

1 STUDENT DETAILS

Beginner

Upper Intermediate

Elementary

Pre-Intermediate

Advanced

Intermediate

Proficiency

| Family Name: | | | | | | | |
|---|-----------------------------|-----------------|--------------------------|---------------------------|------------------------------------|---|--|
| First Name: | | | | | | | |
| Date of Birth: DD MM YYYY Gender: | | | | | | | |
| Country of citize | nship: | | | | | | |
| Country of birth | : | | | | | | |
| City of birth: | | | | | | | |
| Student Home A | ddress | : | | | | | |
| | | | | | | | |
| Country: | | | Post Code: | | | | |
| Tel: | | | | | | | |
| Email: | | | | | | | |
| Any additional l | earning | support n | eeds? Ye | es: N | lo: | | |
| If yes, please give details: | | | | | | | |
| 2. EMERGENCY CONTACT | | | | | | | |
| Contact Name: | | | | | | | |
| Relationship to student: | | | | | | | |
| Telephone: | | | | | | | |
| 3.VISAS | | | | | | | |
| Do you need a student visa for this course? | | | | | | No | |
| Your Passport number: Expiry date: | | | | | | | |
| 4. WHICH CENTER AND WHEN? | | | | | | | |
| London | Cambri | idge Canterbury | | | | | |
| Course Dates: | | | | | | | |
| Start date: | Мо | nth: | | Day: | Year: | | |
| End date: | Мо | nth: | | Day: | Year: | | |
| Number of weeks: | | | | | | | |
| 5. WHICH COURSE? | | | | | | | |
| | | | Standard (20 lessons) | Intensive (25 lessons) | Super Intensive (30 lessons) | Super Intensive Plus ¹ (35 lessons) | |
| General English | | | | | | | |
| IELTS Preparation* | | | | | | | |
| Business English*1 | | | | | | | |
| Professional | | 2 weeks | | | | | |
| Certificate **1 | | 4 weeks | | | | | |
| Bloomberg Market Concepts**1 | | | | | | | |
| Unlimited Package (please also indicate 1st course above) | | | | | | | |
| Cambridge ESOL Preparation*2 | B2 First | | | | | | |
| | C1 Advanced | | | | | | |
| | C2 Proficiency ¹ | | | | | | |
| One-to-One English Number of lessons | | | | | | | |
| *Minimum Level: Interme | diate. **Mi | nimum Level: U | pper Intermedia | ite. ¹London onl | y. ² Canterbury 8 | London only. | |
| 6 CHRRENTLE | VEL DE | ENGLICE / | actimate if | unknown) | | | |



| 7. USE OF REPRESENTATIVES | | | | | | | |
|--|---|--|--|--|--|--|--|
| | | | | | | | |
| Have you used an Educational Repr | | | | | | | |
| | Yes No (go to section 8) | | | | | | |
| Name of Representative/Agency: | | | | | | | |
| Name of contact at Representative/A | Agency: | | | | | | |
| Agency Email Address: | | | | | | | |
| 8. ACCOMMODATION AVAILABLE | (Sunday - Saturday) | | | | | | |
| Do you want Stafford House to arrang | ge your accommodation? | | | | | | |
| Yes: Number of weeks: | No: (go to section 10) | | | | | | |
| , | 1 and SECOND choice with 2. re than one location, please specify your ocations. Accommodation is subject to | | | | | | |
| 9. ACCOMMODATION | | | | | | | |
| Choose your accommodation type: | | | | | | | |
| Homestay: Superior Ho | omestay: Residence: | | | | | | |
| Residence name: | | | | | | | |
| Choose your room type: Sir | ngle: Twin: | | | | | | |
| Choose your meal plan: | | | | | | | |
| Self Catering: Bed & Breakfast: | Half Board: Full Board: | | | | | | |
| 10. OTHER REQUIREMENTS | | | | | | | |
| Are there any foods you do not eat? | Meat: Pork: Nuts: | | | | | | |
| Other (please specify): | | | | | | | |
| Are you happy to live with a family with young children? Yes: No: | | | | | | | |
| Do you smoke? Yes: No: | | | | | | | |
| Do you have any health concerns that yo | ou would like to make us aware of? Yes: | | | | | | |
| Medical Information Disclosure Form to co process medical information. If the studen process this information and this form mus Stafford House reserve the right to make cl | nestion Stafford House will send you a separate mplete. We are required to obtain consent to t is under 18 we will ask for parental consent to st be completed before arrival. Please note that hanges to a student's course and I or something is later discovered upon arrival at | | | | | | |
| 11. TRANSFERS | | | | | | | |
| Do you need an airport transfer? | No: | | | | | | |
| Yes My arrival airport is: | Arrival date: | | | | | | |
| Arrival time: | Flight number: | | | | | | |
| Yes My departure airport is: | Departure date: | | | | | | |
| Departure time: | Flight number: | | | | | | |
| 12. HOW MUCH WILL YOU PAY NOW | ? | | | | | | |
| I will pay all registration, tuition | on and accommodation fees now. | | | | | | |
| I will pay the Registration Fee of £70 (if applicable) now | of £80 and Accommodation Booking Fee of | | | | | | |
| 13. DECLARATION | | | | | | | |
| | | | | | | | |
| Signature | Date | | | | | | |
| | | | | | | | |

 $Please \ return \ this \ completed \ Registration \ Form \ by \ email \ to: admissions@staffordhouse.com \\ School \ Closure \ Dates:$

1st Jan 2024, 23rd - 27th Dec 2024, 1st Jan 2025