APPLICATION FORM













SUMMER COURSES AT BOSWORTH INDEPENDENT SCHOOL, CATS CAMBRIDGE, CATS BOSTON, GUILDHOUSE SCHOOL LONDON, THE WORTHGATE SCHOOL, CSVPA & STAFFORD HOUSE STUDY HOLIDAYS

WEB: STUDYHOLIDAYS.COM | EMAIL: RESERVATIONS@STAFFORDHOUSE.COM | PHONE: +44 (0) 1227 787 730

Please complete this form in **CAPITAL LETTERS** in black ink.

STUDENT DETAILS				
Family Name		Home Address		
First Name				
Student's Preferred Name				
Nationality		Country	Postcode	
Date of Birth	Gender	Home telephone number		
		Student's mobile number		
$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	Male ☐ Female ☐	Student's email address		
PARENT/GUARDIAN'S DETAIL	S (mandatory)			
MR/MRS/MS/DR/OTHER		Home Address		
Family Name				
First Name				
Relationship to student				
Nationality		Country	Postcode	
Home telephone		Work telephone number (if applicable)		
Mobile number		Email address		
			,	
EDUCATIONAL REPRESENTAT	IVE DETAILS			
Have you used an educational representa			Yes No No	
Have you used an educational representa			Yes No No	
Have you used an educational representa	ntive during your application?		Yes No No	
Have you used an educational representa	ntive during your application?		Yes No No	
Have you used an educational represental If yes, you MUST complete the details below Name of Representative / Agency	ntive during your application?		Yes No	
Have you used an educational representa If yes, you MUST complete the details below the Mame of Representative / Agency Name of Counsellor	ntive during your application?		Yes No	
Have you used an educational representa If yes, you MUST complete the details below Name of Representative / Agency Name of Counsellor Counsellor's email address	ntive during your application? ow before we can process your application:			
Have you used an educational representa If yes, you MUST complete the details below Name of Representative / Agency Name of Counsellor Counsellor's email address	ntive during your application?			
Have you used an educational representa If yes, you MUST complete the details below Name of Representative / Agency Name of Counsellor Counsellor's email address COURSE(S) REQUIRED (If apply)	ntive during your application? ow before we can process your application:	additional spaces provided belo	ow)	
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INSURANCE

All students must take out comprehensive travel insurance before traveling to the UK/USA $\,$

FLIGHT DETAILS (If available)				
ARRIVAL		Flight Number		
Departing From (airport & terminal)		Departure Time (local time)		
Arriving To (airport & terminal)		Arrival Time (UK/US)		
Transfer Required?*	Yes No No	Flying as Unaccompanied Minor?		Yes No No
DEPARTURE		Flight Number		
Departing From (airport & terminal)	Departure Time (UK/US)			
Arriving To (airport & terminal)		Arrival Time (local time)		
Transfer Required?*	Yes No No	Flying as Unaccompanied Minor? Yes No		Yes No No
* If you do not require a transfer, please provide the name and contact number of the person / company doing the transfers. Shared Transfers are included for individual students on our Summer programme at all UK centres from London airports and at our Boston centre from Boston airport. Extra charges will apply for private transfers and other North American centres Students under 18 years must be accompanied to/from the airport by an adult. (We include an assisted check-in on departure service in the course fee for individual students aged 15 and under enrolled on our junior summer courses, this is different to an Unaccompanied Minor service which incurs an extra charge). We cannot let students under 18 arrive at or leave the centre alone.				for private transfers and ee for individual
If you have not yet booked flights, please i	inform us of these at least 4 weeks prior to a	rrival.		
MEDICAL & WELFARE INFORM	IATION			
To enable us to look after you/your child and to ensure that you/they are safe and happy while in our care, please can we ask you to complete the medical information requested below. All fields in this section MUST be completed. All students' medical information is kept securely, and we will only share it with people who are directly involved in caring for you/your child during the time when you/they are enrolled with us; this may include healthcare, welfare professionals, designated school staff and relevant members of our administrative team.				
Does the student have a disability, learning difficulties or special needs? If yes, please specify:				Yes No No
Does the student have any allergies? If yes, please specify:				Yes No No
Does the student take any medication? If yes, please specify:				Yes No No
Does the student have any dietary requirements? If yes, please specify:			Yes No No	
If you would like to provide any additional discuss any special requirements confiden	If you would like to provide any additional information, you can attach additional pages to this form. Our nurse or welfare officer may get in touch with you, if needed, to			
discuss any special requirements confiden	itiany.			
MEDICAL CONSENT				
	gned and completed by the parent or legal g	guardian for students under 18 years old.		
	s processing my/my child's medical informati		ded as part of thi	s application.
Signature of the student (to be completed by students who are 18+): Signature of the parent/legal guardian (for students under 18 years old):		8 years old):		
PRINT NAME PRINT NAME				
Date	Date			
You have the right to withdraw your consent at any time by emailing the CATS data protection officer on DPO@catscollege.com.				
Tou have the right to wandraw your conse	in at any ame by emaining are GATO data p.			
DECLARATION AND SIGNATUR	DE			
Laccept the terms and conditions as provided and enclose payment details or proof of my bank transfer				
I accept the terms and conditions as provided and enclose payment details or proof of my bank transfer. Signature of the student (if 18+) or parent/legal guardian (for students under 18 years old):				
Signature of the Stadent (in 161) of parentriegal guardian (for Stadents under 16 years ord).				
PRINT NAME				
Date				
We would like to contact you from time to time with information about other courses that may be of interest. Please tick to confirm you are happy for us to contact you by:				
Email Phone SMS Social messaging Social media				
YOU WILL NOT BE CONTACTED BY ANY THIRD PARTIES AND YOU CAN UNSUBSCRIBE AT ANY TIME.				

PAYMENT

- For UK centres, we require a non-refundable deposit of £500 at the time of booking. This reserves your place on the course pending final payment.
- · For US centres, we require a non-refundable deposit of \$600 at the time of booking. This reserves your place on the course pending final payment.
- Payments can be made by bank transfer (Option 1) or by online payment via Flywire (Option 2). The full details for both payment options are provided on this form below. If you wish to pay by credit or debit card, please use the Flywire link provided (Option 2). Please ensure that you select the correct currency when using either payment option.
- We do not accept American Express or Diners cards.
- · The balance must be paid at least one month before arrival.
- Please note that all bookings are subject to our Terms and Conditions.
- · The student's parent or guardian must complete their details on the previous page. We cannot accept bookings without this information.

PLEASE PAY YOUR DEPOSIT OF £500/\$600 USING ONE OF THE FOLLOWING TWO OPTIONS:

OPTION 1: BANK TRANSFER

Account Name & Address	GBP £ payments	US \$ Payments
Stafford House Study Holidays Ltd National Westminster Bank PLC City Centre Branch 11 The Parade Canterbury Kent CT1 2SQ United Kingdom	Bank account number: 46129766 Sort code: 60 04 27 IBAN Number: GB68NWBK60042746129766 Swift/BIC Code: NWBKGB2L	Bank account number: 140/00/93512252 Sort code: 60 04 27 IBAN Number: GB39NWBK60730193512252 Swift/BIC Code: NWBKGB2L

OPTION 2: ONLINE PAYMENT (PLEASE USE THIS OPTION IF YOU WISH TO PAY BY DEBIT / CREDIT CARD)

Method	GBP £ payments	US \$ Payments
Online payment via flywire:	GBP Summer Centres: www.flywire.com/pay/staffordsummergbp/	www.flywire.com/pay/staffordsummerusd/
	Canterbury bookings only: www.flywire.com/pay/stafforduk/	

BOOKING FACTS		
COURSE PRICE INCLUDES:	COURSE PRICE <u>DOES NOT</u> INCLUDE:	
Tuition as stated, course materials and end of course certificate Accommodation and all meals Activities and excursions as stated Use of sports facilities where available (as part of a scheduled programme)	Transfers at New Haven, New York or San Francisco Unaccompanied minor service Optional excursion fees Medical/travel insurance*	
Shared transfers to and from London airports to all UK centres and Boston Logan International Airport to Boston Centre only Assisted check in on departure for individual students aged 15 and under	*Please take out comprehensive travel insurance before travelling to the UK/USA	

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How to Book:

Please complete this registration form ensuring that every relevant box is ticked and all questions are answered in full. Then email or post it to the address at the end of the form.

You have two payment options:

OPTION 1: You pay the full fees at the time of booking, or

OPTION 2: You pay the deposit to confirm your booking, then pay the balance at least one month before the start of the course.

Flight Arrangements:

Once you have booked your course, please send us details of your flight/travel arrangements, at least one month before you are due to arrive.

Changes

Prices are correct at time of going to print and are subject to change without notice. All courses, course components and specialist supplements operate subject to demand.

Full Terms and Conditions can be found on our website:

www.studyholidays.com/terms. Please read these Terms and Conditions before you book.

TO BOOK YOUR SUMMER SCHOOL PLACE PLEASE COMPLETE THIS FORM, THEN SEND IT TO THE ADDRESS SHOWN BELOW, PREFERABLY BY EMAIL:

Stafford House Study Holidays 19 New Dover Road | Canterbury | Kent CT1 3AS Phone: +44 (0)1227 787730

Email: reservations@staffordhouse.com Web: www.studyholidays.com