

# 2020 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):	Gender
Country of citizenship:	
Country of birth:	
Student Home Address:	
Country:	Post Code:
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

F1 Student Visa    F1 Transfer (current school: \_\_\_\_\_)

Tourist Visa (B1, B2)    Visa Waiver (no visa)    Other

Do you require International Courier?   Yes: \$80    No

### 4. Which center and when?

Boston    Chicago    San Diego    San Francisco

#### Course Dates:

Start date	Month:	Day:	Year:
End date	Month:	Day:	Year:
Number of weeks:			

### 5. Which Course?

	Essential	Standard	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*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
University Pathways	University Preparation Course <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	University placement service <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unlimited Package (please also indicate 1 <sup>st</sup> course above)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If booking Unlimited Package, do you want to include CPA*   Y <input type="checkbox"/> N <input type="checkbox"/>			
One-to-One English	Number of lessons <input type="checkbox"/>		

\*Minimum Level: Upper Intermediate  
\*\*Minimum Level: Intermediate

### 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    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)

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:

Residence name: \_\_\_\_\_

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 you would like to make us aware of?   Yes:

If you have answered 'yes' to the above question Stafford House will send you a separate document Medical Information Disclosure Form to complete.  
We are required to obtain consent to process medical information. If the student is under 18 we will ask for parental consent to process this information and this form must be completed before arrival. Please note that Stafford House reserve the right to make changes to a student's course and accommodation if this form is not returned or something is later discovered upon arrival at the school.

### 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 and accommodation fees now.

I will pay a deposit of \$150 now

### 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](http://www.staffordhouse.com/terms)

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

SIGN HERE

Please return this completed Registration Form by email to: [admissions@staffordhouse.com](mailto:admissions@staffordhouse.com)

School Closure Dates  
1 Jan, 17 Feb, 25 May, 3 Jul, 7 Sep, 26 Nov, 27 Nov, 24-25 Dec, 31 Dec 2020 - 1 Jan 2021